FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 5 00088378 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Henry NAME Date Received **ELECTRONICALLY FILED** 01/16/2024 NICKNAME LAST **SUFFIX** Arturo CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 20015 RAY FALLS DRIVE MAILING Amount Receipt # **ADDRESS** Change of Address TOMBALL, TX 77375 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Henry NAME NICKNAME LAST **SUFFIX** Arturo STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 20015 Ray Fall Dr. **ADDRESS** (Residence or Business) Tomball, TX 77375 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER**

(858) 334-3883

January 15

Day

Day

03/05/2024

OFFICE HELD (if any)

ELECTION DATE

07/01/2023

Year

Year

July 15

Month

Month

PHONE

REPORT TYPE

PERIOD

10 ELECTION

11 OFFICE

COVERED

30th day before election

8th day before election

THROUGH

χ Primary

General

Runoff

Exceeded modified reporting limit

Month

ELECTION TYPE

Runoff

Special

Day

12/31/2023

12 OFFICE SOUGHT (if known)

State Representative District 130

Year

Other

15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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13 C / OH NAME	Arturo, Henry		14 Filer ID 00088378	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	committees to support the eholder's knowledge or otice of such expenditures.		
Additional Pages	COMMITTEE TYPE COMMITTEE NAME			
⊔ °	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURE	ER NAME	
		COMMITTEE CAMPAIGN TREASURE	ER ADDRESS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS (C	OTHER THAN PLEDGES, LOANS,	
TOTALS	OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$ 0.00
	(OTHER THAN F	AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES	S OF LOANS)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 18.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 768.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			\$ 0.00
17 AFFIDAVIT			inder penalty of perjury, that the ac d includes all information required tion Code.	
			Henry Arturo	
		-	Signature of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal o		
Signature of office	cer administering	Printed name of officer administer	ring Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 5
18 FILER NA Arturo, H		19 Filer ID 00088378	(Ethics Commission Filers)
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 750.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
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. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 18.00
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 F TO FILER	RETURNED	\$

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/5 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Arturo, Henry 00088378 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 12/11/2023 Melissa, McDonough \$750.00 i Filing fee 7 Contributor address; City; State; Zip Code Tomball, TX 77377 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) Realtor Self 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 5/5 Arturo, Henry 00088378 Date Payee name 12/29/2023 ARTURO, Henry 6 Amount (\$) Payee address; City; State; Zip Code \$18.00 20015 Ray Falls Dr Reimbursement from political contributions intended Х Tomball, TX 77375 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE DBA** Certificate Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH