

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	ouide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Gary	MI	OFFICE USE ONLY Date Received 03-04-24	
	NICKNAME	Tucker	SUFFIX	ex angulatrosin	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	7447 FM 8		Telephone, TX 75488	at 31.35p.m.	
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(972)	333-2132	EXTENSION	Date Hand-delivered or Date Postmarked O3 -04-24 Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Gary	MI M	Date Processed	
	NICKNAME	Tucker	SUFFIX	Date Imaged () 3 - 04 - 24	
7 CAMPAIGN TREASURER ADDRESS	7447 FM 8		SUITE #; CITY; Telephone. , T	STATE; ZIP CODE X. 75488	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(972)	333-2132	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before 8th day before e	[]	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 02	Day Year 101 24	THROUGH 02	Day Year 24	
11 ELECTION	Month Day 05	Year Primary	Description		
12 OFFICE	None (if any)		13 OFFICE SOUGHT (if known Comm Prct 3)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
00	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN T			
	I.	GO TO	PAGE 2		

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Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	OF REPORTING PERIOD	TEES OF LOANS, OR CONICALLY) TIONS , OR GUARANTEES OF LOANS) EXPENDITURE. JRES NS MAINTAINED AS OF THE LAST DA LL OUTSTANDING LOANS AS OF THE PERIOD the accompanying report is true and	4	0.00 0.00 0.00 0.00
CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITO 4. TOTAL POLITICAL EXPENDITO 5. TOTAL POLITICAL CONTRIBUTION 6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING FOR THE REPORT FOR THE REPORT FOR THE REPORT FOR THE REPORT FOR THE PORT FOR	OR GUARANTEES OF LOANS) EXPENDITURE. JRES NS MAINTAINED AS OF THE LAST DA LL OUTSTANDING LOANS AS OF THE PERIOD the accompanying report is true and	\$ \$ Y \$	0.00
CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITO 5. TOTAL POLITICAL CONTRIBUTION 6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING FOR JULY 19 CT 10 C	JRES NS MAINTAINED AS OF THE LAST DATE. LL OUTSTANDING LOANS AS OF THE PERIOD the accompanying report is true and	\$ Y \$	0.00
BALANCE OUTSTANDING LOAN TOTALS 18 SIGNATURE I swe	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING FOR THE PROPERTY FOR THE P	NS MAINTAINED AS OF THE LAST DA	Y \$	0.00
BALANCE OUTSTANDING LOAN TOTALS 18 SIGNATURE I swe	OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F ar, or affirm, under penalty of perjury, that	LL OUTSTANDING LOANS AS OF THE PERIOD	Φ	
LOAN TOTALS 18 SIGNATURE I swe	LAST DAY OF THE REPORTING F ar, or affirm, under penalty of perjury, that	the accompanying report is true and	\$	0.00
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed b	efore me by nich, witness my hand and seal of office.	this the	day of	,
Signature of officer administering	g oath Printed name of office	r administering oath	Title of officer	r administering oath
	C)R		
(2) Unsworn Declaration				
My name is		, and my date of birth is		
My address is			,	
	(street)	(city) (state)	(zip code)	(country)
		, on the day of	, 20	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co			mmission	Filers)	
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONE	ETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	0.00	
4.	SCHEDULE E: LOANS			\$	0.00	
5.	SCHEDULE F1: POLI	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$	0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$	0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	0.00	
9.	SCHEDULE G: POLIT	TICAL EXPENDITURES MADE FROM PE	ERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMI	MENT MADE FROM POLITICAL CONTRIB	BUTIONS TO A BUSINESS OF C/OH	\$	0.00	
11.	SCHEDULE I: NON-PC	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	0.00	

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

Event Expense Fees Food/Beverage Expense Gift/Alexandra/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Solicitation/Fundraising Expense

Tetal asses Cabadala Co	2 FILED MANE		2 Files ID (Files	O
Total pages Schedule G:	2 FILER NAME Gary Tucker	3 Filer ID (Ethics	Commission Filers)	
Date	5 Payee name			
Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct xpenditure 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 EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY 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 Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held

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