CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to comp	lete this form.	Filer ID (Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE/	MS / MRS / MR	FIRST	MI W	OFFICE	USE ONLY
OFFICEHOLDER NAME	NICKNAME	imothy LAST Ogle	SUFFIX	Date Received	CEIVI
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 17527 State Highwa	ay 59, Bowie Τλ			FEB 2 2 2024
5 CANDIDATE/ OFFICEHOLDER		7-1838	EXTENSION	Date Hand-delivere	d or Date Postmarked
PHONE 6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	NICKNAME	Timothy LAST Ogle	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BO	OX PLEASE); APT / SUIT		STATE;	ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE		NE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before elec	ction Runoff		after campaign appointment der Only)
	July 15	8th day before elect	ion Exceeded Modified Reporting Limit		oort (Attach C/OH - FR)
10 PERIOD COVERED	1 / 26		THROUGH 2		4
11 ELECTION	Month Day Ye	Primary General	ELECTION TYP Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if kno County Commis		nct 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	OLITICAL OMMITTEE(S) THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES WAY HAVE BEEN WATER WITHOUT THE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCCESSION.				
	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMM	MITTEE ADDRESS			4
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	СОМІ	MITTEE CAMPAIGN TRE	ASURER ADDRESS		
		GO TO I	PAGE 2		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Timothy W Ogle	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONT	TRIBUTIONS \$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) F	POLITICAL CONTRIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES	S MADE FROM POLITICAL CONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATION	TIONS \$
7. SCHEDULE F3: PURCHASE OF INVESTME	NTS MADE FROM POLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY	CREDIT CARD \$
9. SCHEDULE G: POLITICAL EXPENDITURES	MADE FROM PERSONAL FUNDS \$ 113.25
10. SCHEDULE H: PAYMENT MADE FROM POL	ITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITUR	ES MADE FROM POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS TO FILER	S, REFUNDS, AND CONTRIBUTIONS RETURNED \$

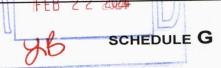


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

C/OH NAME		16 Fi	ler ID (Ethics Con	imission rilers)
CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE	CAL CONTRIBUTIONS (OTHER THAN RANTEES OF LOANS, OR CTRONICALLY)	\$	0
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPEN	DITURES	\$	113.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	JTIONS MAINTAINED AS OF THE LAST DAY	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS OF THE NG PERIOD	\$	0
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, quired to be reported by me under Title 15,	that the accompanying report is true and Election Code.	correct and inclu	ides all information
		Signature of Candida	ate or Officeholde	er .
	Please com	plete either option below:	DE C	EB 2 2 2024
(1) Affidavit				SB
NOTARY STAMP/SE/	d before me by	this the	day of	
	y which, witness my hand and seal of office			
Signature of officer adminis	tering oath Printed name of	officer administering oath	Title of office	er administering oath
		OR		
(2) Unsworn Declara	tion			4
My name is Timothy V	V Ogle	, and my date of birth is Oc	76230	USA
My address is 17527 S	State Highway 59 (street)	, Bowie, TX	_,,	(country)
Executed in Jack	County, State of Texas	, on the 22nd day of February (month)	, 20 <u>24</u> (year)	
		/ // /		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS



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

EXPENDIT	TURE	CATEGOR	IES FOR	BOX 8(a)
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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 time reviii			
Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filer		
1	Timothy W Ogle				
Date	5 Payee name				
02/22/2024	Palo Pinto Communications				
Amount (\$) 13.25 Reimbursement from political contributions intended	7 Payee address;212 N Church St, Jacksboro, TX 76		State; Zip Code		
	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	ertising Expense Political Newspaper Ad			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
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		
Reimbursement from political contributions intended					
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C		Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense		
		Office sought	Office held		