CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains how to compl | ete this form. | 1 Filer ID (Ethics Commis 00087849 | ssion Filers) | 2 Total pages | s filed: 24 |
|-------------------------|-----------------------------|-----------------|--|--------------------|--------------------|--|
| 3 CANDIDATE / | MS / MRS / MR | FIRST | | MI | | E USE ONLY |
| OFFICEHOLDER | Mrs. | Joanne W. | | | | |
| NAME | | | | | Date Received | |
| | | | | | ELECTRON | ICALLY FILED |
| | NICKNAME | LAST | | SUFFIX | 01/10/2025 | |
| | | Shofner | | | | |
| | | Choinei | | | | |
| 4 CANDIDATE / | ADDRESS / PO BOX; APT | / SUITE #; CI | TY; | ZIP CODE | Date Hand-delivere | ed or Date Postmarked |
| OFFICEHOLDER MAILING | 638 N. University Drive | | | | | |
| ADDRESS | #177 | | | | Receipt # | Amount |
| Change of Address | Nacogdoches, TX 75961 | | | | | |
| | Nacoguoches, 1X 75901 | | | | Date Processed | |
| | | | | | | |
| | | | | | Date Imaged | |
| | | | | | | |
| 5 CAMPAIGN | MS / MRS / MR | FIRST | | MI | | |
| TREASURER | Mrs. | Stephanie | | | | |
| NAME | | | | | | |
| | | | | | | |
| | NICKNAME | LAST | | SUFFIX | | |
| | | Lott | | | | |
| | | | | | | |
| 6 CAMPAIGN | STREET ADDRESS (NO PO | BOX PLEASE); | AP | r / SUITE #; CITY; | S | STATE; ZIP CODE |
| TREASURER | 4528 Appleby Sand Rd | | | | | |
| ADDRESS | | | | | | |
| (Residence or Business) | Neeerdeebee TV 75005 | | | | | |
| | Nacogdoches, TX 75965 | | | | | |
| | | | | | | |
| 7 CAMPAIGN | AREA CODE PHON | IE NUMBER | EXTENSION | | | |
| TREASURER | | | EXTENSION | | | |
| PHONE | (936) 462-0159 | | | | | |
| | | | | | | |
| 8 REPORT TYPE | | - | | | 1 | |
| | X January 15 | 30th day befor | e election | Runoff | | campaign treasurer officeholder only) |
| | July 15 | 8th day before | election | Exceeded modified | - | Attach C/OH-FR) |
| | | | | reporting limit | | |
| 9 PERIOD | Month Day Year | | | Month Day | Year | |
| COVERED | - | т | HROUGH | , | | |
| 0012.125 | 07/01/2024 | 1 | HROUGH | 12/31/2024 | ł | |
| | | | | | | |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month Day Year | | Primary | Runoff | Other | |
| | | | General | Special | | |
| | | | | | | |
| | | | | | (f | |
| 11 OFFICE | OFFICE HELD (if any) | wint 11 North 1 | b | 12 OFFICE SOUGHT | (II KNOWN) | |
| | State Representative Dist | nct II Nacogdo | ocnes | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | 60 | TO PAGE 2 | | | |
| | | 60 | | | | |
| Forms provided by Te | exas Ethics Commission | www.e | thics.state.tx.u | S | Vei | rsion V4.1.0.5dd2ace2 |

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

| 13 C / OH NAME | Shofner, Joanne W. (| Mrs.) | 14 Filer ID (l 00087849 | Ethics Commission Filers) | | | |
|--|--|--|----------------------------|---------------------------|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | candidate / officeholder. | olitical contributions accepted or political expenditur These expenditures may have been made without th officeholders are required to report this information | he candidate's or office | holder's knowledge or | | | |
| X Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | | |
| | X GENERAL | TR | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | SPECIFIC | | | | | | |
| | | ТХ | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRES | S | | | | |
| | | ТХ | | | | | |
| 16 CONTRIBUTION TOTALS | | ZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC | | \$ 0.00 | | | |
| | | AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS) |) | \$ 59,196.05 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEM | ZED POLITICAL EXPENDITURES | | \$ 0.00 | | | |
| | | AL EXPENDITURES | | \$ 32,562.11 | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITIC REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD | AST DAY OF THE | \$ 56,707.75 | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIP OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS AS (TING PERIOD | OF THE LAST DAY | \$ 5,500.00 | | | |
| 17 AFFIDAVIT | | I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code. | | | | | |
| | | Mrs. Jo | oanne W. Shofner | | | | |
| | | Signature of C | Candidate or Officehold | der | | | |
| AFFIX NOT | TARY STAMP / SEAL ABO | DVE | | | | | |
| Sworn to and subso | Sworn to and subscribed before me, by the said day | | | | | | |
| of | , 20, to ce | rtify which, witness my hand and seal of office. | | | | | |
| Signature of offic | Signature of officer administering Printed name of officer administering Title of officer administering oath | | | | | | |

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH

| | | | | Page 3 of 24 |
|--|-----------------------|---|----------------------|----------------------------|
| C / OH NAME | Shofner, Joanne W. | (Mrs.) | Filer ID 00087849 | (Ethics Commission Filers) |
| 17 NOTICE FROM POLITICAL COMMITTEE(S) | expenditures may have | of political expenditures by political committees to s been made without the candidate's or officeholder's ed to report this information only if they receive notic | s knowledge or c | onsent. Candidates and |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | X GENERAL | TREPAC - TX Realtors PAC | | |
| | | COMMITTEE ADDRESS | | |
| | | P. O. Box 2246 | | |
| | | Austin, TX 78768 | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | | Cantu, Leslie | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRE | SS | |
| | | P. O. Box 2246 | | |
| | | | | |
| | | Austin, TX 78768 | | |
| | | | | |

| SUBTOTALS - C/OH | FORM C/OH OVER SHEET PG 3 4 of 24 | | |
|--|--|----------------------------|--|
| 18 FILER NAME Shofner, Joanne W. (Mrs.) | 19 Filer ID 00087849 | (Ethics Commission Filers) | |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | | |
| 1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 58,821.05 | | |
| 2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 375.00 | |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. SCHEDULE E: LOANS | | \$ | |
| 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION | S | \$ 32,562.11 | |
| 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 | 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 I TO FILER | RETURNED | \$ | |
| | | | |

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/11 Rpt: 5/24 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Shofner, Joanne W. (Mrs.) 00087849 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/09/2024 Wholesale Beer Distributors of TX, PAC \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701-0000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/28/2024 Wholesale Beer Distributors of TX, PAC \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701-0000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/13/2024 Alabama-Coushatta Tribe - General Checking-CSB \$1,000.00 Contributor address; City; State; Zip Code Livingston, TX 77351 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/28/2024 \$1,000.00 Allen, Boone, Humphries, Robinson, LLP Attorneys at Law Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,000.00 12/13/2024 Associated General Contractors of TX, PAC Contributor address; City; State; Zip Code Austin , TX 78768 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | The Instru | ction Guide explains how t | to complete this fo | orm. | 1 | Total pages Schedule A1: Sch: 2/11 Rpt: 6/24 | |
|---|----------------|--|---------------------------|------------------------------|-----|---|------------|
| 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | nne W. (Mrs.) | | | | 00087849 | |
| 4 | Date | 5 Full name of contributor | out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 12/16/2024 | Bennett, Montgomery | | | | | \$5,000.00 |
| | | 6 Contributor address; City; Stat | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Dallas, TX 75254 | | | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instructions | 5) | | |
| | Real Estate | | | Ashford, Inc. | | | |
| F | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 11/25/2024 | Bentley Public Affairs | | | | | \$250.00 |
| | | Contributor address; City; Stat | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin , TX 78701 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
| | | | | | | | |
| | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/15/2024 | Boatman, Tim | _ | / | | | \$100.00 |
| | | | te: Zin Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Nacogdoches, TX 75965 | | | | | |
| ⊢ | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | | | |
| | Retired | | | | | | |
| - | Date | Full name of contributor | out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 12/12/2024 | Charter Schools Now PAC | _ | / | | | \$1,000.00 |
| | | Contributor address; City; Stat | te: Zin Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | Austin, TX 78704 | | | | | |
| | Principal occu | pation / Job title (See Instructions) | | Employer (See Instructions | I;) | | |
| | · | · · · · · · · · · · · · · · · · · · · | | | , | | |
| _ | Date | Full name of contributor | x out-of-state PAC (ID#:0 | 0016182 | | Amount of Contribution (\$) | |
| | 10/31/2024 | Chevron Employee PAC | | / | | | \$500.00 |
| | | Contributor address; City; Stat | te: Zin Code | | | | |
| | | | | | | | |
| | | | | | | | |
| | | San Ramon, CA 94583 | | | | | |
