#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 13 00085648 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** David A. NAME Date Received **ELECTRONICALLY FILED** 01/13/2025 NICKNAME LAST **SUFFIX** Covey CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** PO Box 722 MAILING Receipt # Amount **ADDRESS** Change of Address Mauriceville, TX 77626 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mark NAME NICKNAME LAST **SUFFIX** Covey **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE; **TREASURER** 8774 Earsel Rd **ADDRESS** (Residence or Business) Orange, TX 77632 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 221-9995 **PHONE**

January 15

Day

Day

03/05/2024

OFFICE HELD (if any)

**ELECTION DATE** 

07/01/2024

Year

Year

July 15

Month

Month

None

REPORT TYPE

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

30th day before election

8th day before election

**THROUGH** 

χ Primary

General

Runoff

Exceeded modified

Month

**ELECTION TYPE** 

Runoff

Special

reporting limit

Χ

Year

Other

Day

12/31/2024

12 OFFICE SOUGHT (if known)

State Representative District 21

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 13

13 C / OH NAME	Covey, David A.			<b>14</b> Filer ID (00085648	(Ethics Commis	ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of candidate / officeholder.	eholder's knowl	ledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
_	GENERAL	00141477777 4000000				
	SPECIFIC	COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TE	REASURER NAME			
		COMMITTEE CAMPAIGN TE	REASURER ADDRES	S		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBU ES OF LOANS, OR CONTRIE			\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUAF	RANTEES OF LOANS	)	\$	0.00
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$	0.00	
4. TOTAL POLITICAL EXPENDITURES					\$	35,417.70
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINT. RIOD	AST DAY OF THE	\$	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTST TING PERIOD	FANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
		true and c		of perjury, that the acc information required to		
				avid A. Covey		
			Signature of	Candidate or Officehol	der	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subscribed before me, by the said, this the						day
of	, 20, to co	ertify which, witness my hand a	and seal of office.			
Signature of officer administering Printed name of officer administering Title of officer administeri						oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

			C	3 of 13
<b>18</b> FIL			19 Filer ID	(Ethics Commission Filers)
	vey, Da		00085648	_
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	X	SCHEDULE E: LOANS		\$ 0.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 35,417.70
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

LOAN	5			SCHEDULE	E
The Instr	uction Guide explains how to complete this	form.	1	iges Schedule E: 1 Rpt: 4/13	
2 FILER NAM Covey, Da			3 Filer ID 000856	(Ethics Commission Filers	5)
4 TOTAL C	F UNITEMIZED LOANS			\$	0.00
5 Date of loar	7 Name of lender  ut-of-state P.	AC (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 oc	cupation / Job title (See Instructions)	13 Employer (See Instructions	)	•	
<b>14</b> Description None	of Collateral	15 Check if personal funds we	re deposited	d into political account (See Instructions)	
16 GUARANTO INFORMAT				19 Amount Guaranteed (\$	5)
not appli	cable 18 Guarantor address; City; State;	Zip Code			
20 Principal oc	cupation	21 Employer (See Instructions	)	1	

### SCHEDULE F1

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

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 Salaries (Contract Labor

mbursement Solicitation/Fundraising Expense
tal 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 how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/8 Rpt: 5/13	Covey, David A. 00085648
4	Date	5 Payee name
	12/23/2024	Axiom Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30,000.00	800 W. 47th ST
		Suite 200
		Kansas City, MO 64112
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	07/01/2024	Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amplitheatre Parkway
		Mountainview, CA 94043
	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  emails
		Smalls
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	08/02/2024	Google Gsuite
		-
	Amount (\$) \$15.35	Payee address; City; State; Zip Code  1600 Amplitheatre Parkway
	Ф15.55	1000 Ampilitieatie Parkway
		Maumtain iaur CA 04042
		Mountainview, CA 94043
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		emails
	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 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

