### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Comm 00051449	,	2 Total page	s filed: 12
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFIC	E USE ONLY
OFFICEHOLDER	The Honorable	Charles				
NAME					Date Received	
					ELECTRON	ICALLY FILED
	NICKNAME	LAST		SUFFIX	07/09/2024	
	Doc	Anderson				
4 CANDIDATE /	ADDRESS / PO BOX; AP			ZIP CODE	Date Hand-deliver	ed or Date Postmarked
OFFICEHOLDER		1/30ITE#, CI	ιτ,	ZIP CODE	Bute Hund deliver	ed of Bale Fostmarked
MAILING	P.O. Box 7752				Receipt #	Amount
ADDRESS						Amount
Change of Address	Waco, TX 76714				Date Processed	
					Dale Processeu	
					Data kaona d	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER				IVII		
NAME	Mr.	Bill J.				
	NICKNAME	LAST		SUFFIX		
		Johnson				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	T / SUITE #; CITY;		STATE; ZIP CODE
TREASURER	1897 S. Old Robinson R					
ADDRESS						
(Residence or Business)						
	Robinson, TX 76706					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(254) 881-2190					
8 REPORT TYPE	January 15	30th day befor		Runoff	<b>1</b> 15th day after	r campaign treasurer
		Sour day belor		Kulloli		(officeholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (	(Attach C/OH-FR)
				reporting limit	4	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	т	HROUGH	06/30/202		
	01/01/2021			00,00,202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
10 ELECTION	Month Day Year		Primary		Other	
	Bay rear		lineary			
			General	Special		
11 OFFICE	OFFICE HELD (if any)	ł		12 OFFICE SOUGHT	(if known)	
	State Representative Dis	strict 56		State Representa		6
		GO	TO PAGE 2			
Forms provided by To	exas Ethics Commission	144444	thics.state.tx.u	ç	Vo	rsion V4.1.0.d378aba0
i onns provided by Te	5AUS LUNCS CUMINISSIUN	www.e	ແທບວ.ວເລເປ.ເX.U	3	ve	131011 V4.1.0.03/0dDaU

### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

#### FORM C/OH COVER SHEET PG 2 2 of 12

13 C / OH NAME	Anderson, Charles (T	he Honorable)	<b>14</b> Filer ID ( 00051449	Ethics Comm	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expen These expenditures may have been made without officeholders are required to report this information officeholders are required to report this information.	out the candidate's or office	holder's know	vledge or
Additional Pages		COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAM	E		
		COMMITTEE CAMPAIGN TREASURER ADD	RESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	ANS)	\$	2,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	800.02
	4. TOTAL POLITIC	AL EXPENDITURES		\$	9,921.73
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$	1,451.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$	0.00
17 AFFIDAVIT	•			•	
		I swear, or affirm, under per true and correct and include under Title 15, Election Cod	s all information required to		
			norable Charles Anders	-	
		Signature	e of Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
		aid	, this the		_day
of	, 20, to ca	ertify which, witness my hand and seal of office.			
Signature of offic	er administering	Printed name of officer administering	Title of officer	r administerin	g oath
Forms provided by Te	xas Ethics Commissior	www.ethics.state.tx.us	N	Version V4.	1.0.d378aba0

### FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 3 of 12 19 Filer ID (Ethics Commission Filers) 00051449 Anderson, Charles (The Honorable) SUBTOTAL AMOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2,500.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 0.00

3.	Х	SCHEDULE B: PLEDGED CONTRIBUTIONS	<b>\$</b> 0	0.00
4.	Х	SCHEDULE E: LOANS	<b>\$</b> 0	0.00
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	<b>\$</b> 9,921	73
6.	Х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	<b>\$</b> 0	0.00
7.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	<b>\$</b> 0	0.00
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	<b>\$</b> 0	0.00
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	<b>\$</b> 0	0.00
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

18 FILER NAME

**20** SCHEDULE SUBTOTALS

NAME OF SCHEDULE

X

X

1.

2.

