

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) 00088221	2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Joe S.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/05/2024
	NICKNAME LAST McDaniel	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; P.O. Box 1476 Kilgore, TX 75663		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Jack M.	MI	
	NICKNAME Fuzzy	LAST Harmon	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 974 Fuzzy Harmon Road Jefferson, TX 75657		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 926-3610	EXTENSION	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day Year 01/25/2024	
10 ELECTION	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	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 7	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
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13 C / OH NAME McDaniel, Joe S. (Mr.) **14** Filer ID (Ethics Commission Filers)
00088221

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

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 consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	3,558.25
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	1,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	6,988.26
OUTSTANDING LOAN TOTALS	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. Joe S. McDaniel

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.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
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18 FILER NAME McDaniel, Joe S. (Mr.)		19 Filer ID (Ethics Commission Filers) 00088221
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,558.25
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	\$ 1,500.00
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/8
2 FILER NAME McDaniel, Joe S. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088221
4 Date 01/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam, Huggins (Mr.) <hr/> 6 Contributor address; City; State; Zip Code New Boston, TX 75570	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) DCMA
Date 01/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, Parr (Mr.) <hr/> Contributor address; City; State; Zip Code Jefferson, TX 75657	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecilia, Dockery (Mrs.) <hr/> Contributor address; City; State; Zip Code Jefferson, TX 75657	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlain, James (Mr.) <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
2 FILER NAME McDaniel, Joe S. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088221
4 Date 01/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathon, Wiersig (Mr.) 6 Contributor address; City; State; Zip Code Longview, TX 75605	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) retired
Date 01/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Kennedy (Mr.) Contributor address; City; State; Zip Code Longview, TX 75608	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) self
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Kirchhoff (Mr.) Contributor address; City; State; Zip Code Longview, TX 75604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Kilgore College
Date 01/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua, Pickrell (Mr.) Contributor address; City; State; Zip Code Longview, TX 75605	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Tyler Technologies
Date 01/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Metcalf (Mr.) Contributor address; City; State; Zip Code Longview, TX 75601	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions)		Employer (See Instructions) student

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/8
2 FILER NAME McDaniel, Joe S. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088221
4 Date 01/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kyla, Pickrell (Mrs.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Longview, TX 75605	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) TVAH
Date 01/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBee, AM (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Marshall, TX 75672	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michelle, Ready (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Avinger, TX 75630	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired
Date 01/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Wineinger (Mr.)	Amount of Contribution (\$) \$52.05
	Contributor address; City; State; Zip Code Longview, TX 75603	
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired
Date 01/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Pamela (Mrs.)	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Harleton, TX 75651	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/8
2 FILER NAME McDaniel, Joe S. (Mr.)		3 Filer ID (Ethics Commission Filers) 00088221
4 Date 01/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, Apple (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Longview, TX 75607	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Self
Date 01/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robet, Holland (Mr.) <hr/> Contributor address; City; State; Zip Code Hallsville, TX 75650	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired
Date 01/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan and Robin, McCubbin (Mr.) <hr/> Contributor address; City; State; Zip Code Gilmer, TX 75645	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) CNRA		Employer (See Instructions) LRMC
Date 01/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidney Kay, Brookshire (Mrs.) <hr/> Contributor address; City; State; Zip Code Jefferson, TX 75657	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired
Date 01/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidney Kay, Brookshire (Mrs.) <hr/> Contributor address; City; State; Zip Code Jefferson, TX 75657	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions)		Employer (See Instructions) retired

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.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 8/8	2 FILER NAME McDaniel, Joe S. (Mr.)	3 Filer ID (Ethics Commission Filers) 00088221	
4 Date 01/09/2024	5 Payee name McCoy, Jim (Mr.)		
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code East Texas Street Bossier, LA 71111		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held