CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this fo	orm. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Troy	мі L .	OFFICEUSEONLY			
NAME	NICKNAME LAST Fuller	SUFFIX	Date Received Rescaled Rescale			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE 6632 County Rd 308, Gra	andview, TX 76050	PRILLONG UNITY CLER COUNTY. B 28 P			
		EVERYOUN	/ · f = = x			
5 CANDIDATE/ OFFICEHOLDER PHONE	(817) PHONE NUMBER 240-6793	EXTENSION	Date Hand-delivered or Oate Postmarked A Receipt # Amount \$			
6 CAMPAIGN TREASURER	Mrs. FIRST Evely	n H	Date Processed			
NAME	NICKNAME LAST	SUFFIX				
	Fuller		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	street address (no po box please); 6632 County Rd 308, Gra		STATE; ZIP CODE			
(Residence or Business)			82 , V (64)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 507-9588	EXTENSION				
9 REPORT TYPE		ey before election Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Yea	Month	Day Year			
COVERED	Month Day Yea 2 / 6 / 24		/ 1 / 24			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
		Primary Runoff Other				
	Month Day Year	Description				
12	3 / 5 / 24	General Special				
12 OFFICE	OFFICE HELD (if any) Johnson County Const.	able Pct 4	n) .			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTEDOR 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. CANDIDATESA NDO FFICEHOLDERSA RER EQUIREDT OR EPORTT HISI NFORMATIONO NLYI FT HEYR ECEIVEN OTICE OFS UCHE XPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	E				
Additional Pages	GENERAL COMMITTEE ADDR	RESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAME	PAIGN TREASURER ADDRESS				
	G	O TO PAGE 2	W 1			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Troy Fuller			16 Filer	ID (E	thics 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		\$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$	611.92
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00

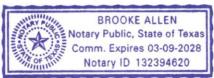
18 SIGNATURE

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.

Signature of Candidate or Officeholde

Please complete either option below:

(1) Affidavit



	William Notary 10	132334020					
NOTARY STAMP/SEAL Sworn to and subscribed before m 20 24 , to certify which, with	ne by TROY	Full	EP	tł	nis the 28	th day of F	ebruanz
Signature of officer administering oath	ness my hand and seal of Printed r	OOKC name of officer a	Alle	ng oath		Not Title of office	ar administering oath
		OR					
(2) Unsworn Declaration							
My name is			, and	d my date of	birth is		*
My address is			_,				
	(street)			(city)	(state)	(zip code)	(country)
Executed in	County, State of		on the	day of _	(month)	, 20 (year)	
				Signature of	f Candidate/Of	ficeholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	y Fuller		20	Filer ID (Ethics Con	mmission	Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE					UBTOTAL MOUNT
1.	SCHEDULE A1: MC	ONETARY POLITICAL CONTRIBUTIONS			\$	0.00
2.	SCHEDULE A2: NO	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				0.00
3.	SCHEDULE B: PLE	EDGED CONTRIBUTIONS			\$	0.00
4.	SCHEDULE E: LOA	ANS			\$	0.00
5.	SCHEDULE F1: P0	POLITICAL EXPENDITURES MADE FROM	POLITICAL CONT	RIBUTIONS	\$	0.00
6.	SCHEDULE F2: UN	NPAID INCURRED OBLIGATIONS			\$	0.00
7.	SCHEDULE F3: PI	PURCHASE OF INVESTMENTS MADE FRO	OM POLITICAL CO	NTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EX	XPENDITURES MADE BY CREDIT CARD		-	\$	0.00
9.	SCHEDULE G: PC	DLITICAL EXPENDITURES MADE FROM	PERSONAL FUNDS	S	\$	0.00
10.	SCHEDULE H: PAY	YMENT MADE FROM POLITICAL CONTR	IBUTIONS TO A BU	JSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON	I-POLITICAL EXPENDITURES MADE FROM	POLITICAL CONT	RIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				\$	0.00

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

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 G:	Troy L. Fuller				
⁴ Date 02/19/2024	5 Payee name Home Depot				
6 Amount (\$) 62.80 Reimbursement from political contributions intended	7 Payee address; 212Katherine P Raines Blvd., Cleb	urne, TX 76033	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description T- Posts to put up Polictical Signs				
	(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/0	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/OH	Candidate / Officeholder name	Office sought	(Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED		