CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

MS / MRS / MR				Ta =0 15		Ia	
Mis. Katle A. Door Processed	The C/OH Instruction C	Suide explains how to comple	ete this form.			2 Total pages fil	
Mrs. Katle A. NAME NAME LAST Boggeman SUFFIX Diale Received ELECTIONICALLY FILED	3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	ISF ONLY
NICKNAME LAST BODGEMAN SUFFIX ADDRESS / PO BOX: APT / SUITE #: CITY: ZIP CODE MAIN MAN ADDRESS / PO BOX: APT / SUITE #: CITY: ZIP CODE MAIN MAN ADDRESS / PO BOX: APT / SUITE #: CITY: ZIP CODE MAIN MAN ADDRESS / PO BOX: APT / SUITE #: CITY: ZIP CODE MAIN MAN ADDRESS / Proport Address of Date Processed Dat		Mrs.	Katie A.				
Boggeman A CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE MILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE MILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE MILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Posterwarked Tecopy # Amount Date Processed Date Imaged Date I						ELECTRONICA	ALLY FILED
Boggeman A CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE MILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE MILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE MILING ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE Date Hand-delivered or Date Posterwarked Tecopy # Amount Date Processed Date Imaged Date I		NICKNAME	 Ι Δ ς Τ		SLIEFIX	02/26/2024	
A DDRESS / PO BOX; APT / SUITE #; CITY;		MONWIL			301117		
OFFICE HOLDER MALING ADDRESS Change of Address Henrietta, TX 76365 Date Processed Date Imaged			Buyyeman				
MALING ADDRESS Charge of Address Henrietta, TX 76365 Charge of Address Henrietta, TX 76365		ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
ADDRESS Change of Address Henrietta, TX 76365 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI MS. Diane NICKNAME LAST SUFFIX Wines STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE; ZIP CODE 9050 FM 172 Henrietta, TX 76365 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) Henrietta, TX 76365 8 REPORT TYPE January 15 July 15 Bith day before election July 15 Bith day before election Final Report (Attach C/OH-FR) PROUGH Month Day Year O2/06/2024 THROUGH OSFICE OFFICE HELD (if any) 12 OFFICE OFFICE HELD (if any) District Attorney (Multi-county) District 97 Montague, Archer, and Clay Promount Date Processed Procused MI Date Processed Procused MI Date Processed APT / SUITE #: CITY: STATE; ZIP CODE STATE; ZIP CODE PRODE APT / SUITE #: CITY: STATE; ZIP CODE STATE; ZIP CODE APT / SUITE #: CITY: STATE; ZIP CODE APT / SUITE #: CITY: STATE; ZIP CODE STATE; ZIP CODE APT / SUITE #: CITY: STATE; ZIP COD		113 West Gilbert Street					
S CAMPAIGN TREASURER NAME MS / MRS / MR						Receipt #	Amount
S CAMPAIGN TREASURER NAME MS / MRS / MR	Change of Address	Henrietta TX 76365					
5 CAMPAIGN TREASURER NAME MS. / MRS / MR Diane NICKNAME LAST Wines SUFFIX Wines 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) Henrietta, TX 76365 7 CAMPAIGN TREASURER PHONE 9050 FM 172 Henrietta, TX 76365 REPORT TYPE January 15 July 15 Sth day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) 9 PERIOD COVERED Month Day Year 02/06/2024 THROUGH Month Day Year 03/05/2024 THROUGH Month Day Year 03/05/2024 10 OFFICE OFFICE HELD (if any) District Attorney (Multi-county) District 97 Montague, Archer, and Clay		Tierinetta, 17. 10000				Date Processed	
5 CAMPAIGN TREASURER NAME MS. / MRS / MR Diane NICKNAME LAST Wines SUFFIX Wines 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) Henrietta, TX 76365 7 CAMPAIGN TREASURER PHONE 9050 FM 172 Henrietta, TX 76365 REPORT TYPE January 15 July 15 Sth day before election Exceeded modified reporting limit Final Report (Attach C/OH-FR) 9 PERIOD COVERED Month Day Year 02/06/2024 THROUGH Month Day Year 03/05/2024 THROUGH Month Day Year 03/05/2024 10 OFFICE OFFICE HELD (if any) District Attorney (Multi-county) District 97 Montague, Archer, and Clay							
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NAME MS. DIBRE NICKNAME LAST Wines 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) PHONE NUMBER APT / SUITE #; CITY; STATE; ZIP CODE 9050 FM 172 Henrietta, TX 76365 Henrietta, TX 76365 AREA CODE PHONE NUMBER EXTENSION (940) 733-7470 8 REPORT TYPE January 15 July 15 Bith day before election Exceeded modified peporting limit Final Report (Attach C/OH-FR) PERIOD COVERED Month Day Year 02/06/2024 THROUGH Month Day Year 03/05/2024 THROUGH Month Day Year O3/05/2024 THROUGH District Attorney (Multi-county) District 97 Montague, Archer, and Clay Month District Attorney (Multi-county) District 97 Montague, Archer, and Clay		MS / MRS / MR	FIRST		MI		
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6 CAMPAIGN TREASURER ADDRESS (Residence or Business) 7 CAMPAIGN TREASURER PHONE AREA CODE (940) 733-7470 AREA CODE (940) 733-7470 AREA CODE (940) 733-7470 Bith day before election TYPE January 15 Bith day before election Wonth Day Year O2/06/2024 THROUGH ANOTH Day Year O3/05/2024 THROUGH ANOTH Day Primary Runoff Special THROUGH District Attorney (Multi-county) District 97 Montague, Archer, and Clay							
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9 PERIOD COVERED Month Day Year 02/06/2024 THROUGH Month Day Year 02/06/2024 THROUGH O2/24/2024 10 ELECTION DATE Month Day Year 03/05/2024 Sprimary Special Special 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) District 97 Montague, Archer, and Clay	1175	January 15	30th day before	e election	Runott		
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Archer, and Clay							strict 97 Montague,
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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 15

