

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: **5**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **Mr.** FIRST: **Paul** MI: **A**  
NICKNAME: LAST: SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: **17850 Cowley** APT / SUITE #: CITY: STATE: ZIP CODE:  
**Raymondville Texas 78580**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **(512)** PHONE NUMBER: **789-0985** EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **Mr.** FIRST: **Lee** MI:  
NICKNAME: LAST: SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE:  
**9914 County Road 3200**  
**Raymondville, Texas 78580**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE: **(456)** PHONE NUMBER: **536-6443** EXTENSION:

9 REPORT TYPE

January 15 | | 30th day before election | | Runoff | | 15th day after campaign treasurer appointment (Officeholder Only)  
 July 15 | | 8th day before election | | Exceeded Modified Reporting Limit | | Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year: **11 / 12 / 23'** THROUGH Month Day Year: **1 / 15 / 24'**

11 ELECTION

ELECTION DATE: Month Day Year: **11 / 5 / 24'** ELECTION TYPE:  General | | Special | | Primary | | Runoff | | Other Description

12 OFFICE

OFFICE (FID) (if any)

13 OFFICE SOUGHT (if known)

**County Commissioner At-Large**

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 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

GENERAL

**Project Red Tx**

COMMITTEE ADDRESS

**1108 Lowne St, #110-610 Austin, Texas 78701**

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

**Wayne Hamilton**

COMMITTEE CAMPAIGN TREASURER ADDRESS

**1108 Lowne St, #110-610 Austin, Texas 78701**

Additional Pages

GO TO PAGE 2

OFFICE USE ONLY	
Date Received	WILKEXY COUNTY DEPARTMENT OF ELECTIONS
Date Hand-delivered or Date Postmarked	JAN 10 2024
RECEIVED BY:	<i>[Signature]</i>
Receipt #	Amount \$
Date Processed	
Date Imaged	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*Paul Anders*

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ *1,000.00*

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ *1,000.00*

EXPENDITURE TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *0*

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *250.00*

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *0*

18 SIGNATURE

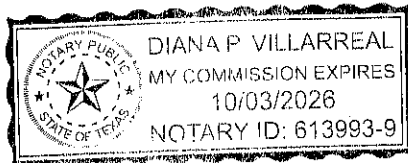
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Paul Anders*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Paul Anders*

this the *10th* day of *January*

20 *24* to certify which, witness my hand and seal of office.

*Siena P. Villarreal*

*Diana P. Villarreal*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Paul Anders*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	<i>250.00</i>
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	<i>750.00</i>
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$	
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# 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 form.

1 Total pages Schedule A1: **1**

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

**Paul Andes**

7 Amount of contribution (\$)

4 Date

**11/30/23**

5 Full name of contributor

**Delta Lee**

| out-of-state PAC (ID#)

6 Contributor address;

City;

State;

Zip Code

**P.O. Box 566**

**Raymondville**

**TX**

**78580**

**250<sup>00</sup>**

8 Principal occupation / Job title (See Instructions)

**Self-employee**

9 Employer (See Instructions)

**Self-employee**

Date

Full name of contributor

| out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

| out-of-state PAC (ID#)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

| out-of-state PAC (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.

2 FILER NAME

*Paul Anders*

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

1 Total pages Schedule A2: *1*

3 Filer ID (Ethics Commission Filers)

\$ *750.00*

5 Date

*11/12/23*

6 Full name of contributor ( ) out-of-state PAC (ID#)

*Project Red TX*

8 Amount of Contribution \$

*750.00*

9 In-kind contribution description

*Filing Fee*

7 Contributor address; City; State; Zip Code

*1108 Lavaca, St. Austin TX 78701*

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

*PAC*

11 Employer (FOR NON-JUDICIAL) (See Instructions)

*PAC*

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

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

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 THIS SCHEDULE AS NEEDED

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