CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS(MR) FIRST Christo	oher_	OFFICE USE ONLY			
NAME	NICKNAME. Salone	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: 6	STATE: ZIP CODE	JOHESON C			
Change of Address			2 83.5			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 9463376	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS) MRS / MR Cingrat	МІ	Date Processed			
TV XVIL	NICKNAME LAST	SUFFIX				
	Brown		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE			
(Residence or Business)	5537-CR311 (FRANOVIEW	TX 76050			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION				
PHONE	(817) 372-99	24				
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year			
0012.125	7/15/24	THROUGH /2/	31/2003			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary	Runoff Other Description				
	3/5/24 General	Special				
12 OFFICE	OFFICE HELD (if any)	13) OFFICE SOUGHT (If known	Precinct 4			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CANL	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
COMMITTEE(3)	COMMITTEE TYPE COMMITTEE NAME	NIA				
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME				
	COMMITTEE CAMPAIGN TRI	EASURER ADDRESS				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethic	cs Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTE PLEDGES, LOANS, OR GUARANTEES O CONTRIBUTIONS MADE ELECTRONICA	OF LOANS, OR	•	500.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN	DITURE.	\$ 6	799,3Z			
	4. TOTAL POLITICAL EXPENDITURES		\$ 6	799.32			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAI OF REPORTING PERIOD	INTAINED AS OF THE LAS	ST DAY \$	0			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUT LAST DAY OF THE REPORTING PERIOD		* THE \$ 4	7,700.68			
(1) Affidavit NOTARY STAMP/SEA		Signature of Car	1982 ndidate or Officel				
Sworn to and subscribed 20 24, to certify	which, witness my hand and seal of office.	this the _	_/O_ day of	JANUARY.			
Signature of officer administe	ering oath Printed name of officer adminis	stering oath	Title of o	fficer administering oath			
	OR		METAL PARKET AND	Special Com-			
(2) Unsworn Declarati	on						
My name is		, and my date of birth is					
	(street)	(city) (si	state) (zip code) (country)			
Executed in	County, State of, on the	day of(month)	, 20 (year	ar) .			
	_	Signature of Candida	ate/Officeholder (i	Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Chris C. J. Salone							
Chris	Chris C.J. Jaione							
21 SCHEDULE NAME OF S			SUBTOTAL AMOUNT					
1. S	CHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4500.00					
2. S	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3. S	3. SCHEDULE B: PLEDGED CONTRIBUTIONS							
4. S	4. SCHEDULE E: LOANS							
5.	CHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 6799.32					
6. S	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7. S	CHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$					
8. S	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$					
9. S	CHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$					
10. So	CHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$					
11. S	CHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$					
12. S	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$					

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:				
2 FLER NAME Chris C.T. Salone	3 Filer ID (Ethics Commission Filers)				
Date O Date O Contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)				
8 Pripcinal occupation / Job title (See Instructions) 9 Employer (See Instruc	Tions)				
Retired	aions)				
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)				
Cleburne, TX 76	031				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)				
Date Full name of contributor	Amount of contribution (\$)				
Cleburne, TX 76	031				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ttions)				
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Cyrardview, TX 765 Employer (See Instructions)	50 ttions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILE NAME. C.J. Salone	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 3000
Grandview,T	K-14050
8 Principal occupation / Job title (See Instructions) 9 Employer (S	ee Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	# 100, co
Grandview, TX	THOSE
	ee Instructions)
Date 2 3 3 Contributor Out-of-state PAC (ID#:	\$100000
Cleburne, 1	X TLOSI
Principal occupation / Job title (See Instructions) Employer (See See Instructions)	F- Imployed
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Co	de
Principal occupation / Job title (See Instructions) Employer (Se	ee Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDU	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

n/A

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FÜER NAM	s C.J. Salone		3 Filer ID (Ethics Commission Filers)			
1	F UNITEMIZED IN-KIND POLITICAL CONTRI	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of 9 In-kind contribution description			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Emplo	yer (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contri	butor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fi	rm 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	Zip Code	Amount of In-kind contribution description Contribution \$ In-kind contribution description Contribution \$ In-kind contribution description			
Principal occ	supation / 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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

010

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

				11/H
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	ule B:
2 FILER NAME	C.J. Salone		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; St			
			Check if travel outs	ide of Texas. Complete Schedule T.
10 Principal occu	pation / Job title (See Instructions)	Instructions)		
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St			
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor	,	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; St			
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
		1		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS

SCHEDULE E

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

Ti the requi		пот то пос аррнос	3510, 50 110	1 IIIoiaac	tino page	ii tiio iop	
	The Instructio	n Guide explains	how to compl	lete this for	m.		1 Total pages Schedule E:
2 FIDER NAME		Salon	e				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZ	ED LOANS					\$ 50,000.00
5 Date of loan	7 Nam	7 Name of lender out-of-state PAC (ID#:))	9 Loan Amount (\$) \$50,000.
6 Is lender a financial Institution?	8 Lend	ler address;	City;		State; Zip	Code	10 Interest rate
Y (N)		3CR31				7605	11 Maturity date
Depu	ty S	tle (See Instructions))		ver (See Insti		ty Sheriffs Dept.
14 Describtion o	f Collà té ral			15	Check if pe account (S		ls were deposited into political ons)
16 GUARANTOI INFORMATIO		e of guarantor					19 Amount Guaranteed (\$)
not applic	18 Guar	rantor address;	City;			Code	
20 Principal Occupation (See Instructions) 2				21 Emplo	yer (See Insti	ructions)	
Date of loan	Nam	ne of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lend	der address;	City;		State; Zip	Code	Interest rate
Institution?					2		Maturity date
Principal occ	upation / Job ti	tle (See Instructions))	Emplo	yer (See Inst	ructions)	
Description of Collateral			Check if personal funds were deposited into political account (See Instructions)				
GUARANTOI INFORMATIO	2000 mm 1 100 000 0	e of guarantor					Amount Guaranteed (\$)
	Guar	antor address;	City;		State; Zip	Code	
not applie	cable						
Principal Occ	cupation (See In	structions)		Emplo	yer (See Inst	ructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

SCHEDULE F1

ii the requested in	ormation is n	iot applicat	Jie, DO NO	i include th	is page in the re	eport.	
		EXPEN	DITURE CA	TEGORIES FO	OR BOX 8(a)		The second secon
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	F y C	egal Services	morials Expense	Office Overho Polling Exper Printing Expe	ense ges/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAM	ris C	2. J. S	šalone	_	3 Filer ID (Eth	ics Commission Filers)
# Ha6/a3	5 Payee nam	nola	mei	natt	- Seppe	web Lil	ly Design
6 Amount (\$)	7 Payee add	ress;			City;	State;	U Zip Code
135.31	1053	3 Fr	n916	0 6	rangvie	WIX	76050
8 PURPOSE	(a) Category	(See Categories	listed at the top of	this schedule)	(b) Description		
OF EXPENDITURE	Adver	etisir	8 81	pense	T-Shi	rets	
	(c) ci	heck if travel outsi	de of Texas. Compl	ete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/Oh		e / Officeholo	der name		Office sought		Office held
Date	Payee nam	е					
10/6/23	Rin	da	McN	att			
Amount (\$)	Payee addi	ress;			City;	State;	Zip Code
\$47.63	1053	3 F	m91		rardvie	w, TX	76050
PURPOSE	Category (S	See Categories li	sted at the top of t	his schedule)	Description	,	
OF EXPENDITURE	Adver	tisin	or Cy	sense.	T	shirt=	<u> </u>
			de of Texas. Comple	ete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e / Officehold	ler name		Office sought		Office held
Date	Payee nam	ne					
11 13 23	AC	DC '	Sign	5			
Amount (\$)	Payee addr	ress;	U		City;	State;	Zip Code
261.44	990	Has	emony	, Circl	e Weat	terfoer	2,TX
PURPOSE	Category (S	See Categories lis	sted at the top of	his schedule)	Description		
OF EXPENDITURE	Adver	Hising	Exp	erse	Campo	ligh 3	ioms
	Ch	neck if travel outsid	e of Texas. Comple	ete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense
Complete ONLY if direct		e / Officehole	der name		Office sought		Office held

