CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) NICKNAME	FIRST JOHN Hamilt LAST		MI	Pate Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	426 Suga	17 Aug 12	CITY; ST E, FATE	ATE: ZIP CODE	APR	2 6 2024]
Change of Address				200 T	By: 1/1/10	ellen
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	87-6495	EX	TENSION	Date Hand-delivered Receipt #	or Date Postmarked Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST John	11	MI	Date Processed	
	NICKNAME	Han	ilton	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	426 Sug	NO PO BOX PLEASE); APT / S		TX 75	5087	ZIP CODE
(Residence or Business)	1 0		20 8			
8 CAMPAIGN TREASURER PHONE	(469) g	287-6495	EX	TENSION	11	
9 REPORT TYPE	January 15	30th day before	election	Runoff	15th day af treasurer ap (Officeholder	
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	O4 Month	Day Year / 03 / 202 4	THROUG	Month H 04	Day Year / 26 / 20	124
11 ELECTION	Month Day 05/64	Year Primary Zo24 General	Runoff	Other Description	cifal eu	Jon
12 OFFICE	OFFICE HELD (if any)		13 or	FICE SOUGHT (if know	mail \$1	u(e5
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN	MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
2 2	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRI				
+		COMMITTEE CAMPAIGN TR	KEASURER ADDRE	:55		
		GO TO	PAGE 2			

DECEMBLY APR 2 6 2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	FORM	C/OH	
COVER	SHEET	PG 2	

O/titili /tioi				
15 C/OH NAME		7	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$ \$	
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,	TIONS OR GUARANTEES OF LOANS)	\$ 95.75	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	KPENDITURE.	\$ 0	
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 95.75	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	ST DAY \$	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALLAST DAY OF THE REPORTING PARTING PAR		F THE \$	
Signature of Candidate or Officeholder Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEA				
Sworn to and subscribed	before me by John Hamilt	this the	20 day of April	
20 24, to certify	which, witness my hand and seal of office.	the amorto	1 rotary Debis	
Signature of officer administer	ering oath Printed name of officer		Title of officer administering o	
	Of			
(2) Unsworn Declarati	on			
My name is		, and my date of birth is	s	
8800 10001 88		_,,		
	(street)		(state) (zip code) (country)	
Executed in	County, State of ,	on the day of(mont	th) 20	
		Signature of Candi	idate/Officeholder (Declarant)	



SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19	FILER NAME 20 Fil	er ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 95.75
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s Ø
4.	SCHEDULE E: LOANS	s Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	110NS \$ 95.75
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	IBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINI	ESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	JTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R	RETURNED \$



MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 4 Date 5 Full name of contributor Out-of-state PAC (ID# Principal occupation, Job title (See Instructions) (See Instructions) Full name of contributor out-of-state PAC (ID#_ Amount of contribution (\$) Date State; Zip Code City; Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) State; Zip Code City; Contributor address: Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:__ State; Zip Code City; Contributor address: Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

DECISIVE APR 2 6 2024

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT thyclude 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 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 (orthogonal parties and power)

Contributions/Donations Made B Candidate/Officeholder/Politica		:xpense Wages/Contract Labor	Other (enter a catego	
Credit Card Payment The Instruction Guide explains how to complete this form.				
4 Tatal annua Cabadula Etc	11		3 Filer ID (Ethics	Commission Filers)
1 Total pages Schedule F1:	2 FILER NAME HAMILTON	-		,
4 Date 4/24/24	5 Payee name NKIND CONTIBUTION	Yard s	1825	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$95.75	NA	NA	MA	NA
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	_	
PURPOSE OF EXPENDITURE	Advertise Expense	Yard-	SIGNS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Date				
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
LAPENDITORE	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
O I ONIV if direct	Candidate / Officeholder name	Office sought	200 1	Office held
Complete ONLY if direct expenditure to benefit C/Oh				
100				
Date	Payee name			
		******	1	
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
190 90 Description is	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OI		Onice sought		
	7			
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED	