CANDIDA' CAMPAIG	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:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Jeffery	MI L	OFFICE USE ONLY			
NAME	NICKNAME Jeff	McHalek	SUFFIX	Date Received ELECTION			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Fredericksbu	urg, TX 78624	CITY: STATE: ZIP CODE	FEB 28 2024			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Ros marked Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs	FIRST Winnie	МІ	Date Processed			
	NICKNAME	Owen	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 July 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 1	Day Year / 1 / 24	THROUGH 2	Day Year / 5 / 24			
11 ELECTION	Month Day	Year Primary General	Description				
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Callespie County County Stie: Lore Pet 3						
14 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 CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME				
		COMMITTEE CAMPAIGN T	REASURER ADDRESS				
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Jeffery McHalek 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 600.00 TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** 600.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4,044.84 TOTALS 4,044.84 4. **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 100.00 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00\$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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 Sode. lature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by _____ _, 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 (2) Unsworn Declaration KETTH R. CRENWELGE My name is , FREDERICKSQUAG, TX, 78624. GELLESPER. My address is (city) (state) (zip code) (country)

FEBRUARY

Signature of Candidate/Officeholder (Declarant)

GELLESPIE County, State of TEXAS, on the 28 day of

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME effery McHalek	20 Filer ID (Ethics Co	mmis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	600.00
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: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	500.00
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: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$	_ 4,044.8 4
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	0.00	

3548

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 Candidate/Officeholder/Politik Credit Card Payment	al Committee Legal Services	office Oxse Polling Expense Printing I	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule G:	3 Filer ID (Ethics Commission Filers)							
4 Date	5 Payee name							
01/04/2024	4 Imprint							
6 Amount (\$) 863.83 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 101 Commerce St OshKosh, WI 54901							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at tandertising Expense	the top of this schedule)	(b) Description Pens, Sticky Notes, Koozies					
	(c) Check if travel outside of Texa	ss. Complete Schedule T.	Check if Austin, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Office sought	Office held				
Date	Payee name							
01/18/2024	HCO Signs							
Amount (\$) 958.01 Reimbursement from political contributions intended	Payee address; 603 FM 2093 SU 150)1 Fredericksł	ourg, TX 78624	State; Zip Code				
PURPOSE OF EXPENDITURE	Category (See Categories listed at Advertising Expense	the top of this schedule)	Description Signs					
EXPENDITORE	Check if travel outside of Texa	as. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/6	Candidate / Officeholder n	ame	Office sought	······································				
Date	Payee name							
Amount (\$)	Payee address;		City;	State; Zip Code				
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See Categories listed at t	the top of this schedule)	Description					
	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/OH	Candidate / Officeholder n	ame	Office sought	Office held				
	ATTACH ADDITIONAL	COPIES OF THIS S	CHEDULE AS NEED)ED				