CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. w MS / MRS / MR FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Katherine D. Mrs. NAME Date Received SUFFIX LAST NICKNAME Rogers 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 76458 TX OFFICEHOLDER 595 Martin Rd. Jacksboro MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Ba **OFFICEHOLDER** (940 507-1176 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER** Preston R Mr. Date Processed NAME SUFFIX LAST NICKNAME Date Imaged Rogers ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; CITY: 7 CAMPAIGN 76458 **TREASURER** Jacksboro TX 595 Martin Rd. **ADDRESS** (Residence or Business) EXTENSION CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE (940 704-7127 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day 10 PERIOD Month Day Year COVERED 1 20 20 22 **THROUGH ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Runoff Other Day Year Month Description General Special 3 22 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Jack County Commissioner Pct., 4 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Katherine Denese R		16 Filer	ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
1	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	2,020.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY	\$	2,437.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00
	I swear, or affirm, under penalty of perjury, that the accompanying report is true required to be reported by me under Title 15, Election Code.	and co	rrect and in	ncludes all information
	Signature of Car	ndidate	or Officeho	older
(1) Affidavit	Please complete either option below		C = [The control of the co
NOTARY STAMP/SE	EAL	n eo uga vez o		
Sworn to and subscribe	ed before me by this the _		_ day of_	
20, to cert	ify which, witness my hand and seal of office.			
Signature of officer admini	stering oath Printed name of officer administering oath		Title of off	icer administering oath
(2) Unsworn Declara	OR OR			
	ne Denese Rogers, and my date of birth is	06/09	9/1969	
My name is National My address is 595 M	artin Rd. Jacksboro T	\ 7	76458	USA
	(street) (city) (s	tate)	(zip code)	(country)
Executed in Jack	County, State of Texas , on the 30 day of Granting (month) Signature of Candid	800	, 20 <mark>22</mark> (yea) sholder (D	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	atherine Denese Rogers				20 Filer ID (Ethics Con	mmissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE						SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY	POLITICAL CON	NTRIBUTIONS		<u> </u>	\$	550.00
2.	SCHEDULE A2: NON-MONE	TARY (IN-KIND)) POLITICAL CONTRIE	UTIONS		\$	
3.	SCHEDULE B: PLEDGED CO	NTRIBUTIONS	8			\$	
4.	SCHEDULE E: LOANS				4	\$	
5.	SCHEDULE F1: POLITICAL	EXPENDITURE	ES MADE FROM POL	ITICAL CON	ITRIBUTIONS	\$	2,020.20
6.	SCHEDULE F2: UNPAID INC	URRED OBLIGA	ATIONS			\$	
7.	SCHEDULE F3: PURCHASI	OF INVESTME	ENTS MADE FROM F	OLITICAL C	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDIT	JRES MADE BY	Y CREDIT CARD			\$	
9.	SCHEDULE G: POLITICAL	EXPENDITURES	S MADE FROM PERS	ONAL FUN	DS	\$	
10.	SCHEDULE H: PAYMENT M	ADE FROM PO	LITICAL CONTRIBUT	IONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICA	AL EXPENDITU	RES MADE FROM PO	LITICAL COI	NTRIBUTIONS	\$	100000000000000000000000000000000000000
12.	SCHEDULE K: INTEREST, O TO FILER	CREDITS, GAIN	NS, REFUNDS, AND C	ONTRIBUTI	IONS RETURNED	\$	



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

			VALUE OF THE REAL PROPERTY OF THE	
The	Instruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Katherine	Denese Rogers			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor David Garin		(ID#:)	7 Amount of contribution (\$)
01/15/2022		City;		500.00
8 Principal occu Unknown	pation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
01/17/2022	Cindy Gilbert Contributor address; 4038 Hartlee Field Rd	City;	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Contributor address;	City;		DECEIVED
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	The second secon
Date	Full name of contributor	out-of-state PAC	C (ID#:	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
				NEEDED
	ATTACH ADDITIO		OF THIS SCHEDULE AS uction guide for additiona	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Fedated Expense Travel In District
Travel Out Of District Other (enter a category

20.09 119 N. Main Jacksboro TX 76458 (a) Category (See Categories listed at the top of this schedule) Food Beverage Expense (b) Description Campaign Lunch Office held Office sought Office held Candidate / Officeholder name Office sought Office held Category (See Categories listed at the top of this schedule) Payee address; Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other City: State: Zip Code Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top of this schedule) Other Category (See Categories listed at the top o	al pages Schedule F1:	² FILER NAME Katherine Denese Rogers		3 File	er ID (Ethics	Commission Filers)	
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Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Campaign Lunch	nount (\$)	7 Payee address;	(City;	State;	Zip Code	
PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Payee name	0.09	119 N. Main	Jack	sboro	TX	76458	
Complete ONLY if direct expenditure to benefit C/OH Payee name Other Nash True Value Amount (\$) Purpose Expenditure Category (See Categories listed at the top of this schedule) Camplete ONLY if direct expenditure to benefit C/OH Category Category (See Categories listed at the top of this schedule) Date Office sought Office held Other Category Category Category Categories listed at the top of this schedule) Other Candidate / Office held Office sought Office held		(a) Category (See Categories listed at the top	o of this schedule) (b) Des	cription		**************************************	
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Date Payee name Payee address; City; State; Zip Code		(c) Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Austin, TX, off	ficeholder living	expense	
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Date O1/01/2022 Signs on the Cheap Amount (\$) Payee address; 9800 Metric Blvd. Ste 300 St. 140 Category (See Categories listed at the top of this schedule) Purpose OF Payee name City; State; Zip Code Austin TX 78758 Category (See Categories listed at the top of this schedule) Printing Expense Campaign Signs		Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Austin, TX, of	ficeholder living	expense	
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Category (See Categories listed at the top of this schedule) PURPOSE OF Category (See Categories listed at the top of this schedule) Campaign Signs						Zip Code	
PURPOSE OF Campaign Signs	17.74	9800 Metric Blvd. Ste 300	St. 140	Austin	IX	78758	
OF		Category (See Categories listed at the top	of this schedule) Des	cription			
	OF	Printing Expense	Camp	aign Signs			
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		Check if travel outside of Texas. Complete Schedule T.					
Complete ONLY if direct		Candidate / Officeholder name	Offic	ce sought		Office held	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

ECESCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbu Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

JAN 31 Solicitation/Fundreising Expense
Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Total pages Schedule F1: 2 Date	2 FILER NAME Katherine Denese Rogers		3 Filer ID (Ethic	s Commission Filers)	
Date					
01/06/2022	5 Payee name Tractor Supply Co.				
43.90	7 Payee address; 125 Western Trail Dr.	City; Jacksboro	State;	Zip Code 76458	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedul Other	(b) Description T-Post For 4' x	8' signs		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
01/06/2022	Jacksboro Newspapers				
Amount (\$)	Payee address;	City;	State;	Zip Code	
750.32	212 N. Church St.	Jacksboro	TX	76458	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Advertising Expense	Description Campaign Ad.			
	Check if travel outside of Texas, Complete Schedule	T. Check if Austin,	TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	,	Office held	
Date	Payee name				
01/07/2022	Signs on the cheap				
Amount (\$) 829.60	Payee address: 9800 Metric Blvd. Ste 300 Ste. 140	City;) Austin	State: TX	Zip Code 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Printing Expense	Campaign Sign	s		
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin.	Check if Austin, TX, officeholder living expense		