CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 MS / MRS / MR 3 CANDIDATE / OFFICEUSEONLY **OFFICEHOLDER** Sara NAME NICKNAME LAST SUFFIX Nee 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE # STATE: ZIP CODE **OFFICEHOLDER** TX 78624 Fredericksburg MAILING **ADDRESS** Change of Address PHONE NUMBER 5 CANDIDATE/ AREA CODE EXTENSION **OFFICEHOLDER** PHONE Amount \$ 6 CAMPAIGN MS / MRS / MR the with Genevieve TREASURER NAME 2-26-2024 NICKNAME Date Imaged Gena STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN TREASURER Frederickshing TX 78624 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED 02/26/24 THROUGH ELECTION TYPE 11 ELECTION ELECTION DATE 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE County 14 NOTICE FROM 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

C 7 O.							
15 C/OH NAME	Sara Neel	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN \$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	\$ 1,139.99					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.						
	4. TOTAL POLITICAL EXPENDITURES	\$ 31412.64					
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	\$ 19. /I					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	s of the \$					
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is	true and correct and includes all information					
	quired to be reported by me under Title 15, Election Code.	/					
		Veel					
		V					
MARY PULL EMIL	Y RAWSON BEAVER Signature of	Candidate or Officeholder					
	Public, State of Texas	1					
Comn	n. Expires 07-27-2025						
The Court of the C	ary ID 131225119						
Please complete either option below:							
יויסוס מוויסוס סווויסי סווויסי סווויסי סווויסי סוויסיו מוויסי							
(1) Affidavit							
NOTARY STAMP/SEA	L AL	n. / 1					
		110 201					
Sworn to and subscribed	before me by this	the day of 0,					
20 24 , to certify	which, witness my hand and seal of office.	. 4.1					
7 1/1 / Martiny	Frail Pearlas	Nota VII					
4/K/ Unity Draver /VUICHU							
Signature of officer administering oath Printed made of officer administering oath Title of officer administering oath							
OR CONTRACTOR OF THE PROPERTY							
(2) Unsworn Declaration							
. /							
My name is	, and my date of bird	th is					
		11.					
My address is		,					
Market Ass CARD	(street) (city)	(state) (zip code) (country)					
Executed in	County, State of, on the day of	nonth) (year)					
	(III	(year)					
	Signature of Ca	andidate/Officeholder (Declarant)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME Sara Neel 20 Filer ID (Ethics Com					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 850.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 289.99				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3, 275.2				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 137.43				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 41. 2.3				

www.ethics.state.tx.us

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

if the requested information is not applicable, DO NOT include this page in the report.							
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:					
2 FILER NAME	Sara Neel	3 Filer ID (Ethics Commission Filers)					
4 Date 2/7/24	5 Full name of contributor out-of-state PAC	7 Amount of contribution (\$)					
	6 Contributor address; City; Fredericks by	State; Zip Code 1 TV 78624	\$ 500.00				
8 Principal occu Retin	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)				
2/12/24	Contributor address; City;	State; Zip Code 17 Ushvy 7X 18624	\$250.00				
	d Consulting, LLC	Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PACE Darlene Slaughter	(ID#:)	Amount of contribution (\$)				
2/19/24	Contributor address; City; Abilene TX	State; Zip Code	\$ 100.00				
Principal occup Retire	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)				
Contributor address; City; State; Zip Code							
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.							

NON-MONETARY (IN-KIND) POLITICAL **CONTRIBUTIONS**

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.							
The Instruction Guide explains how to complete this form	n. 1 Total pages Schedule A2:						
2 FILER NAME Sara Neel	3 Filer ID (Ethics Commission Filers)						
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS \$						
5 Date 6 Full name of contributor out-of-state PAC (IDF: Wayne Slaughter/Marguret Slav 2/8/24 7 Contributor address; City; State; Fredericks by	Zip Code S117.99 buttons						
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)						
Retired	N/A						
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)						
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description \$ 175.00 Wood Stand Fer Sign S Check if travel outside of Texas, Complete Schedule T.						
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)						
Construction Contractor	R Builders						
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)						
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)						
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)							
ATTACH ADDITIONAL COPIES OF T	THIS SCHEDIII E AS NEEDED						
ATTACHADDITIONAL COPIES OF I	THO GOTTE DOLL AO HELDED						

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political	Committee Legal Services Salaries/Wat	iges/Contract Labor Other (enter a category not listed above)				
Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Sata Nee!	3 Filer ID (Ethics Commission Filers)				
4 Date 2/8/14	5 Payee name 48 How Print Christing Series 7 Payee address;	ices 908-000 4211 CA)				
6 Amount (\$)	7 Payee address;	City; State; Zip Code				
#1,067.25	8000 Haskell Ave. Van Nu	ys CA 91406				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	mailers				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held				
Date	Payee name					
2/9/24	Uz marketing					
Amount (\$)	Payee address;	City; State; Zip Code				
\$454.83	5900 Bingle Rd. Houster	1 TX 77092				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Stgn s				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OF	Sam Neel	County Attorney				
Date	Payee name					
2/12/24	BRIMINAN UZ Marke	ting				
Amount (\$)	Payee address;	City; State; Zip Code				
\$275.19	5900 Bingle Rd. Houston	TX 77092				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	signs				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/Oh	' Jara Nul	County Afformy				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Folling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Pahadula Ed.	2 FILER N		- I a capian			3 Filer	ID (Ethics (Commission Filers)
1 Total pages Schedule F1:			veel			8 6466		74
4 Date 2/16/24	5 Payeen	eme denzes bu	n Sta	ndard				
6 Amount (\$)	7 Payee a		1 2 101	ratering	City;		State;	Zip Code
\$ 230.00	712	w. man	n St.	trede	nelestry	TX	7826	4
8	(a) Catego	ry (See Categories liste	ed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Adve	rtismy Exp	rense		News pa	perpolak	ads	
	(c)	Check if travel outside o	f Texas. Complete S	Schedule T.			eholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder		Ca	Office sought	rey	(Office held
Date	Payee n	ame						
2/20124	Fred	dericksbyn	1 Sta	ndara	1			
Amount (\$)	Payee a		/		City;		State;	Zip Code
\$610.00	71	2 W. M	lan s	t. the	dericks bu	ry -	TX	78624
	Catego	ry (See Categories liste	d at the top of this	schedule)	Description			
PURPOSE OF EXPENDITURE	OF Advertising Figures 1					S		
		Check if travel outside of	outside of Texas. Complete Schedule T. Check if Aus			stin, TX, officeholder living expense		
Complete ONLY if direct	760	idate / Officeholder	,		Office sought	9 W		Office held
expenditure to benefit C/O	н	Sam N.	eel		County 1	Hor	rey	
Date	Payee	name					(****
2/26/24	Fre	edenclesh	buy s	tanda	rd			
Amount (\$)	Payee	address;			City;		State:	Zip Code
\$350.00	712	$\omega.m$	an s	st. Fr	rederick	bny	TX	78624
	Catego	ory (See Categories liste	ed at the top of this	s schedule)	Description	120	1	
PURPOSE OF EXPENDITURE	Ad	vertising	Esperi	se	Newspa	per s	pdat	e ads
		Check if travel outside	of Texas. Complete	Schedule T.	Check if Au	ustin, TX, offic	ceholder living	expense
Complete ONLY if direct		didate / Officeholde	. (Office sought	4		Office held
expenditure to benefit C/O		Jara	Neel		countr	1 11	orne	1
	4	TTACH ADDITIO	NAL COPIE	S OF THIS	SCHEDULE AS N	EEDED		2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDIT	URE CATEG	ORIES	FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politik Credit Card Payment	By Goal Committee Le	vent Expense ses cod/Beverage Exp ift/Awards/Memori egal Services The Instruction	als Expense	Office Ove Polling Ex Printing Ex Salaries/M		Trav Trav Oth	vel In District vel Out Of Di	quipme strict	Expense int & Related Expens not listed above)	5e
1 Total pages Schedule G:	2 FILER NAME	Sara 1	Neel			3 F	iler ID (El	hics C	ommission Filers)	,
4 Date 2/19/24	5 Payee name HEB									
6 Amount (\$) \$37.38 Reimbursement from political contributions intended	7 Payee addre		ms s	t. F	city; redunzli	sbin	Stat		Zip Code 8624	
8 PURPOSE OF EXPENDITURE		ee Categories listed Beverau ck if travel outside of T	де Бхри	ense	(b) Description	A Paris	fficeholder liv	ing exp	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate	Sarq	, ,		Office sought County	Attor	ney	C	Office held	
Date 2/20/24	Payee name BUSY	Bee E	Business	Cev	ifer					
Amount (\$) \$ 19.05 Reimbursement from political contributions intended	Payee addre		ams	St.	city; Freder	icksk	Stat	00000	Zip Code (7862	4
PURPOSE OF EXPENDITURE	Adver	ee Categories listed	rintra	g	/	Austin, TX, o	officeholder liv	ving exp	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		Sam Jam			County	AH	rne		Office held	
Date 2/26/24	Payee name Andr	0	ice					,		
Amount (\$) Columbur Columbur	Payee addre	ess;		Fre	city;	mj.	State;		Zip Code	
PURPOSE OF EXPENDITURE	Advi	ee Categories listed	Expense		Description Outing Check if)———	officeholder liv	vina exr	nense	
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder	name		Office sought	n Att	orny	-	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED										

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 Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 of 2 Sara Neel 4 Date 5 Payee name Fredericksbury Standard 7 Payee address; City; State; Zip of the Transfer of 2126124 6 Amount (\$) \$21.00 political contributions (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Balance due fer ads PURPOSE Havertisim Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct County Attorney Sam Neel expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; Zip Code State: Reimbursement from political contributions intended 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 Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

The	dule K:							
2 FILER NAME	2 FILER NAME Sary Neef 3 Filer ID (Ethics							
4 Date 2/15/24	5 Name of person from whom amount is received (48 How F Printing Services 888-888421) CA 6 Address of person from whom amount is received; City; Star 8000 Haskell Ave. Van Nuys A 91	te; Zip Code	8 Amount (\$) \$41. 23					
	7 Purpose for which amount is received Check if Originaly overcharged	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	ate; Zip Code						
	Purpose for which amount is received	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	te; Zip Code						
	Purpose for which amount is received Check if	political contribution	returned to filer					
Date	Name of person from whom amount is received		Amount (\$)					
	Address of person from whom amount is received; City; Sta	ate; Zip Code						
	Purpose for which amount is received Check if	political contribution	returned to filer					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								