13 C / OH NAME	14 Filer ID (E 00088278	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditual These expenditures may have been made without difficeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION		IZED POLITICAL CONTRIBUTIONS (OTHER THA		
TOTALS	OR GUARANTE	ES OF LOANS, OR CONTRIBUTIONS MADE ELE	CTRONICALLY)	\$ 200.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 15,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 31,165.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY OF THE	\$ 5,434.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Mrc. k	Yatio A. Baggaman	
			Katie A. Boggeman Candidate or Officehold	ler
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subs	crihed hefore me by the s	aid	this the	day
		ertify which, witness my hand and seal of office.	, uns ure	uuy
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

3 of 15

				3 of 15				
18 FILER NAM Boggeman	E , Katie A. (Mrs.)	19 Filer ID 00088278	(Ethics Con	nmission Filers)				
20 SCHEDULE NAME OF S			SUBTO	OTAL AMOUNT				
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,725.00				
2. X	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS							
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00				
4. X	SCHEDULE E: LOANS		\$	0.00				
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	16,665.70				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	14,500.00				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$					

	MONET	ARY POLITICAL CONTRIBUT	ION	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this	s for	m.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/15	
2	FILER NAME Boggeman, I	Katie A. (Mrs.)			3	Filer ID (Ethics Commission 00088278	n Filers)
4	Date 02/07/2024	 Full name of contributor out-of-state PAC (IE Adkins, Shelley Contributor address; City; State; Zip Code 			7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Montague, TX 76251 pation / Job title (See Instructions)	l _o	Employer (See Instructions	<u>''</u>		
0	retired	pation / Job title (See Instructions)	9	retired	·)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (IE Anton, Bruce Contributor address; City; State; Zip Code)	•	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75228			_		
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions SEIf	s)		
	Date 02/09/2024	Full name of contributor out-of-state PAC (IE Boggeman, Joe Contributor address; City; State; Zip Code	D#:)	•	Amount of Contribution (\$)	\$100.00
		Henrietta, TX 76365	_				
		pation / Job title (See Instructions) ttle trade, day work, mineral tub distribution by		Employer (See Instructions self	s)		
	Date 02/09/2024	Full name of contributor out-of-state PAC (IE Bonds, Missy Contributor address; City; State; Zip Code Fort Worth, TX 76179				Amount of Contribution (\$)	\$500.00
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (IE Brown, Clint Contributor address; City; State; Zip Code Saint Jo, TX 76265				Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/15	
2	FILER NAME Boggeman, I	Katie A. (Mrs.)				3	Filer ID (Ethics Commission 00088278	on Filers)
4	Date 02/08/2024	5 Full name of contributor Brown, Ronald6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Nocona, TX 76255 pation / Job title (See Instructions	2)	9	Employer (See Instructions	<u>:)</u>		
•	attorney	pation / 300 title (See Instructions	9)	3	self	•)		
	Date 02/12/2024	Full name of contributor Cecil, Carol Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
		Nocona, TX 76255						
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions	s)		
	Date 02/12/2024	Full name of contributor Chamberlain, D Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,000.00
		Saint Jo, TX 76265						
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	s)		
	Date 02/09/2024	Full name of contributor Clint, Shirley Contributor address; City; S Fort Worth, TX 76108)		Amount of Contribution (\$)	\$500.00
	Principal occu Estes Expres	pation / Job title (See Instructions ss Lines	s)		Employer (See Instructions Supervisor	5)		
	Date 02/08/2024	Full name of contributor Crowe, Bill Contributor address; City; S Nocona, TX 76255	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$250.00
	Principal occu CPA	pation / Job title (See Instructions	s)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	ı to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/15	
2	FILER NAME Boggeman, I	Katie A. (Mrs.)				3	Filer ID (Ethics Commission 00088278	on Filers)
4	Date 02/09/2024	5 Full name of contributor Decker, D.C.6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8		Nocona, TX 76255 pation / Job title (See Instructions	5)	9	Employer (See Instructions	<u> </u> 5)		
	Cowboy Emp	porium			owner/operator			
	Date 02/07/2024	Full name of contributor Fenoglio, David Contributor address; City; S)		Amount of Contribution (\$)	\$2,500.00
