FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00038207 14 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Janelle M. NAME Date Received **ELECTRONICALLY FILED** 10/07/2024 NICKNAME LAST **SUFFIX** Haverkamp CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** REDACTED PER 254.0313, GOV'T CODE Change of Address Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Patricia H. NAME NICKNAME LAST **SUFFIX** Patty Haayen **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER ADDRESS** REDACTED PER 254.0313, GOV'T CODE (Residence or Business) **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (940) 727-3337 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 09/26/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year Primary Runoff Other 11/05/2024 χ General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 235 Cooke District Judge District 235

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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Haverkamp, Janelle I	M. (The Honorable)	14 Filer ID 00038207	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without quired to report this information	the candidate's or offi	iceholder's kn	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	 E			
	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CO	 DNTRIBUTIONS(OTHER THAN	 N PLEDGES. LOANS		
TOTALS			CONTRIBUTIONS MADE ELE		\$	100.00
		ICAL CONTRIBUT PLEDGES, LOANS,	FIONS OR GUARANTEES OF LOAN	S)	\$	3,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	PENDITURES		\$	1,196.99
	4. TOTAL POLIT	ICAL EXPENDITU	IRES		\$	7,134.73
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE L	AST DAY OF THE	\$	24,136.11
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		t	swear, or affirm, under penalty rue and correct and includes a under Title 15, Election Code.			
			The Honorab	ole Janelle M. Have	erkamp	
		-	Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subso	cribed before me, by the s	aid		, this the		day
			my hand and seal of office.			-
Signature of office	cer administering oath	Printed name o	of officer administering oath	Title of office	cer administer	ing oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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				3 OT 14			
18 FILER NAME19 Filer ID(Ethics Commission Filers)Haverkamp, Janelle M. (The Honorable)00038207							
	E SUBTOTALS SCHEDULE		SUBTO	TAL AMOUNT			
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	3,800.00			
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00			
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00			
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS		\$	7,134.73			
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00			
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	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 C	F C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS R TO FILER	ETURNED	\$				

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/14
2	FILER NAME	Janelle M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00038207
4	Date 07/24/2024	5 Full name of contributor out-of-state PAC (ID#:			7	Amount of Contribution (\$) \$250.00
		Lindsay, TX 76250				
8		Principal Occupation		9 Contributor's Job Title		
	retired			retired		
10) Contributor's (employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/08/2024	Hagen, Rick (Mr.) Contributor address; City; \$	State; Zip Code			\$500.00
		Denton, TX 76201		1		
		Principal Occupation		Contributor's Job Title		
	attorney Contributor's	employer/law firm		attorney Law firm of contributor's sp	2011	co (if any)
	Jackson & H	• •		KoonsFuller	Jou.	se (II ally)
		s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/17/2024	Johnston, Brenda (Mrs.) Contributor address; City; \$ Gainesville, TX 76240	State; Zip Code		<u>-</u>	\$200.00
-	Contributor's F	Principal Occupation		Contributor's Job Title		
	retired			retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)	l		

	MONET	ARY POLITICAL	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/14
2	FILER NAME Haverkamp,	E o, Janelle M. (The Honorable)				Filer ID (Ethics Commission Filers) 00038207
4	Date 09/09/2024	5 Full name of contributor out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$1,000.00
		Carrollton, TX 75006				
8	Contributor's I	ntributor's Principal Occupation 9 Contributor's Job Title				
10	10 Contributor's employer/law firm 11 Law firm of contributor's					se (if any)
12	! If contributor i	s a child, law firm of parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	07/18/2024	Neu, Ronnie (Mr.) Contributor address; City;	<u> </u>			\$200.00
		Gainesville, TX 76240				
		Principal Occupation		Contributor's Job Title		
	Businessma			Owner		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	07/13/2024	Piel, Cary (Mr.)				\$300.00
		Contributor address; City; Denton, TX 76205	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	attorney			attorney		
			Law firm of contributor's sp	oous	se (if any)	
	Piel Law					
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL		SCHEDULE A(J)1		
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/14
2	FILER NAME Haverkamp,	Janelle M. (The Honorable)			3	Filer ID (Ethics Commission Filers) 00038207
4	Date 07/10/2024	5 Full name of contributor Reed, Sharon (Ms.)6 Contributor address; City;	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$500.00
		Austin, TX 78735				
8		ibutor's Principal Occupation 9 Contributor's Job Title				
10	retired	omployer/low firm		retired	2011	oo (if any)
10	10 Contributor's employer/law firm 11 Law firm of contributor's s				ous	se (II any)
12	If contributor i	s a child, law firm of parent(s) (i	f any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/22/2024	Ritter, Karen (Ms.) Contributor address; City;	State; Zip Code			\$50.00
	O a saturita a da al	Lake Kiowa, TX 76240		Occasillant and Dala Title		
	Data Service	Principal Occupation		Contributor's Job Title Consultant		
-		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (il	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	07/03/2024	Turbeville, Tim Contributor address; City; Gainesville, TX 76240	State; Zip Code			\$200.00
	Contributor's I	I Principal Occupation		Contributor's Job Title		
	retired			retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL CONTRIBUTION	DNS		S	SCHEDULE A	\(J)1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Sch: 4/4 R	S Schedule A(J)1: Rpt: 7/14	
2	FILER NAME			3	Filer ID (E	Ethics Commission	n Filers)
	Haverkamp,	averkamp, Janelle M. (The Honorable)					
4	Date	5 Full name of contributor out-of-state PAC (ID#:_)	7	Amount of 0	Contribution (\$)	
	07/05/2024	Wolf, Sherry (Mrs.)					\$500.00
		6 Contributor address; City; State; Zip Code					
		Gainesville, TX 76240					
8		Principal Occupation	9 Contributor's Job Title				
	attorney		Assistant District Attorne				
10		employer/law firm	11 Law firm of contributor's sp	ous	se (if any)		
		nty DA's Office s a child, law firm of parent(s) (if any)					

