

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |  |                                      |
|---|--|--|--------------------------------------|
| The C/OH Instruction Guide explains how to complete this form.                |  | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:                 |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR: <u>Mr</u> FIRST: <u>GARY</u> MI: <u>M</u><br>NICKNAME: _____      LAST: <u>OLIVER</u> SUFFIX: _____   | <div style="border: 2px solid blue; padding: 10px; display: inline-block;">                 RECEIVED<br/>                 JAN 16 2024             </div>   |                                      |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS                             | ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE<br><u>914 West Thompson</u> <u>Jackson TX</u> <u>76458</u><br><input type="checkbox"/> Change of Address  |  |                                      |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                                       | AREA CODE      PHONE NUMBER      EXTENSION<br><u>(940) 567-1550</u>  |  |                                      |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR: <u>Mrs</u> FIRST: <u>KELLY</u> MI: <u>R</u><br>NICKNAME: _____      LAST: <u>OLIVER</u> SUFFIX: _____   |  |                                      |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE<br><u>914 W Thompson</u> <u>Jackson</u> <u>TX</u> <u>76458</u>   |  |                                      |
| <b>8</b> CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br><u>(940) 567-1360</u>  |  |                                      |
| <b>9</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |  |                                      |
| <b>10</b> PERIOD COVERED  | Month      Day      Year      THROUGH      Month      Day      Year<br><u>7 / 15 / 2023</u> <u>1 / 15 / 2024</u>   |  |                                      |
| <b>11</b> ELECTION  | ELECTION DATE<br>Month      Day      Year<br><u>3 / 5 / 2024</u>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                      |
| <b>12</b> OFFICE  | OFFICE HELD (if any)<br><u>JACK Co. Commissioner PET #1</u>  | <b>13</b> OFFICE SOUGHT (if known)<br><u>JACK Co. Commissioner PET #1</u>  |                                      |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)                                  | 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.  |  |                                      |
| <input type="checkbox"/> Additional Pages                                     | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME   | COMMITTEE ADDRESS                    |
|   |  | COMMITTEE CAMPAIGN TREASURER NAME  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ 0

4. TOTAL POLITICAL EXPENDITURES \$ 931<sup>86</sup>

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

18 SIGNATURE

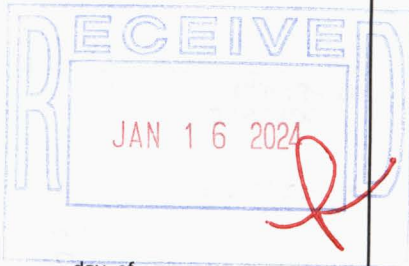
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is GARY OLIVER, and my date of birth is 3-17-1963

My address is 914 W St Thompson (street), Jack sboro (city), TX (state), 76458 (zip code), USA (country)

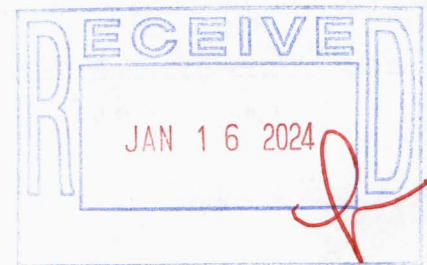
Executed in Jack County, State of TX, on the 16 day of JAN (month), 2024 (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME                             |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 93/86                               |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>  |  | <b>1</b> Total pages Schedule A1:            |
| <b>2</b> FILER NAME   |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br><b>6</b> Contributor address; City; State; Zip Code | <b>7</b> Amount of contribution (\$)         |
| <b>8</b> Principal occupation / Job title (See Instructions)  |  | <b>9</b> Employer (See Instructions)         |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address; City; State; Zip Code                   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)   |  | Employer (See Instructions)                  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |  |  |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

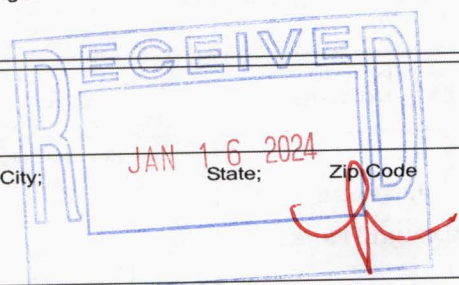
### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule G:<br><i>1</i>   | <b>2</b> FILER NAME<br><i>GARY MARVIN OLIVER</i>  | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| <b>4</b> Date<br><i>12-31-23</i>   | <b>5</b> Payee name<br><i>BENNETT PRINTING</i> <i>check # 8001</i>                                    |   |
| <b>6</b> Amount (\$)<br><i>181<sup>00</sup></i><br><input type="checkbox"/> Reimbursement from political contributions intended          | <b>7</b> Payee address;      City;      State;      Zip Code<br><i>M. METAL WELLS</i> <i>TX</i>       |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>ADVERTISING EXPENSE</i> | <b>(b)</b> Description<br><i>Door Hangers</i>                             |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.            | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name      Office sought      Office held |   |   |

|  |  |   |
|--|--|---|
| Date<br><i>10-20-23</i>  | Payee name<br><i>JACK CO. REPUBLICAN PARTY</i>   |   |
| Amount (\$)<br><i>750<sup>00</sup></i><br><input type="checkbox"/> Reimbursement from political contributions intended | Payee address;      City;      State;      Zip Code<br><i>JACKSON</i> <i>TX</i> <i>76458</i> |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><i>TRAVEL FEES</i>           | Description<br><i>FILING FEE</i>  |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.              | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name      Office sought      Office held  |  |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  |   |

|   |   |   |
|---|---|---|
| Date  | Payee name  |   |
| Amount (\$)   | Payee address;      City;      State;      Zip Code                             |   |
| <b>PURPOSE OF EXPENDITURE</b>                                     | Category (See Categories listed at the top of this schedule)                    | Description   |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name      Office sought      Office held |   |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH        |   |   |



ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense  
Fees  
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 & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F4:                                       | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD      |  | \$   |
| <b>5</b> Date   | <b>6</b> Payee name  |  |
| <b>7</b> Amount (\$)  | <b>8</b> Payee address; City; State; Zip Code  |  |
| <b>9</b> TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)  | <b>(b)</b> Description                         |
|   | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>11</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought                      Office held |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address; City; State; Zip Code   |  |
| TYPE OF EXPENDITURE   | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description                                    |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH              | Candidate / Officeholder name  | Office sought                      Office held |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**