CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

TREASURER ADDRESS (Residence or Business) 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE Month Day Year O7/01/2023 THROUGH THROUGH THROUGH THROUGH O3/05/2024 Primary General Special							
OFFICEHOLDER NAME Mrs. Samantha E. Dide Received ELECTRONICALLY FILED OJ/15/2024 ADDRESS / PO BOX: APT / SUITE #: CITY; ZIP CODE OFFICEHOLDER ADDRESS OFFICE ADDRESS Sweetwater, TX 79556 Sweetwater, TX 79556 TREASURER NAME ADDRESS / PO BOX: APT / SUITE #: CITY; ZIP CODE OFFICEHOLDER ADDRESS OFFICE ADDRESS Sweetwater, TX 79556 Total Address Sweetwater, TX 79556 Total Address OFFICE ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE: ZIP CODE OFFICE ADDRESS (Pleastanne or Business) (Recisions or Business) TREASURER TO Sard Street Suite 106 Sweetwater, TX 79556 TO CAMPAIGN TREASURER PHONE TREASURER TYPE AREA CODE PHONE NUMBER EXTENSION TREASURER TYPE AREA CODE PHONE NUMBER SIBIT day before election PExceeded modified proporting limit Dispositionism (Officeholder only) Final Report (Attach CICH-FR) Final Report (Attach CICH-FR) O3/05/2024 THROUGH TREASURER O7/01/2023 THROUGH TH	The C/OH Instruction (Guide explains how to compl		(Ethics Commi			
NAME Mis. Saffrantifia E.		MS / MRS / MR	FIRST		MI	OFFICE (JSE ONLY
NICKNAME LAST		Mrs.	Samantha E.				ALLY EILED
A CANDIDATE / OFFICEHOLIDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Heard-delivered of Date Postmanded ADDRESS Did + E. 14th Street 1614 E. 14th Street							ALLI FILLD
Charge of Address Sweetwater, TX 79556 Sufficiency of the second of the sec		NICKNAME			SUFFIX	01/15/2024	
MAILING ADDRESS Change of Address Sweetwater, TX 79556 Sweetwater, TX 79556 TREASURER NAME MS. MRS / MR		ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
Charge of Address Sweetwater, TX 79556 Date Processed	MAILING	1614 E. 14th Street				Receipt #	Amount
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MS. Irma A. NICKNAME LAST Ortiz 6 CAMPAIGN TREASURER ADDRESS (Residence or flusiness) (Residence		Curochustor TV 70FF6					
5 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST Irma A. NICKNAME LAST Ortiz 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE MS / MRS / MR FIRST Irma A. NICKNAME LAST Ortiz 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) Sweetwater, TX 79556 AREA CODE PHONE NUMBER EXTENSION (325) 235-5469 8 REPORT TYPE MS January 15 MS day before election Exceeded modified Final Report (officeholder only) The princing limit Final Report (Attach C/OH-FR) P PERIOD COVERED Month Day Year 07/01/2023 THROUGH Month Day Year 03/05/2024 MONTH Day Year 03/05/2024 MONTH Day Year 03/05/2024 MONTH Day Year District Attorney (Multi-county) District 32nd	Change of Address	Sweetwater, 1X 79550				Date Processed	
TREASURER NAME MS. Irma A. NICKNAME LAST SUFFIX Ortiz 6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP COE SUITE 100 E. 3rd Street Suite 106 Sweetwater, TX 79556 7 CAMPAIGN TREASURER PHONE 8 REPORT TYPE AREA CODE PHONE NUMBER EXTENSION Runoff 15th day after campaign treasurer appointment (officeholder only) 15th day before election Exceeded modified Final Report (Attach C/OH-FR)						Date Imaged	
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Ortiz 6 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP COT 100 E. 3rd Street Suite 106 Sweetwater, TX 79556 7 CAMPAIGN TREASURER PHONE (325) 235-5469 8 REPORT TYPE		NICKNAME			CLIEEIV		
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ADDRESS Suite 106 Sweetwater, TX 79556 7		STREET ADDRESS (NO PO	BOX PLEASE);	AP ⁻	Γ / SUITE #; CITY	'; STA	ATE; ZIP CODE
Residence or Business Sweetwater, TX 79556 7		100 E. 3rd Street					
Sweetwater, TX 79556 7 CAMPAIGN TREASURER PHONE (325) 235-5469 8 REPORT TYPE X January 15	(Posidoneo or Rusinoss)	Suite 106					
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TREASURER PHONE (325) 235-5469 8 REPORT TYPE X							
B REPORT TYPE X January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) PERIOD Month Day Year Month Day Year THROUGH 12/31/2023 10 ELECTION DATE Month Day Year X Primary Runoff Other O3/05/2024 General Special 11 OFFICE OFFICE HELD (if any) District Attorney (Multi-county) District 32nd		AREA CODE PHON	E NUMBER E	XTENSION			
8 REPORT TYPE X January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)		(325) 235-5469					
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9 PERIOD COVERED Month Day Year O7/01/2023 THROUGH 12/31/2023 10 ELECTION DATE Month Day Year Special Special 11 OFFICE OFFICE HELD (if any) Items of the property of the pr			_			appointment (office	ceholder only)
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10 ELECTION DATE Month Day Year X Primary Runoff Other		1					
Month Day Year 03/05/2024 General Special Spe	COVERED	07/01/2023	TH	IROUGH	12/31/20	23	
11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) District Attorney (Multi-county) District 32nd	10 ELECTION	ELECTION DATE			ELECTION TYPE		
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11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) District Attorney (Multi-county) District 32nd		03/05/2024		eneral	Special		
District Attorney (Multi-county) District 32nd				onera:			
	11 OFFICE	OFFICE HELD (if any)					
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 5

