

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00087726	<b>2 Total pages filed:</b> 9	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr.	FIRST Shilo	MI MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 06/13/2023
	NICKNAME LAST Platts	SUFFIX SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 742  China, TX 77613		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Ms.	FIRST Melanie F.	MI MI	
	NICKNAME LAST Webb	SUFFIX SUFFIX		
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1020 Chatwood Dr.  Beaumont, TX 77706			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (512)	PHONE NUMBER 809-2496	EXTENSION	
<b>8 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month      Day      Year 01/01/2023	THROUGH		Month      Day      Year 06/13/2023
<b>10 ELECTION</b>	ELECTION DATE Month      Day      Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any) None		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 21	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Platts, Shilo (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00087726
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	677.04
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	677.04
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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.

Mr. Shilo Platts  
\_\_\_\_\_

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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Signature of officer administering	Printed name of officer administering	Title of officer administering oath
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**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Platts, Shilo (Mr.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00087726
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<b>20 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 677.04
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 677.04
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/9
2 FILER NAME Platts, Shilo (Mr.)		3 Filer ID (Ethics Commission Filers) 00087726
4 Date 06/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) BOTELER, JACK ..... 6 Contributor address; City; State; Zip Code  SEABROOK, TX 77586	7 Amount of Contribution (\$)  \$52.40
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DEAL, KIM ..... Contributor address; City; State; Zip Code  HOUSTON, TX 77024	Amount of Contribution (\$)  \$21.15
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DURHAM, JACK ..... Contributor address; City; State; Zip Code  FORT DAVIS, TX 79734	Amount of Contribution (\$)  \$21.15
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Fehrenbach, Carol ..... Contributor address; City; State; Zip Code  DAYTON, TX 77535	Amount of Contribution (\$)  \$26.35
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McMillian, Becky ..... Contributor address; City; State; Zip Code  AUSTIN, TX 78750	Amount of Contribution (\$)  \$104.48
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) 512 BOUTIQUE EVENTS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/9
<b>2</b> FILER NAME Platts, Shilo (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087726
<b>4</b> Date 06/07/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WARREN, CHERYL	<b>7</b> Amount of Contribution (\$) \$260.73
<b>6</b> Contributor address; City; State; Zip Code  ORANGE, TX 77632		
<b>8</b> Principal occupation / Job title (See Instructions) RETIRED		<b>9</b> Employer (See Instructions) RETIRED
Date 06/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) WEBB, MELANIE	Amount of Contribution (\$) \$52.40
Contributor address; City; State; Zip Code  BEAUMONT, TX 77706		
Principal occupation / Job title (See Instructions) CLINICAL FORENSIC PSYCHOLOGIST		Employer (See Instructions) LAMAR UNIVERSITY
Date 06/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wamhoff, Patrick	Amount of Contribution (\$) \$138.38
Contributor address; City; State; Zip Code  FRISCO, TX 75036		
Principal occupation / Job title (See Instructions) INTERNATIONAL ACCOUNT EXECUTIVE		Employer (See Instructions) ASURION

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 6/9	<b>2</b> FILER NAME Platts, Shilo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087726
<b>4</b> Date 06/07/2023	<b>5</b> Payee name BOTELER, JACK	
<b>6</b> Amount (\$) \$52.40	<b>7</b> Payee address; City; State; Zip Code 538 Surf Oaks Dr  SEABROOK, TX 77586	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REFUND OF DONATION
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/07/2023	Payee name DEAL, KIM	
Amount (\$) \$21.15	Payee address; City; State; Zip Code 11302 Surrey Oaks Lane  HOUSTON, TX 77024	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REFUND OF DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held
Date 06/06/2023	Payee name DURHAM, JACK	
Amount (\$) \$21.15	Payee address; City; State; Zip Code 202 W PACK SADDLE DR  FORT DAVIS, TX 79734	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REFUND OF DONATION
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 7/9	<b>2</b> FILER NAME Platts, Shilo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087726
<b>4</b> Date 06/06/2023	<b>5</b> Payee name Fehrenbach, CAROL	
<b>6</b> Amount (\$) \$26.35	<b>7</b> Payee address; City; State; Zip Code 461 County Road 661  DAYTON, TX 77535	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REFUND OF DONATION
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2023	Payee name MCMILLIAN, BECKY	
Amount (\$) \$104.48	Payee address; City; State; Zip Code 6906 Dogwood Hollow  AUSTIN, TX 78750	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REFUND OF DONATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 06/06/2023	Payee name WAMHOFF, PATRICK	
Amount (\$) \$138.38	Payee address; City; State; Zip Code 1136 Churchill Drive  FRISCO, TX 75036	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REFUND OF DONATION
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 8/9	<b>2</b> FILER NAME Platts, Shilo (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087726
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<b>4</b> Date 06/07/2023	<b>5</b> Payee name WARREN, CHERYL
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<b>6</b> Amount (\$) \$260.73	<b>7</b> Payee address; City; State; Zip Code 4559 Rainbow Road  ORANGE, TX 77632
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REFUND OF DONATION
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 06/07/2023	Payee name WEBB, MELANIE
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Amount (\$) \$52.40	Payee address; City; State; Zip Code 1020 Chatwood Drive  BEAUMONT, TX 77706
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PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) REFUND	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense REFUND OF DONATION
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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The Instruction Guide explains how to complete this form.

\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

<b>1 C/OH NAME</b> Platts, Shilo (Mr.)	<b>2 Filer ID</b> (Ethics Commission Filers) 00087726
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**3 SIGNATURE**

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.

Mr. Shilo Platts

Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

\*\* Complete A & B below only if you are not an officeholder \*\*

**A CAMPAIGN FUNDS**

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from 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 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 political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.

Mr. Shilo Platts

Signature of Candidate

**5 OFFICEHOLDER**

\*\* Complete this section only if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder