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 File	r ID (Ethics Com	mission Filers)	2 Total pages	filed;
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Donald	73.70.70.70.70			мі J	OFFIC	E USE ONLY
NAME	NICKNAME	LAST Druesed	wob			SUFFIX	Date Received	CENTED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 626 County F	APT / SU Road 463	sundanores.	erry; and, Te	EUROVE C	ZIP CODE	JOINTEL	2 0 2023 - 1045 ECTIONS OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (254)	РНОМЕ NUMBE			EXTENSION			red or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Donald				MI J	Receipt #	Amount \$
NAME	NICKNAME	LAST Druese	dow			SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (I	NO PO BOX PLEASE); APT / St	UITE #;	CITY;		STATE;	ZIP CODE
TREASURER ADDRESS	626 County F	Road 463			Eastland,		Texas	76448
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	(254)	рноме мимве 433-635			EXTENSION			
9 REPORT TYPE	January 15	30th	day before e	lection	Runoff	•	treasure	/ after campaign r appointment older Only)
	July 15	8th da	ay before ele	ction	20 100000000000000000000000000000000000	ded Modified ing Limit	Final Re	port (Attach C/OH - FR)
10 PERIOD COVERED	Month 11		ear !3	тн	ROUGH	Month 11	1701 5 1 0	^{/ear} 23
11 ELECTION	ELECTION DA	TE Year	Primary		EI Runoff	Other Description		. dr. #1
	3 / 5 /	/ 24	General		Special	2000		
12 OFFICE	OFFICE HELD (if any) Eastland Co	unty Const	able, P		13 office soi Eastland			, Pct. 2
14 NOTICE FROM POLITICAL	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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME							
Additional Pages	GENERAL COMMITTEE ADDRESS							
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAN	MPAIGN TRI	EASURER	ADDRESS	Sign of Theore		
GO TO PAGE 2								

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIGN	I FIN	IANCE REPORT	COVER	SHEET PG 2
15 C/OH NAME Druesedow, Donald Ja	эу	1	6 Filer ID (Ethio	cs Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
-	4.	TOTAL POLITICAL EXPENDITURES	\$	375.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF I LAST DAY OF THE REPORTING PERIOD	rhe \$	0.00
		affirm, under penalty of perjury, that the accompanying report is true able reported by me under Title 15, Election Code. Signature of Cano		

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by	DONALD JAYD	RUESEN	/ thi	is the $\underline{\mathcal{U}}$	day of	Jovember
20 <u>23</u> , to certify which, witness Signature of officer administering oath				0	Title of office	r administering oath
		OR				
(2) Unsworn Declaration						
My name is		, and n	ny date of l	oirth is		
My address is		1				
	(street)		(city)	(state)	(zip code)	(country)
Executed in Cour	nty, State of	, on the	day of _	(month)	, 20 (year)	•
		S	ignature of	Candidate/Offi	ceholder (Decl	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	9 FILER NAME 20 Filer ID (Ethics Co			n Filers)
Drues	edow, Donald Jay			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	SCHEDULE E: LOANS	\$	0.00	
5.	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: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			375.00
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 CONTRIBUTIONS			0.00
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.

79	EXPENDITURE CATEGORIES	S FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office C Food/Beverage Expense Polling I By Gift/Awards/Memorials Expense Printing	epayment/Reimbursement verhead/Rental Expense Expense 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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
1 Total pages ochedule G.	Druesedow, Donald Jay		C Het L (Lanes commune) Het		
4 Date	5 Payee name				
11/16/2023	Republican Party Chair (Robin Hayes)				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
375.00 Reimbursement from political contributions intended	200 County Road 315	Eastland,	Texas 76448		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Filing Fee			
TOTAL CONTRACT OF THE PARTY OF	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure 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/C	Candidate / Officeholder name Office sought expenditure to benefit C/OH		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			
5000000V 7-000000 V33000 C3000 C1000	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	itin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		