PLEDGED CONTRIBUTIONS (JUDIO	CIAL)		SCHE	DULE B(J)
The Instruction Guide explains how to comp	lete this form.	1 Total pages Sc Sch: 1/1 Rpt:		
FILER NAME Haverkamp, Janelle M. (The Honorable)				ion Filers)
TOTAL OF UNITEMIZED PLEDGES			\$	0.00
5 Date 6 Full name of pledgor out-of-state PAC (IE 7 Pledgor Address; City; State; Z		8 Amount of pledge (\$)	9 In-kind (If a	d description pplicable)
10 Pledgor's principal occupation	11 Diodoor's job title	Check if travel of	utside of Texas	. Complete Schedule T.
10 Pleagor's principal occupation	11 Pledgor's job title			
12 Pledgor's employer/law firm	13 Law firm of pledgo	r's spouse (if any)		
14 If pledgor is a child, law firm of parent(s) (if any)				

	LOANS (J	UDICIAL)				SCHED	OULE E	(J)
	The Instructio	on Guide explains how to complete this	form.	1 Total pages Schedule E(J): Sch: 1/1 Rpt: 9/14				
2	FILER NAME Haverkamp, Jan	nelle M. (The Honorable)		1	Filer ID 000382	(Ethics Com	mission Fil	ers)
4	TOTAL OF UN	IITEMIZED LOANS		<u>. </u>		\$		0.00
5	Date of loan	7 Name of lender out-of-state Pr	AC (ID#:)	9 Loan Am	ount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest F		
						11 Maturity I	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	r/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	aw firm of parent(s) (if any)	<u> </u>					
17	7 Description of Coll	ateral	18 Check if personal funds we	ere d	eposited	l into political a (See Inst		
19	GUARANTOR INFORMATION	20 Name of guarantor				22 Amount (Guaranteed	l (\$)
23	not applicable not applicable	21 Guarantor address; City; State; pal Occupation	Zip Code Zip Code					
25	5 Guarantor's Emplo	over/Low Firm	26 Law Firm of guarantor's spouse (if any)					
	· 		20 Law Firm of guarantor 3 3p	,ous	z (ii ariy)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment		The Instruction Guide explains h	how to cor	nple	lete this form.	
1	Total pages Schedule F1:	2	FILER NAME			3 Filer ID (Ethics Commission	n Filers)
	Sch: 1/5 Rpt: 10/14		Haverkamp, Janelle M. (The Honorable	e)		00038207	
4	Date	5	Payee name			-	
	09/14/2024	1	Conner, Joe				
6	Amount (\$)	7	Payee address; City; State;	Zip Cod	de		
	\$250.00		116 E. Church Street				
			Gainesville, TX 76240				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description	
	OF EXPENDITURE		Advertising Expense	suu.o,		Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE					Check if Austin, TX, officeholder living expense	
						design/advertising	
_	Occupate ONLY if discret	<u> </u>	O distant of the state of the s	VEC:		Office held	
9	Complete ONLY if direct expenditure to benefit C/Ol		andidate/Officeholder name O	Office sou	gnt	Office held	
		_					
	Date	1	Payee name				
	08/19/2024	—	Cooke County Republican Women				
	Amount (\$)	1		Zip Co	de		
	\$500.00		701 E California St.				
			Gainesville, TX 76240				
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b)	Description	
	OF EXPENDITURE		Solicitation/Fundraising Expense			Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
						Donation for Fundraiser	
	Complete ONLY if direct		andidate/Officeholder name O	Office sough	ght	Office held	
	expenditure to benefit C/O	Н		`			
	Date	Ī	Payee name				
	09/12/2024	1	Coopers Copies				
	Amount (\$)	_	<u> </u>	Zip Cod	de		
	\$632.62	1	1024 Dallas Drive	21p 000	uc		
	7002.02						
			Denton, TX 76205				
	DUDDOCE	+			/l-\		
	PURPOSE OF		Category (See Categories listed at the top of this sche	edule)	(D)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense	
						signs	
	Complete ONLY if direct		andidate/Officeholder name O	Office sou	ght	Office held	
_	expenditure to benefit C/OI	H					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expen Legal Services The Instruction Guide e	Salaries/\	Vages	/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)	
┰	Total pages Schedule F1:	2 FILED NAME	=				3	Filer ID	(Ethics Commission F	ilore)
_	Sch: 2/5 Rpt: 11/14	1	= o, Janelle M. (The Ho	norable)			3	00038207	(Ethics Commission F	ileis)
4	Date	5 Payee name								
-										
ᆫ	07/04/2024	начегкатт	o, Emily (Miss)							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip Co	ode					
l	\$400.00	P.O. Box 2	29							
l										
l		l in de accor	/ 70050							
L		Lindsay, T	X 7025U							
8	PURPOSE	(a) Category (S	see Categories listed at the top	of this schedule)	(b)	Description				
l	OF EXPENDITURE	Event Expe				Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
l	EXPENDITURE					_		officeholder living	j expense	
l						supplies/deco	orat	tions/labor		
						fundraiser				
9	Complete ONLY if direct	Candidate/Off	iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	Н			•					