		Nocona, TX 76255						
	Principal occu Real Estate	pation / Job title (See Instructions	s)		Employer (See Instructions Self	5)		
	Date 02/07/2024	Full name of contributor Fenoglio, Robert Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Deinsinalassa	Nocona, TX 76255			(O(O	<u></u>		
	real estate	pation / Job title (See Instructions	5)		Employer (See Instructions self	5)		
	Date 02/09/2024	Full name of contributor Goolsby, Christi Contributor address; City; S Nocona, TX 76255	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor Herndon, Robert Contributor address; City; S nocona, TX 76255	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$200.00
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	5		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	to complete this f	form.		1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/15	
2	FILER NAME Boggeman,	Katie A. (Mrs.)				3	Filer ID (Ethics Commission 00088278	on Filers)
4	Date 02/12/2024	5 Full name of contributor Leatherwood, Joanne6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Loggy	Nocona, TX 76255	A)	lo r	maleyer (Coe Instructions			
ð	Principal occu	pation / Job title (See Instructions	5)	9 =	imployer (See Instructions)		
	Date 02/16/2024	Full name of contributor Lennon, Kristin Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Dringing agg	Henrietta, TX 76365	5)	T =	imployer (See Instructions	_		
	Secretary	pation / Job title (See Instructions	o)		Clay County	')		
	Date 02/07/2024	Full name of contributor MF Real Estate Holdings Contributor address; City; S					Amount of Contribution (\$)	\$250.00
		Nocona, TX 76255						
	Principal occu	pation / Job title (See Instructions	5)	E	imployer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor McGaughey, Darlene Contributor address; City; S Nocona, TX 76255)		Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instruction:	s)		imployer (See Instructions etired	5)		
	Date 02/10/2024	Full name of contributor Miller, Don Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$2,500.00
	Principal occu Real Estate	pation / Job title (See Instructions	5)		mployer (See Instructions Owner	i)		
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	MONET	ARY POLITICAL CONTRIBUTION	N:	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	orm	1.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/15	
2	FILER NAME	Katie A. (Mrs.)			3	Filer ID (Ethics Commission 00088278	n Filers)
4	Date 02/09/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$100.00
		Haslet, TX 76052					
8	Principal occu Real Estate	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 02/09/2024	Full name of contributor)		Amount of Contribution (\$)	\$100.00
	District	Haslet, TX 76052		Frankrije (Ozakaski sa	_		
	self	upation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 02/09/2024	Full name of contributor)		Amount of Contribution (\$)	\$100.00
		Nocona , TX 76255					
	Principal occu Business	ppation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Poe, Pattie and Sammie Contributor address; City; State; Zip Code Nocona, TX 76255				Amount of Contribution (\$)	\$500.00
	Principal occu Retired	upation / Job title (See Instructions)		Employer (See Instructions retired	<u> </u> 5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#: Rippy Investment LLC Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu	Gainsville, TX 76240 upation / Job title (See Instructions)	l	Employer (See Instructions	<u> </u> 5)		

	MONET	ARY POLITICAL C	ONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this fo	rn	1.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/15	
2	FILER NAME Boggeman, I	Katie A. (Mrs.)				3	Filer ID (Ethics Commission 00088278	n Filers)
4	Date 02/12/2024	5 Full name of contributor Ryan, Harry6 Contributor address; City; Sta	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Nocona, TX 76255 pation / Job title (See Instructions)	. la		Employer (See Instructions	_		
0	retired	pation / Job title (See Instructions)			retired	')		
	Date 02/23/2024	Full name of contributor Sharp, Beverly Contributor address; City; Sta)		Amount of Contribution (\$)	\$75.00
		Fort Worth, TX 76137						
	Principal occu Controller	pation / Job title (See Instructions)			Employer (See Instructions Hyrdaulics, Inc.	i)		
	Date 02/07/2024	Full name of contributor Spencer, Susan Contributor address; City; Sta)		Amount of Contribution (\$)	\$100.00
		Nocona, TX 76255						
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired	5)		
	Date 02/07/2024	Full name of contributor Terrell, Donna Contributor address; City; Sta Henrietta, TX 76365	out-of-state PAC (ID#: ate; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired	5)		
	Date 02/07/2024	Full name of contributor Trace, J. Lynne Contributor address; City; Sta	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired	5)		
			<u>'</u>					