| | Principal occu | Left pation / Job title (See Instructions) | | Employer (See Instructions | ;) | | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/11 Rpt: 7/24 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Shofner, Joanne W. (Mrs.) 00087849 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/13/2024 Citizen State Bank \$1,000.00 6 Contributor address; City; State; Zip Code Woodville, TX 75979 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 Commit To Students PAC \$1,000.00 Contributor address; City; State; Zip Code Dallas, TX 75247 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 12/12/2024 **ENPAC** Texas \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/13/2024 \$300.00 Ellmer, Mindy Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/13/2024 \$200.00 Flemming, JoAnne Contributor address; City; State; Zip Code Flint, TX 75762 Principal occupation / Job title (See Instructions) Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 4/11 Rpt: 8/24 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Shofner, Joanne W. (Mrs.) 00087849 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/28/2024 Grace & McEwan Consulting, LLC Political Fund \$250.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/14/2024 Grant, Kathy \$240.15 Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Lobbyist Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/12/2024 HILLCO PAC \$10,000.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/03/2024 \$50.00 Hibbard, Jeanne Contributor address; City; State; Zip Code Nacogdoches, TX 75964 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#:_ 12/02/2024 \$500.00 Holland and Knight Texas PAC Contributor address; City; State; Zip Code Dallas, TX 75201 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 5/11 Rpt: 9/24 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Shofner, Joanne W. (Mrs.) 00087849 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/13/2024 HomePAC of Texas Assoc. of Builders \$500.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 Houston Police Retired Officers Assoc. PAC-FUND \$250.00 Contributor address; City; State; Zip Code Houston, TX 77219 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 10/14/2024 Jewell, Michael \$505.90 Contributor address; City; State; Zip Code Austin, TX 78705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/09/2024 Joanne Irene Wilson Castleberry Whitehall Trust \$7,500.00 Contributor address; City; State; Zip Code Houston, TX 77057 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 07/14/2024 \$1,000.00 Jones, Neal Thomas Contributor address; City; State; Zip Code Austin, TX 78735 Principal occupation / Job title (See Instructions) Employer (See Instructions) CEO Hillco

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/11 Rpt: 10/24 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Shofner, Joanne W. (Mrs.) 00087849 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/19/2024 Judy, Robert \$25.00 6 Contributor address; City; State; Zip Code Nacogdoches, TX 75965 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 K&L Gates, LLP \$500.00 Contributor address; City; State; Zip Code Austin, TX 78746 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/25/2024 Kite, Anita \$100.00 Contributor address; City; State; Zip Code Nacogdoches, TX 75961 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/11/2024 \$500.00 Linebarger Goggan Blair & Sampson, LLP Contributor address; City; State; Zip Code Austin, TX 78760 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 11/25/2024 \$1,000.00 Moak Casey PAC Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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|----------|----------------|--|------------------------------|----------------|--|------------|
| | The Instru | ction Guide explains how to complete this f | orm. | 1 | Total pages Schedule A1: Sch: 7/11 Rpt: 11/24 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| | | anne W. (Mrs.) | | | 00087849 | , |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#:_ |) | 7 | Amount of Contribution (\$) | |
| | 10/16/2024 | Moore, Lila | | | | \$50.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Nacogdoches, TX 75965 | | | | |
| 8 | Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| | Retired | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 12/13/2024 | NAIFA Texas IFAPAC | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | 1 | | | |
| | | | | | | |
| | | | | | | |
| | Detected | Austin, TX 77351 | | ŕ | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | 5) | | |
| _ | | | <u> </u> | _ | 1 | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | ቀንደብ በበ |