	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: 2/8 Rpt: 6/13	Covey, David A. 00085648
4	Date	5 Payee name
	09/02/2024	Google Gsuite
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.35	1600 Amplitheatre Parkway
		Mountainview, CA 94043
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		ads
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2024	Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amplitheatre Parkway
		Mountainview, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		aus
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Description
	Date 11/02/2024	Payee name
		Google Gsuite
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.35	1600 Amplitheatre Parkway
		Mountainview, CA 94043
	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
		ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
•	Sch: 3/8 Rpt: 7/13	Covey, David A. 00085648
4	Date	5 Payee name
	12/02/2024	Google Gsuite
6	Amount (\$) \$15.35	7 Payee address; City; State; Zip Code 1600 Amplitheatre Parkway
		Mountainview, CA 94043
8	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
		ads
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/15/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.94	Ponce de Leon Ave NE
	<b>4110.0</b> 1	Suite 5000
		Atlanta, GA 30308
	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
		emails
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/16/2024	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$115.94	Ponce de Leon Ave NE
	¥220.0 .	Suite 5000
		Atlanta, GA 30308
	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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		emails
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

vertising Expense Event Expense Loan Repayment/Reimbu

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
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services  The Instruction Co.	Si		ages	/Contract Labor		OTHER (enter a	a category not listed above)	
		_		The Instruction Gu	iide explains nov	w to con	npie	ete tnis form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission I	Filers)
	Sch: 4/8 Rpt: 8/13		Covey, Davi	id A.						00085648		
4	Date	5	Payee name									
	09/16/2024		Mailchimp									
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zin Cor	da					
١	• •	'	•	•	State, 2	zip Coc	ue					
	\$115.94		Ponce de Le	eon ave inc								
			Suite 5000									
			Atlanta, GA	30308								
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne ton of this schedu	ıle)	(b)	Description				
	OF		Advertising		.0 100 01 1110 0011044				outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		3					Check if Austin,	, TX,	officeholder livin	g expense	
								emails				
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
	expenditure to benefit C/OI	H										
	Date		Payee name									
	10/16/2024		Mailchimp									
	Amount (\$)	T	Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$115.94		Ponce de Le	eon Ave NE								
			Suite 5000									
			Atlanta, GA	20200								
		<u> </u>										
	PURPOSE OF	(a)	Category (Se	ee Categories listed at th	ne top of this schedu	ile)	(b)	Description				
	EXPENDITURE		Advertising	Expense				<b>=</b>		de of Texas. Con officeholder livin	nplete Schedule T.	
								emails	, 17,	Officeriolaer fivin	g expense	
								Citialis				
_	On and late ONII Wife disease	Ц	0		04:					O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Januluale/Onic	ceholder name	Ollic	ce soug	JIIL			Office h	eiu	
	<u> </u>											
	Date		Payee name									
	11/15/2024		Mailchimp									
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$115.94		Ponce de Le	eon Ave NE								
			Suite 5000									
				20200								
			Atlanta, GA	30308								
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this schedu	ile)	(b)	Description				
	EXPENDITURE		Advertising	Expense				브			nplete Schedule T.	
								_	, IX,	officeholder livin	g expense	
								ads				
							_					
	Complete ONLY if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Offic	ce soug	ght			Office h	eld	
L	experience to beliefft C/OI	· ·										
			·									

### 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

	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: 5/8 Rpt: 9/13	Covey, David A. 00085648
4	Date	5 Payee name
	12/15/2024	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$115.94	Ponce de Leon Ave NE
		Suite 5000
		Atlanta, GA 30308
8	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  emails
		Citalis
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/17/2024	Mailmeteor
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.99	43 Auguste Blanqui BLVD.
		Paris 75013 France
	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
		emails
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	08/17/2024	Mailmeteor
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.99	43 Auguste Blanqui BLVD.
		Paris 75013 France
	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  emails
		Citians
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 6/8 Rpt: 10/13	Covey, David A. 00085648
4	Date	5 Payee name
	09/17/2024	Mailmeteor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.99	43 Auguste Blanqui BLVD.
		Paris 75013 France
8	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  emails
		Citalis
9	Complete ONLV if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/O	
_	<u> </u>	
	Date	Payee name
	10/17/2024	Mailmeteor
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.99	43 Auguste Blanqui BLVD.
		Paris 75013 France
	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  emails
		Citalis
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date	Payee name
	11/17/2024	Mailmeteor
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.99	43 Auguste Blanqui BLVD.
		Paris 75013 France
	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  emails
		emans
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	•

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
_	Sch: 7/8 Rpt: 11/13	Covey, David A.  Covey, David A.  00085648
4	Date	5 Payee name
	12/17/2024	Mailmeteor
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.99	43 Auguste Blanqui BLVD.
		Paris 75013 France
_	DUDDOOF	
8	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
		emails
		Citalis
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	07/21/2024	Market Basket
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.59	11816 Hwy 62 N.
	Φ12.59	11010 HWy 02 N.
		Mauricaville, TX 77632
	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
		decorations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_	Date	Payee name
	12/23/2024	Solutions for Fundraising
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,000.00	1505 Elm St. #1601
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		fundraising
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

### 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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pat listed above)

	Credit Card Payment	The Instruction Guide explains how to co	•	ete this form.	OTTLK (effici a category	not listed above)
1	Total pages Schedule F1:	•			3 Filer ID (Ethics	s Commission Filers)
	Sch: 8/8 Rpt: 12/13	Covey, David A.			00085648	·
4	Date	5 Payee name				
	07/23/2024	shutterfly				
6	Amount (\$)	7 Payee address; City; State; Zip Co	de			
	\$188.83	2800 Bridgeway parkway				
		Redwood City, CA 94065				
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	EXPENDITURE	Advertising Expense		<b>=</b>	outside of Texas. Complete Sch TX, officeholder living expense	
				Ads	TX, officeriolaer living expense	•
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht		Office held	
	expenditure to benefit C/OI		5			
_	Date	Payee name				
	08/01/2024	shutterfly				
	Amount (\$)	Payee address; City; State; Zip Co	da			
	\$278.60	2800 Bridgeway parkway	ue			
	φ210.00	2000 Bridgeway parkway				
		Redwood City, CA 94065				
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
	OF	Advertising Expense	()		outside of Texas. Complete Sch	edule T.
	EXPENDITURE	, tavortioning Exported		Check if Austin,	TX, officeholder living expense	•
				ads		
	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght		Office held	
	expenditure to benefit C/OI	<b>-</b>				

		FORM	C/OH - FR
	The Instruction Guide explains how to complete this form.  ** Complete only if "Report Type" on page 1 is marked "Final Report" **		Page 13 of 13
1	C/OH NAME	2 Filer ID (Ethics	s Commission Filers)
	Covey, David A.	00085648	
3	I do not expect any further political contributions or political expenditures in connection with my cand as a final report terminates my campaign treasurer appointment. I also understand that I may not accampaign expenditures without a campaign treasurer appointment on file.		
	David	id A. Covey	
	Signature of Ca	andidate / Officeholder	_
4	FILER WHO IS NOT AN OFFICEHOLDER		
	** Complete A & B below only if you are not an officeholder **		
	A CAMPAIGN FUNDS		
	Check only one:		
	X   I do not have unexpended contributions or unexpended interest or income earned from polit	tical contributions.	
	I have unexpended contributions or unexpended interest or income earned from political corrective unexpended political contributions or unexpended interest or income earned on political understand that I must file an annual report of unexpended contributions and that I may not unexpended interest or income earned on political contributions longer than six years after from must dispose of unexpended political contributions and unexpended interest or income earned with the requirements of Election Code 254.204.	itical contributions to perso retain unexpended contrib filing this report. Further, I	nal use. I also utions or understand that I
	B ASSETS		
	Check only one:		
	X I do not retain assets purchased with political contributions or interest or other income from	political contributions.	
	I do retain assets purchased with political contributions or interest or other income from political convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in accordance 254.204.	al contributions to personal	use. I also
	Davie	id A. Covey	
		re of Candidate	
5	OFFICEHOLDER		
-	** Complete this section only if you are an officeholder **		
	I am aware that I remain subject to filing requirements applicable to an officeholder who doe also aware that I will be required to file reports of unexpended contributions if, after filing the retain political contributions, interest or other income from political contributions, or assets printerest or other income from political contributions.	e last required report as an	officeholder, I
	Signature	e of Officeholder	