

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) 00088278	2 Total pages filed: 15	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Katie A.	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/26/2024
	NICKNAME	LAST Boggeman	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 113 West Gilbert Street Henrietta, TX 76365		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt # Amount
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Diane	MI	
	NICKNAME	LAST Wines	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9050 FM 172 Henrietta, TX 76365			
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION (940) 733-7470	
8 REPORT TYPE	<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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED	Month Day Year 02/06/2024	THROUGH		Month Day Year 02/24/2024
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) District Attorney (Multi-county) District 97 Montague, Archer, and Clay	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Boggeman, Katie A. (Mrs.) **14** Filer ID (Ethics Commission Filers)
00088278

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)	\$	200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	15,725.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	31,165.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	5,434.03
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.

Mrs. Katie A. Boggeman

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
COVER SHEET PG 3**

3 of 15

18 FILER NAME Boggeman, Katie A. (Mrs.)		19 Filer ID 00088278	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	15,725.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	16,665.70
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	14,500.00
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	0.00
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: 1/7 Rpt: 4/15
2 FILER NAME Boggeman, Katie A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088278
4 Date 02/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adkins, Shelley <hr/> 6 Contributor address; City; State; Zip Code Montague, TX 76251	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anton, Bruce <hr/> Contributor address; City; State; Zip Code Dallas, TX 75228	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) SELF
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boggeman, Joe <hr/> Contributor address; City; State; Zip Code Henrietta, TX 76365	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Rancher, cattle trade, day work, mineral tub distribution by		Employer (See Instructions) self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonds, Missy <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76179	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) self
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Clint <hr/> Contributor address; City; State; Zip Code Saint Jo, TX 76265	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/15
2 FILER NAME Boggeman, Katie A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088278
4 Date 02/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ronald <hr/> 6 Contributor address; City; State; Zip Code Nocona, TX 76255	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) self
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecil, Carol <hr/> Contributor address; City; State; Zip Code Nocona, TX 76255	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chamberlain, D <hr/> Contributor address; City; State; Zip Code Saint Jo, TX 76265	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clint, Shirley <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76108	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Estes Express Lines		Employer (See Instructions) Supervisor
Date 02/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowe, Bill <hr/> Contributor address; City; State; Zip Code Nocona, TX 76255	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/15
2 FILER NAME Boggeman, Katie A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088278
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decker, D.C.	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Nocona, TX 76255		
8 Principal occupation / Job title (See Instructions) Cowboy Emporium		9 Employer (See Instructions) owner/operator
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenoglio, David	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Nocona, TX 76255		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fenoglio, Robert	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Nocona, TX 76255		
Principal occupation / Job title (See Instructions) real estate		Employer (See Instructions) self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goalsby, Christi	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Nocona, TX 76255		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herndon, Robert	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code nocona, TX 76255		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/15
2 FILER NAME Boggeman, Katie A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088278
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leatherwood, Joanne	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Nocona, TX 76255		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lennon, Kristin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Henrietta, TX 76365		
Principal occupation / Job title (See Instructions) Secretary		Employer (See Instructions) Clay County
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MF Real Estate Holdings, LLC	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Nocona, TX 76255		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGaughey, Darlene	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Nocona, TX 76255		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Don	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code Dallas, TX 75219		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/15
2 FILER NAME Boggeman, Katie A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088278
4 Date 02/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Dwyer, Paul	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Haslet, TX 76052		
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Dwyer, Rachel	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Haslet, TX 76052		
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Nocona , TX 76255		
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) self
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poe, Pattie and Sammie	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Nocona, TX 76255		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) retired
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rippy Investment LLC	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Gainsville, TX 76240		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/15
2 FILER NAME Boggeman, Katie A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088278
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Harry <hr/> 6 Contributor address; City; State; Zip Code Nocona, TX 76255	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 02/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharp, Beverly <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76137	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) Hydraulics, Inc.
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Susan <hr/> Contributor address; City; State; Zip Code Nocona, TX 76255	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrell, Donna <hr/> Contributor address; City; State; Zip Code Henrietta, TX 76365	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 02/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trace, J. Lynne <hr/> Contributor address; City; State; Zip Code Nocona, TX 76255	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/15
2 FILER NAME Boggeman, Katie A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088278
4 Date 02/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiley, Shane <hr/> 6 Contributor address; City; State; Zip Code Henrietta, TX 76365	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) GM		9 Employer (See Instructions) JAC
Date 02/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Jo <hr/> Contributor address; City; State; Zip Code Henrietta, TX 76365	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Owner Livestock market		Employer (See Instructions) Self
Date 02/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Sue <hr/> Contributor address; City; State; Zip Code Montague , TX 76251	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yowell, Tommy <hr/> Contributor address; City; State; Zip Code Nocona, TX 76255	Amount of Contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Landman		Employer (See Instructions) Self

PLEGGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 11/15

2 FILER NAME
Boggeman, Katie A. (Mrs.)

3 Filer ID (Ethics Commission Filers)
00088278

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

6 Full name of pledgor out-of-state PAC (ID#: _____)

8 Amount of
pledge (\$)

9 In-kind description
(If applicable)

7 Pledgor Address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

11 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 12/15
2 FILER NAME Boggeman, Katie A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088278
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

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: 1/2 Rpt: 13/15	2 FILER NAME Boggeman, Katie A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088278
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4 Date 02/07/2024	5 Payee name Bowie News
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6 Amount (\$) \$567.00	7 Payee address; City; State; Zip Code 200 Walnut Street Bowie, TX 76230
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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 Newspaper advertising
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/06/2024	Payee name Clay County Leader
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Amount (\$) \$623.70	Payee address; City; State; Zip Code PO Drawer 10 Henrietta, TX 76365
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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 Newspaper advertising
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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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Date 02/12/2024	Payee name Saint Jo Tribune
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Amount (\$) \$378.00	Payee address; City; State; Zip Code PO Box 160 Saint Jo, TX 76255
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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 Newspaper advertising
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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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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: 2/2 Rpt: 14/15	2	FILER NAME Boggeman, Katie A. (Mrs.)	3	Filer ID (Ethics Commission Filers) 00088278
4	Date 02/07/2024	5	Payee name Stevens, Mike		
6	Amount (\$) \$14,500.00	7	Payee address; City; State; Zip Code 6923 Indiana Avenue Lubbock, TX 79413		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Marketing and consulting services		
9		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/08/2024		Payee name Wichita Falls Truck Center, LLC		
	Amount (\$) \$405.00		Payee address; City; State; Zip Code 2303 Old Jacksboro Highway Wichita Falls, TX 76302		
	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 Sign purchase		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/07/2024		Payee name Wichita Falls Truck Center, LLC		
	Amount (\$) \$192.00		Payee address; City; State; Zip Code 2303 Old Jacksboro Highway Wichita Falls, TX 76302		
	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 Banner signs		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 15/15	2 FILER NAME Boggeman, Katie A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088278
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0.00
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5 Date 02/24/2024	6 Payee name Mike Stevens
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7 Amount (\$) \$14,500.00	8 Payee address; City; State; Zip Code 6923 Indiana Avenue Lubbock, TX 79413
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 consulting and marketing assistance
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11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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