| | 10/15/2024 | | | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | San Antonio, TX 78258 | | | | |
| | Principal occu | I upation / Job title (See Instructions) | Employer (See Instructions | <u>ا</u> ة) | | |
| | Director of G | Governmental Affairs | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | Γ | Amount of Contribution (\$) | |
| | 12/09/2024 | Oncor Tx. State Political Action Committee, Min | | | | \$1,500.00 |
| | | Contributor address; City; State; Zip Code | | 1 | | |
| | | | | | | |
| | | | | | | |
| | | Dallas, TX 75202-1234 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | | | | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#:_ |) | | Amount of Contribution (\$) | |
| | 12/13/2024 | Ron Lewis & Associates | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | Austin, TX 78701 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | <u> </u> ເ) | | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/11 Rpt: 12/24 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Shofner, Joanne W. (Mrs.) 00087849 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 10/28/2024 **Rural Friends of Electric Cooperatives** \$1,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor 10/28/2024 TREPAC-TX Realtors PAC Non-Corporate \$1,000.00 Contributor address; City; State; Zip Code Austin, TX 78768-2246 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 11/12/2024 **TSAPAC** \$1,500.00 Contributor address; City; State; Zip Code Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 12/12/2024 \$500.00 TX Dental Assoc. Political Action Comm. Contributor address; City; State; Zip Code Austin, TX 78704 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 12/12/2024 \$500.00 TX Impact, a CRH PAC Contributor address; City; State; Zip Code Austin, TX 78726 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

| SCHEDULE | A1 |
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| The Instru | ction Guide explains how to complete this f | orm. | 1 Total pages Schedule A1: Sch: 9/11 Rpt: 13/24 | |
|------------------|---|-------------------------------|--|------------|
| 2 FILER NAME | | | 3 Filer ID (Ethics Commission | on Filers) |
| | anne W. (Mrs.) | | 00087849 | |
| 4 Date | 5 Full name of contributor X out-of-state PAC (ID#: 0 |))) | 7 Amount of Contribution (\$) | |
| 10/28/2024 | Tenaska Employees TX PAC | | | \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Omaha, NE 68154 | | | |
| 8 Principal occu | upation / Job title (See Instructions) | 9 Employer (See Instructions) |) | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 12/11/2024 | Texans for Reasonable Solutions PAC | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Austin , TX 78741 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) |) | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 11/25/2024 | Texas Deer Assoc. PAC | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | Austin TV 70702 0000 | | | |
| Dringing ago | Austin, TX 78703-0000 | Employer (Coo Instructions | 、 、 | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) |) | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 10/31/2024 | Texas Food & Fuel Assoc. PAC | | | \$500.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Austin, TX 78701 | | | |
| Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions) |) | |
| | | | | |
| Date | Full name of contributor out-of-state PAC (ID#: |) | Amount of Contribution (\$) | |
| 12/13/2024 | Texas Land Title Assoc. PAC | | | \$1,000.00 |
| | Contributor address; City; State; Zip Code | | | |
| | | | | |
| | | | | |
| | Austin, TX 78703 | | | |
| Principal occu | upation / Job title (See Instructions) | Employer (See Instructions) |) | |
| | | | | |
| | | | | |
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | | | _ | | |
|---|--|---|------------------------------|---------------------------------------|---|----------------|
| | The Instru | ction Guide explains how to complete this | form. | 1 | Total pages Schedule A1: Sch: 10/11 Rpt: 14/24 | |
| 2 | FILER NAME | | | 3 | Filer ID (Ethics Commissio | on Filers) |
| - | | anne W. (Mrs.) | | | 00087849 | |
| 4 | Date | 5 Full name of contributor out-of-state PAC (ID#: |) | 7 | Amount of Contribution (\$) | |
| | 10/09/2024 | Texas Optometric PAC | | | | \$1,000.00 |
| | | 6 Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Austin, TX 78705 | | | | |
| 8 | Principal occu | ipation / Job title (See Instructions) | 9 Employer (See Instructions | ;) | | |
| - | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 12/13/2024 | Texas and Southwestern Cattle Raisers Assoc. | | | | \$2,000.00 |
| | 10, 20, 202 | Contributor address; City; State; Zip Code | | 1 | | Ψ _ ,στ |
| | Contributor address, City, State, Zip Code | | | | | |
| | | | | | | |
| | | Ft. Worth, TX 76185-1988 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ـــــــــــــــــــــــــــــــــــــ | | |
| | | | | | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | Γ | Amount of Contribution (\$) | |
| | 12/12/2024 | The American Electric Power CoTX Committee | | | | \$500.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| | | Washington, DC 20004 | | | | |
| | Principal occu | upation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | | | | _ | | |
| | Date | Full name of contributor out-of-state PAC (ID#: |) | | Amount of Contribution (\$) | |
| | 10/09/2024 | The Chickasaw Nation | | | | \$1,000.00 |
| | | Contributor address; City; State; Zip Code | | | | |
| | | | | | | |
| | | | | | | |
| ┝ | Dringing occ | Ada, OK 74820 | | $\sum_{i=1}^{n}$ | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | 9 D | | |
| ╞ | Date | Full name of contributor out-of-state PAC (ID#: | <u> </u> | _ | Amount of Contribution (\$) | |
| | 12/13/2024 | The Storage Place - T80 | / | | | \$250.00 |
| | | Contributor address; City; State; Zip Code | | | | ** |
| | | | | | | |
| | | | | | | |
| | | Frisco, TX 75035 | | | | |
| | Principal occu | ipation / Job title (See Instructions) | Employer (See Instructions | ;) | | |
| | | | | | | |
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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/11 Rpt: 15/24 2 FILER NAME Filer ID (Ethics Commission Filers) 3 Shofner, Joanne W. (Mrs.) 00087849 Date Amount of Contribution (\$) 4 5 Full name of contributor out-of-state PAC (ID#: 7 10/16/2024 Tx Forestry Assoc., Forestry PAC \$1,000.00 6 Contributor address; City; State; Zip Code Lufkin, TX 75902 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 10/31/2024 \$1,500.00 Weekley, Richard W. Contributor address; City; State; Zip Code Houston, TX 77027 Principal occupation / Job title (See Instructions) Employer (See Instructions) retired retired Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$)) 12/13/2024 Wine and Spirits Wholesalers of Texas PAC \$2,000.00 Contributor address; City; State; Zip Code Austin, TX 78701-2441 Principal occupation / Job title (See Instructions) Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

| The Instru | iction Guide explains how to complete this f | orm. | 1 | Total pages Sch Sch: 1/1 Rpt: | | | |
|-----------------------|---|----------------------------|--|----------------------------------|---|--|--|
| 2 FILER NAME | | | 3 | Filer ID (Ethic | s Commission Filers) | | |
| Shofner, Joa | anne W. (Mrs.) | | | 00087849 | | | |
| ⁴ TOTAL OF | UNITEMIZED IN-KIND POLITICAL CONTRIB | UTIONS | \$ | | | | |
| 5 Date | 6 Full name of contributor out-of-state PAC (ID#: |) | 8 | | 9 In-kind contribution | | |
| 12/12/2024 | TREPAC-TX Realtors PAC Non-Corporate | | | contribution (\$) | description Advertising for fundraising | | |
| | 7 Contributor address; City; State; Zip Code | | | | event | | |
| | Austin, TX 78768-2246 | | | Check if travel c | utside of Texas. Complete Schedule T. | | |
| 10 Principal occu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | 11 Employer (FOR NON | I-JU | DICIAL) (See ir | nstructions) | | |
| 12 Contributor's | principal occupation (FOR JUDICIAL) | 13 Contributor's job title | | | (See instructions) | | |
| | | | (FU | R JUDICIAL) | | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm of contribute | or's : | spouse (if any) (| FOR JUDICIAL) | | |
| | | | | | | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | |
| Date | Full name of contributor 🔲 out-of-state PAC (ID#: |) | | Amount of | In-kind contribution | | |
| 10/15/2024 | TREPAC-TX Realtors PAC Non-Corporate | / | | contribution (\$) | | | |
| | Contributor address; City; State; Zip Code | | · | \$250.00 | Advertising for fundraising | | |
| | | | | | event | | |
| | Austin, TX 78768-2246 | | | - | | | |
| Bringinal accu | upation / Job title (FOR NON-JUDICIAL) (See instructions) | Employer (FOR NON | <u> </u> | | outside of Texas. Complete Schedule T. Instructions) | | |
| Fincipal occi | | | 1-30 | | | | |
| Contributor's | principal occupation (FOR JUDICIAL) | Contributor's job title | (FO | R JUDICIAL) | (See instructions) | | |
| Contributor's | employer/law firm (FOR JUDICIAL) | Law firm of contributo | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | | | | |
| If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|--|--|--------------------|------------|-----------------|-------|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | Transportation Equipment & Related Expense Travel in District | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 1/8 Rpt: 17/24 | | Shofner, Joanne W. (Mrs.) | | | | | 00087849 | | | | |
