CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	Filer ID (Ethics Commission Filers)	2 Total pages filed: 5	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MR LARRY	мі G	OFFICE USE ONLY	
NAME	NICKNAME LAST WOOLLEY	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO BOX 1313, GRANDVIEW, TX	76050 ZIP CODE	APRILLED APRILLON COUNTY SLI JUL -2 A	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 648-1879	EXTENSION	Date Hand-de Tvared or Date Postmarked Receipt # W Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MRS FIRST MRS LESLIE NICKNAME LAST	MI D SUFFIX	Date Processed	
	WOOLLEY		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7900 CR 305C, GRANDVIEW, TX 76050			
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(817) 648-9179	EXTENSION		
9 REPORT TYPE	January 15 30th day before election July 15 8th day 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 Year	Month	Day Year	
COVERED	1 / 1 / 24	THROUGH 6	/ 30 / 24	
11 ELECTION	Month Day Year Primary 3 / 1 / 22 General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) JOHNSON COUNTY COMMISSIONER PCT. 4 13 OFFICE SOUGHT (if known) NA			
14 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
Solventina y Land Co. V. Solventina V. Co. V.	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASU	RER ADDRESS		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME LARRY G WOOLLEY		16 Filer I	ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$ 958.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 2,243.30	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and con	rect and includes all information	
rec	uired to be reported by me under Title 15, Election Code.			
	Thursday	U /	$\left(\right) 00$	
	Muny	1-6	Coolley	
	Signature of Ca	andidate o	or Officeholder	
	Please complete either option below	V:		
SANDRA LONG Notary Public, State of Texas Comm. Expires 03-06-2027 Notary ID 11864002				
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by Lawy G, Woolfey this the		day of July,	
20 74 , to certify which, witness my hand and seal of office.				
sandia Long Janara Long office Marager				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
OR				
(2) Unsworn Declaration	on			
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 (month	h)	_, 20 (year)	
	Signature of Candi	date/Office	eholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 F	9 FILER NAME 20 Filer ID (Ethics Com			Filers)
LA	RRY G WOOLLEY			
	SCHEDULE SUBTOTALS IAME OF SCHEDULE			IBTOTAL MOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
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 COL	NTRIBUTIONS	\$	958.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	1	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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

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 o	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME LARRY G WOOLLEY		3 Filer ID (Ethics Commission Filers)	
4 Date 01/24/2024	5 Payee name DALE HANNA CAMPAIGN			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
100.00	CR 1125, CLEBURNE, TX 76033			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder	DISTRICT ATTORNEY CAMPAIGN CONTRIBUTION		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name		5	
02/11/2024	TUESDAY FORUM			
Amount (\$)	Payee address;	City;	State; Zip Code	
240.00 2136 CR427A, CLEBURNE, TX 76031				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description TUESDAY FORUM ANNUAL DUES		
	Check if travel outside of Texas. Complete Schedule T.	Complete Schedule T. Check if Austin, TX, officeholder lin		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
03/28/2024	DEWAYNE BURNS CAMPAIGN			
Amount (\$)	Payee address;	City;	State; Zip Code	
500.00	703 STONELAKE DRIVE, CLEBURN	IE, 1X 76033		
	Category (See Categories listed at the top of this schedule)	Description	Н	
PURPOSE OF EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder	STATE REPR CONTRIBUTION	ESENTATIVE CAMPAIGN ON	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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 NE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME LARRY G WOOLLEY		3 Filer ID (Ethics C	ommission Filers)	
4 Date 06/27/2024	5 Payee name KEENE CHAMBER OF COMMERCE				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
118.00	110 OLD BETSY RD, KEENE, TX 76	059			
8	(a) Category (See Categories listed at the top of this schedule)	e) (b) Description			
PURPOSE OF EXPENDITURE	FEES	KEENE CHAMBER DUES			
	(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/OF	Candidate / Officeholder name	Office sought	sought Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
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			
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
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	C	ffice held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					