CANDIDAT CAMPAIGI		FORM C/OH COVER SHEET PG 1				
The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	FIRST	МІ	OFFICE USE ONLY		
NAME	NICKNAME	LAST Maxwell	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	ADDRESS / PO BOX	; APT / SUITE #;	CITY; STATE; ZIP CODE 15 Hand, Tx 76448 EXTENSION	JAN 1 2 2024 JOINT ELECTIONS OF MCE Date Hand-delivered or Date Postmarked		
OFFICEHOLDER PHONE	(254) U	31-9811 FIRST	мі	Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	Mr	Andy	۷	Date Processed		
	NICKNAME	Maxwell	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / S	22/00/20	STATE; ZIP CODE		
(Residence or Business)	105 Lei	is Street	Eustlend	Tx 76448		
8 CAMPAIGN TREASURER PHONE	(JS4) U	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 11 / 16 / 2023 THROUGH 1 / 15 / 2024					
11 ELECTION	Month Day	Year Primary General	Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
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'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Etnics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ NA
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	16MX	
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<i>t</i> :
(1) Affidavit		
(1)/111102011		a a
NOTARY STAMP/SEA	NL.	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	•
My address is		
Executed in	(street) (city) (County, State of , on the day of (month	state) (zip code) (country)
	(mont)	n) (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Andy Maxwell 20 Filer ID (Ethics Com	mission Filers)
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
з.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	\$ 750.°°
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	\$

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
Credit Card Payment

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

se Travel Out Of Distri s/Contract Labor Other (enter a cate)

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

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)		
1	Andy Mapwell				
4 Date	Andy Maowell 5 Payee name				
11-16-2023	CO Robin Hayes				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
750. ^{coo}					
political contributions intended	200 CR315 Eastland	, Tx 76	.448		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Filing Fee				
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TV officeholder living evenes		
9	Candidate / Officeholder name	Office sought	, TX, officeholder living expense Office held		
Complete ONLY if direct		more and the same and the same			
expenditure to benefit C/OH	Andy Maxwell	Eastland	County Commissioner		
Date	Payee name				
v.					
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from					
political contributions intended	b				
PUPPOCE	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF			9		
EXPENDITURE	Charlette and additional Constant Const				
	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		, TX, officeholder living expense Office held		
Complete ONLY if direct expenditure to benefit C/C		Office sought	Office field		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from					
political contributions intended					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF		20 20 20%			
EXPENDITURE					
a language of the second	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		
	ATTACH ADDITIONAL CODIFC OF THE	COUEDINE 40 NEED			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					