⊨	<u> </u>	T								
	Date	Payee name								
	07/23/2024	Haverkamp	, Janelle (Ms.)							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$3,500.00	PO Box 15	1							
	, , , , , , , , ,									
		l								
		Lindsay, T	K 76250							
	PURPOSE	(a) Category (S	see Categories listed at the top	of this schedule)	(b)	Description				
	OF EXPENDITURE	Loan Repa	yment/Reimburseme	ent		Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	LAFENDITORE					ш		officeholder living		
							loa	ans made fro	om personal funds	to the
						campaign				
	Complete ONLY if direct		iceholder name	Office sou	ight			Office he	eld	
	expenditure to benefit C/OI	Н								
H	Doto									
	Date	Payee name								
	09/15/2024	Schilling, M	larcus (Mr.)							
	Amount (\$)	Payee addre	ess; City;	State; Zip Co	ode					
	\$105.00	216 W 7th	Street							
		Marcus, TX	7 76252							
1	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description				
l	EXPENDITURE	labor						de of Texas. Com	•	
l								officeholder living	j expense	
						put up campa	aıgr	ı sıgns		
L										
	Complete ONLY if direct		iceholder name	Office sou	ıght			Office he	eld	
	expenditure to benefit C/OI	H								
Г										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee 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 F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 3/5 Rpt: 12/14	Haverkamp, Janelle M. (The Honorable) 00038207	
4	Date	5 Payee name	
	09/08/2024	Schumacher, Justin (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$52.50	6273 FM 2071	
		Gainesville, TX 76240	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense put up campaign signs	
		put up campaign signs	
9	Complete ONLY if direct	Candidate/Officeholder name Office county Office hold	_
ľ	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
⊨			=
	Date	Payee name	
	09/22/2024	Schumacher, Justin (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.00	6273 FM 2071	
		Gainesville, TX 76240	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	labor Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		put up campaign signs	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
⊨			_
	Date	Payee name	
	09/08/2024	Thurman, Simon (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$52.50	104 Maple Street	
		Lindsay, TX 76240	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	labor Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		putting up campaign signs	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·	
\vdash	•		_

SCHEDULE F1

Advertising Expense Ever Accounting/Banking Fee: Consulting Expense Foor Contributions/ Donations Made Ry - Gift/

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schodula F1:	1
	Total pages Schedule F1: Sch: 4/5 Rpt: 13/14	2 FILER NAME Haverkamp, Janelle M. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00038207
4	Date	5 Payee name
•	09/15/2024	
L	09/13/2024	Thurman, Simon (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$105.00	104 Maple Street
		Lindsay, TX 76240
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		putting up campaign signs
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/15/2024	Thurman, Simon (Mr.)
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	104 Maple Street
		Lindsay, TX 76240
\vdash	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		putting up campaign signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/04/2024	Tractor Supply
	Amount (\$)	Payee address; City; State; Zip Code
	\$102.64	1700 N. Grand Ave.
		Gainesville, TX 76240
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Supplies Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		supplies to put up campaign signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Committee		Expense Printing	Expense g Expense ss/Wages/Contract Labor complete this form.		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	I				1	Filer ID	(Ethics Commission Filers)	
	Sch: 5/5 Rpt: 14/14	Haverkamp, Janelle M. (The Honorable)				00038207			
4	Date	5 Paye							
	09/16/2024	Trac	tor Supply						
6	Amount (\$)	1	ee address; City;	State; Zip	Code				
	\$87.48	1700	0 N. Grand Ave.						
		Gair	nesville, TX 76240						
8	PURPOSE		gory (See Categories listed at t	the top of this schedule)	(b) Description				
	OF EXPENDITURE Supplies Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense to put up campaign signs								
						expense			
							9 9		
9	Complete ONLY if direct expenditure to benefit C/Ol		date/Officeholder name	Office s	ought		Office he	eld	