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/15	
2	FILER NAME Boggeman,	Katie A. (Mrs.)		3	Filer ID (Ethics Commission 00088278	n Filers)
4	Date 02/12/2024	 Full name of contributor out-of-state PAC (ID#:_ Wiley, Shane Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$100.00
_	Dein ein al. a a a	Henrietta, TX 76365	10 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8	GM	pation / Job title (See Instructions)	9 Employer (See Instructions JAC			
	Date 02/16/2024	Full name of contributor out-of-state PAC (ID#:_ Williams, Jo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00
	Principal occu	Henrietta, TX 76365 pation / Job title (See Instructions)	Employer (See Instructions Self	5)		
	Date 02/09/2024	Full name of contributor out-of-state PAC (ID#:_Wood, Sue Contributor address; City; State; Zip Code Montague , TX 76251)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Yowell, Tommy Contributor address; City; State; Zip Code Nocona, TX 76255			Amount of Contribution (\$)	\$450.00
	Principal occu Landman	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		

PLE	DGED CONTRIBU	TIONS			SCHEDULE	В
т	he Instruction Guide exp	lains how to comple	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 11/15	
2 FILER N.	AME nan, Katie A. (Mrs.)			3		
4	OF UNITEMIZED PLEDG	GES .				0.00
5 Date	6 Full name of pledgor7 Pledgor Address;	out-of-state PAC (ID#:) 8	Amount of pledge (\$) In-kind description (If applicable)	
10 Dringing	occupation / Job title (See Instru	ations)	111 - 1 (0)] [Check if travel outside of Texas. Complete Sche	dule T
10 Pilicipai	occupation / Job title (See Institu	clions)	11 Employer (See Ins	structio	ons)	

	LOANS						SCHE	DULE E
	The Instructio	on Guide explains how to c	omplete this f	orm.	1		ges Schedule E: 1 Rpt: 12/15	
2	FILER NAME Boggeman, Katio	e A. (Mrs.)			3	Filer ID 000882	(Ethics Commis	sion Filers)
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amoun	t (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Rate	
							11 Maturity Date	:
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)			
14	Description of Coll	ateral		15 Check if personal	funds were	deposited	into political acco	
16	GUARANTOR INFORMATION	17 Name of guarantor		<u> </u>			19 Amount Gua	ranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See In	Structions)			

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_		
	Sch: 1/2 Rpt: 13/15	Boggeman, Katie A. (Mrs.) 00088278			
4	Date	5 Payee name	_		
	02/07/2024	Bowie News			
6	Amount (\$)	7 Payee address; City; State; Zip Code	_		
	\$567.00	200 Walnut Street			
		Bowie, TX 76230			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF EXPENDITURE	Advertising Expense			
	EXI ENDITORE	Check if Austin, TX, officeholder living expense			
		Newspaper advertising			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
"	expenditure to benefit C/O				
⊨	Date	Davida nama	=		
	02/06/2024	Payee name Clay County Leader			
┝					
	Amount (\$) \$623.70	Payee address; City; State; Zip Code			
	\$023.70	PO Drawer 10			
		H			
L		Henrietta, TX 76365			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Newspaper advertising			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
	expenditure to benefit C/OH				
	Date	Payee name			
	02/12/2024	Saint Jo Tribune			
	Amount (\$)	Payee address; City; State; Zip Code	_		
	\$378.00	PO Box 160			
		Saint Jo, TX 76255			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		Newspaper advertising			
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OH				
\vdash					

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Float Services Salaries/Magas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 2/2 Rpt: 14/15	Boggeman, Katie A. (Mrs.) 00088278	
4	Date	5 Payee name	
	02/07/2024	Stevens, Mike	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$14,500.00	6923 Indiana Avenue	
		Lubbock, TX 79413	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Consulting Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Marketing and consulting services	
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	02/08/2024	Wichita Falls Truck Center, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$405.00	2303 Old Jacksboro Highway	
		Wichita Falls, TX 76302	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Sign purchase	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH			
	Data		
	Date	Payee name	
	02/07/2024	Wichita Falls Truck Center, LLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$192.00	2303 Old Jacksboro Highway	
		Wichita Falls, TX 76302	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Banner signs	
		Dame, signo	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 15/15 Boggeman, Katie A. (Mrs.) 00088278 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0.00 5 Date Payee name 02/24/2024 Mike Stevens Amount (\$) Payee address; City; State; Zip Code \$14,500.00 6923 Indiana Avenue Lubbock, TX 79413 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense consulting and marketing assistance 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH