CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00086194 Date Received COMMITTEE Texas Hill Country Democrats **ELECTRONICALLY FILED** NAME 10/28/2024 TREASURER Jones, Carl NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Year Day Year Month Day Date Imaged **COVERED THROUGH** 09/27/2024 10/26/2024 **EXPLANATION OF CORRECTION** Candidate need to be added 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Carl Jones Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ _____, 20_____, to certify which, witness my hand and seal of office.

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00086194 3 COMMITTEE NAME **OFFICE USE ONLY Texas Hill Country Democrats** Date Received **ELECTRONICALLY FILED** 10/28/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 24017 Haynie Flat Rd. Date Hand-delivered or Date Postmarked Change of Address Spicewood, TX 78669 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Carl NAME NICKNAME LAST **SUFFIX** Jones STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 24017 haynie flat road STREET **ADDRESS** (Residence or Business) spicewood, TX 78669 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 24017 Haynie Flat Rd. MAILING **ADDRESS** Spicewood, TX 78669 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (432) 889-4374 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 11/05/2024 χ General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID (Ethics Commission F	ilers)
Texas Hill Country Democrats			00086194	
14 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Mr. Dwain Handley State Repr	resentative	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported B. Opposed		
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS N	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY) t qualifies for the higher itemization threshold	\$	0.00
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEES OF LOANS)	\$	5.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	AL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		5.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of pe true and correct and includes all informunder Title 15, Election Code.		
		Carl	Jones	
		Signature of Car	mpaign Treasurer	_
AFFIX NOTAI	RY STAMP / SEAL ABOVE			
Sworn to and subscrib	ed before me, by the said _	, tł	nis the day	
		which, witness my hand and seal of office.		
Signature of officer	administering oath	Printed name of officer administering oath	Title of officer administering oath	

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

			4 of 5
17 COMMITTEE NAME Texas Hill Country Democrats		18 Filer ID 00086194	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS	1		
NAME OF SCHEDULE			SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITIC	CAL CONTRIBUTIONS		\$ 5.00
2. SCHEDULE A2: NON-MONETARY (II	N-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBU	JTIONS		\$
4. SCHEDULE C1: MONETARY CONTROL ORGANIZATION	RIBUTIONS FROM CORPORATION OR LABO	DR	\$
5. SCHEDULE C2: NON-MONETARY (II LABOR ORGANIZATION	N-KIND) CONTRIBUTIONS FROM CORPORA	ATION OR	\$
6. SCHEDULE C3: MONETARY SUPPO	RT FROM CORPORATION OR LABOR ORG	SANIZATION	\$
7. SCHEDULE C4: NON-MONETARY SI ORGANIZATION	UPPORT FROM CORPORATION OR LABOR	?	\$
8. SCHEDULE D: PLEDGED CONTRIBU	JTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9. SCHEDULE E: LOANS			\$
10. SCHEDULE F1: POLITICAL EXPEND	ITURES FROM POLITICAL CONTRIBUTION	S	\$
11. SCHEDULE F2: UNPAID INCURRED	OBLIGATIONS		\$
12. SCHEDULE F3: PURCHASE OF INVE	ESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13. SCHEDULE F4: EXPENDITURES MA	DE BY CREDIT CARD		\$
14. SCHEDULE I: NON-POLITICAL EXPE	NDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15. SCHEDULE K: INTEREST, CREDITS, TO FILER	GAINS, REFUNDS, AND CONTRIBUTIONS	RETURNED	\$

Texas Hill Country Democrats 4 Date	
4 Date 10/24/2024 5 Full name of contributor out-of-state PAC (ID#:	1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/5
10/24/2024 ochoa, anne (Ms.) 6 Contributor address; City; State; Zip Code lago vista, TX 78645 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	3 Filer ID (Ethics Commission Filers) 00086194
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of Contribution (\$) \$5.
	ns)
	10)