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/12 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Anderson, Charles (The Honorable) 00051449 5 Full name of contributor Amount of Contribution (\$) 4 Date out-of-state PAC (ID#: 7 05/10/2024 \$1,500.00 Embry, John (Mr.) 6 Contributor address; City; State; Zip Code Waco, TX 76705 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) **Pioneer Steel and Pipe** Owner Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) ) 06/11/2024 \$1,000.00 Heavin, Gary Contributor address; City; State; Zip Code Gatesville, TX 76528 Principal occupation / Job title (See Instructions) Employer (See Instructions) Investor Self

### PLEDGED CONTRIBUTIONS

### SCHEDULE **B**

1 Total pages Schedule B: Sch: 1/1 Rpt: 5/12			
3 Filer ID (Ethics Commission Filers)			
00051449			
<b>\$</b> 0.00			
8 Amount of 9 In-kind description pledge (\$) (If applicable)			
Check if travel outside of Texas. Complete Schedule T.			
tions)			

LOANS							SC	HEDULE	Е
The Instruction	The Instruction Guide explains how to complete this form						tal pages Schedule E: h: 1/1 Rpt:  6/12		
2 FILER NAME Anderson, Char							(Ethics Com 149	mission File	rs)
<sup>4</sup> TOTAL OF UN	TOTAL OF UNITEMIZED LOANS						\$		0.00
5 Date of loan	7 Name of lender	out-	t-of-state PA	C (ID#:		)	9 Loan Am	ount (\$)	
6 Is lender a financial institution?	8 Lender address;	City;	State;	Zip Code			10 Interest F		
								Jaie	
12 Principal occupati	on / Job title (See Instructi	ons)		13 Employer (See Instructio	ns)				
14 Description of Col	ateral			15 Check if personal funds v	were	deposited	d into political a (See Insti		
16 GUARANTOR INFORMATION	<b>17</b> Name of guarantor						19 Amount C	Guaranteed (	(\$)
not applicable	<b>18</b> Guarantor address;	City;	State;	Zip Code					
20 Principal occupati	<u>I</u> on			21 Employer (See Instructio	ns)		<u> </u>		