13 C / OH NAME	Morrow, Samantha E	. (Mrs.)	14 Filer ID (I 00088249	Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this informati	t the candidate's or office	holder's knowledge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
_	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS		
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER TH. ES OF LOANS, OR CONTRIBUTIONS MADE EL		\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 150.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 150.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00	
17 AFFIDAVIT					
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required to		
	Mrs. Samantha E. Morrow Signature of Candidate or Officeholder				
Signature of Candidate of Cinecronder					
AFFIX NO	TARY STAMP / SEAL AB	OVE			
		aid	, this the	day	
of	, 20, to ce	ertify which, witness my hand and seal of office.			
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administering oath	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				JVER 31	3 of 5
l	ER NAN	(Ethics Com	mission Filers)		
l	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTO	OTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	150.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	500.00
4.		SCHEDULE E: LOANS		\$	
5.		SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1	
	The Instruction Guide explains how to complete this form. FILER NAME Morrow, Samantha E. (Mrs.)			1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5
2				3 Filer ID (Ethics Commission Filers) 00088249
4	Date 12/11/2023 5 Full name of contributor out-of-state PAC (ID#:) Calame, W.E. 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$150.00	
_		Tuscola, TX 79562	1	
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	s)

PLEDO	GED CONTRIBUTIONS				SCHEDULE B		
The Instruction Guide explains how to complete this form.				1 Total pages Schedule B: Sch: 1/1 Rpt: 5/5			
2 FILER NAM	 E		3		nics Commission Filers)		
Morrow, Sa	amantha E. (Mrs.)			00088249			
4 TOTAL O	F UNITEMIZED PLEDGES			\$	0.00		
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8		9 In-kind description		
	Coe Construction			pledge (\$)	(If applicable)		
	7 Pledgor Address; City; State; Zip Code		"	\$500.00			
12/08/2023					<u> </u>		
	Sweetwater, TX 79556		H	Check if travel out	i side of Texas. Complete Schedule T.		
10 Principal occ	L cupation / Job title (See Instructions)	11 Employer (See Instr	ructi	_			
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