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:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Donnie	MI R	OFFICE USE ONLY		
NAME	NICKNAME	Riddell	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	e APT / SUITE #: Cod ct Cleburne, Te	APRILLE COUNTY C			
	AREA CODE	PHONE NUMBER	EXTENSION	- 0 D 3250		
5 CANDIDATE/ OFFICEHOLDER PHONE	(817)	240-1805	EXTENSION	Date Rand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs.	Allyson	МІ	Receipt # Amount \$		
NAME	NICKNAME	LAST	SUFFIX			
		House		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	Contract Contract Section 15	(NO PO BOX PLEASE); APT / SI ewood Cleburne, To		STATE; ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(817)	PHONE NUMBER 271-9472	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	Plection Runoff	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	Month	Day Year	Month	Day Year		
COVERED	2	/ 2 / 24	THROUGH 2	/ 26 / 24		
11 ELECTION	ELECTION DA	NTE	ELECTION TYP	E		
	Month Day Year Primary Runoff Other					
2	3 / 5 /	/ 24 General	Special Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know	ty Constable PCT.1		
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					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
C		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
200	1	GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Donnie Riddell			16 Filer	ID (Ethics C	Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$		
,,,	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS			\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.				w	
	4. TOTAL POLITICAL EXPENDIT	JRES	\$ 913.62			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAS	ST DAY	\$	116.25	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F	F THE	\$			
	wear, or affirm, under penalty of perjury, that		e and co	rrect and inc	cludes all information	
			/			
		Signature of Ca	ndidate	or Officehole	der	
				_		
A. t						
K**	Please comple	te either option below	v:			
(1) Affidavit						
NOTARY STAMP/SEA	L					
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 administe	ring oath Printed name of officer	administering oath		Title of offic	er administering oath	
	.0	R				
(2) Unsworn Declaration	on					
My name is Donnie R	iddell	, and my date of birth is	11/14	/1977		
My address is 1104 As		Cleburne Te	exas 7	6033_	US	
Executed in Johnson	(street) County, State of Texas	(city) (so the 26 day of February)	ary	(zip code) , 2024 (year)	(country)	
2		Signature of Candid	date/Offic	eholder (De	clarant)	
		C Sandiaro di Caridio			,	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 File	er ID (Ethics Commiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIE	BUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	913.62
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE TO FILER	ETURNED \$	- 12 W.S.

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	1 Total pages Schedule A1:				
2 FILER NAME Donnie R				3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Walter Adams			7 Amount of contribution (\$)		
02/20/2024	6 Contributor address;	100.00				
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruction Self	ctions)		
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)		
	Contributor address;	1000	State; Zip Code			
Principal occup	pation / Job title (See Instructions)	tions)				
Date	Full name of contributor	out-of-state PA	C (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	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	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 The Instruction Guide explain	Office Ov Polling Ex Printing E Salaries/	expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	TOTAL CONTRACTOR SECTION SECTI	2 FILER NAME Donnie Riddell				Commission Filers)
4 Date 02/09/2024	5 Payee name UZ Marketing					
6 Amount (\$) 573.47 Reimbursement from political contributions intended	7 Payee address; City; State; 5900 Bingle Rd. Houston, Texas 77902				Zip Code	
8	(a) Category	(See Categories listed at the top of this se	chedule)	(b) Description		
PURPOSE OF		ng Expense		Yard Signs		
EXPENDITURE	(c)	Check if travel outside of Texas, Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name nie Riddell	Johr	Office sought		Office held
Date	Payee nar	ne				
02/12/2024	UZ Ma					
Amount (\$) 227.57 Reimbursement from political contributions intended	Payee add 5900 B	_{dress;} ingle Rd. Houston, Te	exas 77	City; '902	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this sing Expense	schedule)	Push Cards		
	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 Onnie Riddell Candidate / Officeholder name Office sought Office held Office held Johnson Conuty Constable PCT1					Office held	
Date 02/23/2024	Payee nar	ne Printing, Banners Sig	ns and	More		
Amount (\$) 112.58 Reimbursement from political contributions intended	Payee add	^{dress;} Irmony Circle Weathe	rford, T	City; exas	State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this s ing Expense	chedule)	Yard Sign		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exp					expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Johr	Office sought		Office held
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	DED	