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 1/6 Rpt: 7/12	Anderson, Charles (The Honorable)	00051449			
4	Date	5 Payee name				
	06/14/2024	Davidson, Donna				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$270.00	PO Box 12131				
		Austin, TX 78711				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
		Fees	, TX, uncenduer living expense			
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	02/09/2024	Greater Hewitt Chamber of Commerce				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$150.00	P O Box 661				
		Hewitt, TX 76643				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense PtS			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	05/24/2024	Hanes, Eva				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$217.00	12113 Coyote Call Way				
		Austin, TX 78725				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		0		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Distr	uipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 2/6 Rpt: 8/12		Anderson, Charles (Th	e Honorable)				00051449	
4	Date	5	Payee name						
	05/04/2024		McGregor Chamber of	Commerce					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le			
	\$225.00		303 S Main St						
			McGregor, TX 76657						
8	PURPOSE	(a)	Category (See Categories list	ed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Event Expense		,	Check if travel	outsi	ide of Texas. Compl	ete Schedule T.
	EXPENDITORE		·				I, TX	, officeholder living e	expense
						Banquet			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder nar	ne C	Office sou	ht		Office hel	d
	Date		Payee name						
	03/03/2024		McLennan County Jun	or Livestock Sh	ow				
	Amount (\$)	┢	Payee address; City;	State:	Zip Co	le			
	\$600.00		P O BOX 8990	,					
	\$000.00								
			Waco, TX 76714						
	PURPOSE	(a)	Category (See Categories list	ed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Contributions/Donation	s Made By				ide of Texas. Compl	
			Candidate/Officeholder	/Political Comm	hittee			, officeholder living e	expense
						Support for E	xni	DITORS	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder nar	ne C	Office sou	Int		Office hel	α
	Date		Payee name						
	02/09/2024		Reeds Flowers						
				<u> </u>	7. 0				
	Amount (\$)		Payee address; City;	State;	; Zip Co	le			
	\$286.46		1029 Austin Ave						
			Waco, TX 76701						
	PURPOSE	(a)	Category (See Categories list	ed at the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Gift/Awards/Memorials	Expense				ide of Texas. Compl	
	EXPENDITORE							, officeholder living e	expense
						MLK Day wre	eath	ו	
	Complete ONLY if direct		Candidate/Officeholder nar	ne C	Office sou	ht	_	Office hel	d
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)			
-	Sch: 3/6 Rpt: 9/12	Anderson, Charles (The Honorable)	00051449			
4	Date 01/18/2024	Payee name Slaughter, Elaine (Mrs.)				
6	Amount (\$) \$410.12	Payee address; City; State; Zip Code 504 Cindy Lane Lorena, TX 76655				
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense nbursement			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	01/18/2024	Slaughter, Elaine (Mrs.)				
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 504 Cindy Lane Lorena, TX 76655				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense CCS			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			
	Date	Payee name				
	04/12/2024	Slaughter, Elaine (Mrs.)				
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 504 Cindy Lane				
		Lorena, TX 76655				
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense S			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburs Fees Office Overhead/Rental Exp Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Salaries/Wages/Contract La The Instruction Guide explains how to complete this for	ense Transportation Equipment & Related Expense Travel in District Travel Out of District bor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 4/6 Rpt: 10/12	Anderson, Charles (The Honorable)	00051449				
4	Date 04/12/2024	Payee name Slaughter, Elaine (Mrs.)					
6	Amount (\$) \$521.70	Payee address; City; State; Zip Code 504 Cindy Lane					
		Lorena, TX 76655					
8	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense / expenses				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/01/2024	Slaughter, Elaine (Mrs.)					
	Amount (\$) \$417.43	Payee address; City; State; Zip Code 504 Cindy Lane					
	PURPOSE OF EXPENDITURE		ion if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense e reimbursement				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	05/01/2024	Slaughter, Elaine (Mrs.)					
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 504 Cindy Lane					
		Lorena, TX 76655					
	PURPOSE OF EXPENDITURE		if travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gif/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 5/6 Rpt: 11/12	Anderson, Charles (The Honorable)	00051449				
4	Date 06/18/2024	Payee name Slaughter, Elaine (Mrs.)					
6	Amount (\$) \$547.00	Payee address; City; State; Zip Code 504 Cindy Lane Lorena, TX 76655					
8	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense Se Reimbursement				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/18/2024	Slaughter, Elaine (Mrs.)					
	Amount (\$) \$200.00	Payee address; City; State; Zip Code 504 Cindy Lane Lorena, TX 76655					
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	02/05/2024	Smith, Todd					
	Amount (\$) \$1,250.00	Payee address; City; State; Zip Code   12113 Coyote Call Way					
		Austin, TX 78725					
	PURPOSE OF EXPENDITURE		l outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

		EXPENDITURE CATEGORIES FOR	3OX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overh Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Exp	ense jes/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	FILER NAME	3	Filer ID (Ethics Commission Filers)		
	Sch: 6/6 Rpt: 12/12	Anderson, Charles (The Honorable)		00051449		
4	Date 02/18/2024	Payee name Smith, Todd				
6	Amount (\$) \$1,250.00	Payee address; City; State; Zip Cod 12113 Coyote Call Way Austin, TX 78725	3			
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (Consulting Expense		ide of Texas. Complete Schedule T. , officeholder living expense		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office soug	nt	Office held		
	Date	Payee name				
	06/03/2024	Smith, Todd				
	Amount (\$)	Payee address; City; State; Zip Code	9			
	\$2,000.00	12113 Coyote Call Way Austin, TX 78725				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		ide of Texas. Complete Schedule T. , officeholder living expense Fees		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	it	Office held		
	Date	Payee name				
	01/11/2024	USPS				
	Amount (\$) \$177.00	Payee address; City; State; Zip Code 430 West Hwy 6	2			
		Woodway, TX 76702				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		ide of Texas. Complete Schedule T. , officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sough	it	Office held		