SCHEDULE F1

II the requested iiii	OTTTIGLIOTT 13	not applica	510, 50 1101	morade m	is page in the re	eport.	
		EXPEN	DITURE CATE	EGORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Gift/Awards/Mer Legal Services The Instruct	norials Expense	Office Overh Polling Expe Printing Expe Salaries/Way		Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FICER N	AME /	Y (2 - 1		3 Filer ID (Ethic	cs Commission Filers)
	Ch	r15 (1.1.	al or	R		
11 15 23	5 Payee na	nsor	Cow	ty 1	Republic	an f	acty
6 Arhount (\$)	7 Payee ad	dress;		a	City;	State;	Zip Ootle
37500	210	3. N	nains	54. (lebur	ne, TX	76032
8	(a) Category	/ (See Categories	listed at the top of th	is schedule)	(b) Description) /	
PURPOSE OF	T					0	
EXPENDITURE	tee)			Filing	· Kee	
	(c)	Check if travel outsi	de of Texas, Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholo	der name		Office sought		Office held
Date	Payee na	me					
11/16/23	AC	DC	Sign	5			
Amount (\$)	Payee ad	dress;	J		City;	State;	Zip Code
# 282.62	990	Har	emonu	& Cir	ele Wea	theefore	2.TX
	Category	(See Categories li	sted at the top of the	chedule)	Description		,
PURPOSE OF	11	ml'- '	- O		1.		
EXPENDITURE	Have	RASI	of ey	sense	Camp	augh s	nams
		Check if travel outsid	le of Texas. Complete	Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officehold	ler name		Office sought		Office held
Date	Payee na	me					
11/23/23	Ae	DC.	Sign	15			
Amdunt (\$)	Payee ad	dress;	0		City;	State;	Zip Code
a549, a6	990	Har	mony		de Wear	Heatorb	TX
DUDDOSE	Category	(See Categories li	sted at the top of this	schedule)	Description		,
PURPOSE OF EXPENDITURE	Adve	etisin	a. Evi	ense	Campa	ian si	305
		Check if travel outsid	e of exas. Complete	Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officehol	der name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Politica	,	Legal Services		kpense /ages/Contract Labor	Travel Out Of District Other (enter a categor	
Credit Card Payment		The Instruction G	uide explains how to o	omplete this form.		
1 Total pages Schedule F1:	2 FIRMRIN	ris C.	J. Salor	ne	3 Filer ID (Ethics	Commission Filers)
4 Date 11 27 23	5 Paxee na		ns			
6 Amount (\$)	7 Payee ad	dress;	,	City;	State;	Zip Code
29.69	990	Harmor	/	Weast	eefoeb T	X
8	(a) Category	/ (See Categories listed at	t the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adv	eetising	Expense	Camp	aign S	igns
	(c)	Check if travel outside of Tex	as. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder na	me	Office sought		Office held
Date	Payee na	me				
11)27/23 Amount (\$)	Rec Payee ad	ginal C	d Roft	in Ph	otogray.	Shy Zip Code
\$350.00	1230	Oney		ad, BAI	IAS, TX	75217
	Category	(See Categories listed &	he top of this schedule)	Description	,	
PURPOSE OF EXPENDITURE	Adve	etising	Expense	Head-	shots	
		Check if travel outside of Tex	as. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder na	me	Office sought	(Office held
Date	Payee na	me				
12 11 23	W	almai	2+			
Ambunt (\$)	Payee ad	dress;		City;	State;	Zip Code
\$10.09	1616	Busin	ness 10.	7 Clebe	uene TX	7603
	Category	(See Categories listed at the	he top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Adve	etising	Expense	Ziptie	es foe si	gns
		Check if travel outside of Texa	as. Complete Schedule T.	Check if Aus	stin, TX, officeholder living e	expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder na	ame	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

	EXPENDITURE CAT	rEGORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		lains how to complete this form.	
1 Total pages Schedule F1:	Chris C.J. Sa	lone.	3 Filer ID (Ethics Commission Filers)
12 12 23	5 Payee name Diamond Die	sal	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1743.71	3617 S. Burles	30n Blvd Alv	arado, TX 7600
8	(a) Category (See Categories listed at the top of	this schedule) (b) Description) / ()
PURPOSE			
OF EXPENDITURE	Teansportation	Expense TRUC	Krepaur
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12113123	Jacob Ker	2-Cascadia	- Websities
Amount (\$)	Payee address;	City;	State; Zip Code
\$35.84			
	Category (See Categories listed at the top of ti	nis schedule) Description	
PURPOSE		. 2 1	
OF EXPENDITURE	Havertising evi	vense Webs	11-6
	Check if travel outside of fexas, Comple	te Schedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
101	Tal-	1 1	0
12/20/23	Johnson Low	The hepublica	n Wemens Group
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 200	2100 1000	al Mal	TI
a5,00	203.11 am	St. Cleburn	2,11 16033
	Category (See Categories listed at the top of the	nis schedule) Description	
PURPOSE OF	Fac	Too	
EXPENDITURE	TEE	Tee	
	Check if travel outside of Texas. Comple	te Schedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NE	EDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awa	verage Expense rds/Memorials Expense	Office Overhe Polling Exper Printing Expe		Travel In District Travel Out Of Distri	ipment & Related Expense
Credit Card Payment	The Ir	struction Guide explai	ns how to con	nplete this form.		
1 Total pages Schedule F1:	2 CHER NAME	C.J. Sal	one		3 Filer ID (Ethio	cs Commission Filers)
12 20 a3	5 Payee name	of Alvara	obe			
6 Amount (\$)	7 Payee address;	0	04	City;	State;	Zip Code
100,00	104 W.	College	4.	HIVARAG	DTV	76009
8	(a) Category (See Cat	egories listed at the top of thi	s schedule) ((b) Description		•
PURPOSE OF EXPENDITURE	Donas	ion		Tous D	SRIVE	
	(c) Check if tra	vel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Offi	ceholder name		Office sought		Office held
Date	Payee name					
12/21/23	ACDC	Signs	ν			
Amount (\$)	Payee address;			City;	State;	Zip Code
240.00	990 H	uemony	· Cire	ek Weat	herfore	LIX
	Category (See Cate	gories listed at the top of hus	schedule)	Description		, ,
PURPOSE OF EXPENDITURE	Adverti	=aingrex	Dense	Campo	aign Sig	ins.
	Check if trav	vel outside of Texas, Complete S	Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Offic	ceholder name		Office sought		Office held
Date	Payee name					
12/27/23	ACDE	Signs	-			
Amount (\$)	Payee address;			City;	State;	Zip Code
193.53	990 He	remony	Circ		treefor	D,TX
PURPOSE OF EXPENDITURE	Category (See Cate)	ories listed at the top of (his	echedule)	Description	aign si	gns
	Check if trav	el outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name		Office sought		Office held
	ATTACHAL	DITIONAL COPIES	OF THIS SC	HEDULE AS NEE	DED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF Non-Political Political EXPENDITURE 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 Complete ONLY if direct Office sought Candidate / Officeholder name Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

010

		11/17
	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FIRER NAME	s C.J. Salone	3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; C	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; C	Sity; State; Zip Code
	Description of investment	
	Amount of investment (\$)	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

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



EXPENDITURE CATEGORIES FOR BOX 10(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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica		Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 CILERNAME C.J. Sal	one	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description	
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
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 A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EEDED

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 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

Candidate/Officeholder/Politi Credit Card Payment	ical Committee	The Instr	^{es} uction Guide ex			this form.	Other (enter a d	category	not listed above)
1 Total pages Schedule G:	2 FILER N	AME	C.J.	Salo	one		3 Filer ID (8	Ethics C	Commission Filers)
4 Date	5 Payee na								
6 Amount (\$)	7 Payee ac	ldress;				City;	Sta	ate;	Zip Code
Reimbursement from political contributions intended									
8 PURPOSE OF EXPENDITURE	(a) Category	/ (See Categorie	s listed at the top of	this schedule)	(b) Des	scription			
	(c)	Check if travel out	side of Texas. Comple	ete Schedule T.		Check if Austin,	TX, officeholder li	iving exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officel	nolder name		Office s	ought		C	Office held
Date	Payee na	me							
Amount (\$)	Payee ad	ldress;				City;	Sta	ate;	Zip Code
Reimbursement from political contributions intended									
PURPOSE OF EXPENDITURE	Category	/ (See Categorie	es listed at the top of	this schedule)	Des	scription			
		Check if travel ou	tside of Texas. Comple	ete Schedule T.		Check if Austin,	TX, officeholder I	iving exp	ense
Complete ONLY if direct expenditure to benefit C/		date / Officel	nolder name		Office s	ought		C	Office held
Date	Payee na	me							
Amount (\$)	Payee ad	ldress;				City;	State	;	Zip Code
Reimbursement from political contributions intended									
PURPOSE OF EXPENDITURE	Category	/ (See Categorie	s listed at the top of	this schedule)	Des	scription			
		Check if travel out	side of Texas. Comple	ete Schedule T.		Check if Austin,	TX, officeholder li	ving exp	ense
Complete ONLY if direct expenditure to benefit C/OH		date / Officel	nolder name		Office s	ought		C	Office held
	ATTA	ACH ADDITI	ONAL COPIE	S OF THIS S	CHEDUI	LE AS NEED!	ED .		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

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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 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 H:	2 FILER NAME C.J. Sale	one	3 Filer ID (Ethics Commission	n Filers)			
4 Date	5 Business name						
6 Amount (\$)	7 Business address;	City;	State; Zip Co	ode			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
	(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/C	Candidate / Officeholder name OH	Office sought	Office held				
Date	Business name						
Amount (\$)	Business address;	City;	State; Zip Co	ode			
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/O	Candidate / Officeholder name	Office sought	Office held				
Date	Business name						
Amount (\$)	Business address;	City;	State; Zip Co	ode			
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 <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE !

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 I:	2 FILER NAME Chris C. J. Salons	2	3 Filer ID (Ethics Co	ommission Filers)			
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City	State	Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Secrequired.)	e instructions regarding type of	information			
Date	Payee name						
Amount (\$)	Payee address;	City	State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser	e instructions regarding type of	finformation			
Date	Payee name						
Amount (\$)	Payee address;	City	State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser	e instructions regarding type of	finformation			
Date	Payee name						
Amount (\$)	Payee address;	City	State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions regarding type of	information			

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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. 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME, 3 Filer ID (Ethics Commission Filers) 4 Date Amount (\$) 5 Name of person from whom amount is received 6 Address of person from whom amount is received: City: State: Zip Code 7 Purpose for which amount is received Check if political contribution returned to filer Date Amount (\$) Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Amount (\$) Date Name of person from whom amount is received Address of person from whom amount is received; City; State; 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; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

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	If the requested information is not applicable, DO NOT include this page in the report.							
	The Instru	uction Guide	explains how to complete this form.	1 Total pages Schedule T:	1			
2	FILER NAME	ERNAME: 3 Filer ID (Ethics Commission Filer)						
4	Name of Contributor	Corporation	or Labor Organization / Pledgor / Payee					
5	Contribution / Expend	liture reported		_				
	Schedule A2 Schedule F2		edule B Schedule B(J) Schedule C2 Schedule F4 Schedule G Schedule H	Schedule D Schedule COH-UC	Schedule F1 Schedule B-SS			
6	Dates of travel	7 Name of	person(s) traveling					
		8 Departur	e city or name of departure location					
		9 Destinati	on city or name of destination location					
10	Means of transportati	ion	11 Purpose of travel (including name of conference, se	eminar, or other event)				
	Name of Contributor	Corporation	or Labor Organization / Pledgor / Payee					
	Contribution / Expend	liture reported	on:					
	Schedule A2	Sche	dule B Schedule B(J) Schedule C2	Schedule D	Schedule F1			
	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS							
	Dates of travel	Name of	person(s) traveling					
	Departure city or name of departure location							
		Destinati	on city or name of destination location					
	Means of transportat	ion	Purpose of travel (including name of conference, se	eminar, or other event)				
	Name of Contributor	/ Corporation	or Labor Organization / Pledgor / Payee					
	Contribution / Expend	liture reported	on:					
	Schedule A2	Schedu	le B Schedule B(J) Schedule C2	Schedule D	Schedule F1			
	Schedule F2	Schedu	lle F4 Schedule G Schedule H	Schedule COH-UC	Schedule B-SS			
	Dates of travel	Name of person(s) traveling						
		Departure city or name of departure location						
		Destination city or name of destination location						
	Means of transportat	ion	Purpose of travel (including name of conference, se	eminar, or other event)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.									
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••									
1	C/OH HAME 2 Filer ID (Ethics Commission Filers)									
3	SIGNA	TURE								
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder									
_										
4		WHO IS NOT AN OFFICEHOLDER splete A & B below <i>only</i> if you are not an officeholder. ••								
	A.	CAMPAIGN FUNDS								
	Chec	k only one:								
		I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.							
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.									
	B.	ASSETS								
	Check only one:									
		I do not retain assets purchased with political contributions or interest or other income	from political contributions.							
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	income from political contributions to							
5	OFFIC	EHOLDER								
	· Com	plete this section only if you are an officeholder ••								
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as							
		Sic	nature of Officeholder							