| 4 | Date | 5 | Payee name | | | | - | | | | | |
| | 07/01/2024 | | Berry Communications | | | | | | | | | |
| 6 | Amount (\$) | 7 | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$25,000.00 | | 1014 W. Milton St. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Austin, TX 78704 | | | | | | | | | |
| 8 | PURPOSE | (a) | Category (See Categories listed at th | o top of this sch | uodulo) | (b) Description | | | | | | |
| | | | Consulting Expense | | icuaic) | | outsi | ide of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | 0 | | | | | , officeholder living expense | | | | |
| | | | | | | Campaign C | ons | sulting | | | | |
| | | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Officeholder name | C | Office sou | jht | | Office held | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 07/03/2024 | | Blacklock Storage | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Co | de | | | | | | |
| | \$160.00 | | 6825 North Street | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Nacogdoches, TX 75965 | | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at th | ne top of this sch | edule) | (b) Description | outei | ide of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | Storage facility | | | | | , officeholder living expense | | | | |
| | | | | | | Storage facili | ity | | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | C | Office sou | jht | | Office held | | | | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 08/02/2024 | | Blacklock Storage | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | ; Zip Co | de | | | | | | |
| | \$160.00 | | 6825 North Street | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Nacogdoches, TX 75965 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at th | ne top of this sch | edule) | (b) Description | | | | | | |
| | OF EXPENDITURE | | storage facility | · | , | | | ide of Texas. Complete Schedule T. | | | | |
| | | | | | | | | , officeholder living expense | | | | |
| | | | | | | storage facili | ιy | | | | | |
| | Complete ONIL V if direct | Ľ | Candidate/Officeholder name | ~ | | nht | | Office held | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | | (| Office sou | jiit | | | | | | |
| - | | | | | | | | | | | | |
| | | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---|--|------------------|-----------|----|--------|---|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Fees Office Overhead/Rental Expense Transportation Food/Beverage Expense Polling Expense Travel in Distriction / - Gift/Awards/Memorials Expense Printing Expense Travel of D | | | | | | 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 FI | LER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | |
| | Sch: 2/8 Rpt: 18/24 | S | hofner, Joanne W. (Mrs.) | | | | | 00087849 | | | |
| 4 | Date 09/03/2024 | | 5 Payee name Blacklock Storage | | | | | | | | |
| 6 | Amount (\$) \$169.60 | 7 Payee address; City; State; Zip Code 6825 North Street Nacogdoches, TX 75965 | | | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Storage facility (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage facility | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder name | Off | fice soug | ht | | Office held | | | |
| | Date | Pa | ayee name | | | | | | | | |
| | 10/02/2024 | В | acklock Storage | | | | | | | | |
| | Amount (\$) \$169.60 | 68 | ayee address; City; 325 North Street | State; | Zip Coo | e | | | | | |
| | PURPOSE OF EXPENDITURE | (a) C | acogdoches, TX 75965 ategory (See Categories listed at the tr orage facility | op of this sched | ule) | | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ndidate/Officeholder name | Off | fice soug | ht | | Office held | | | |
| | Date | Pa | ayee name | | | | | | | | |
| | 11/04/2024 | В | acklock Storage | | | | | | | | |
| | Amount (\$) \$169.60 | | ayee address; City; 325 North Street | State; | Zip Coo | e | | | | | |
| | | N | acogdoches, TX 75965 | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | ategory (See Categories listed at the te corage facility | op of this sched | ule) | | n, TX, | ide of Texas. Complete Schedule T. , officeholder living expense | | | |
| | Complete ONLY if direct expenditure to benefit C/OF | | ndidate/Officeholder name | Off | fice soug | ht | | Office held | | | |
| | | | | | | | | | | | |

| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | |
|---|---|---|--------------------------------|----------------------|--------|----------------|-------|---|----------------------------|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | y - Gift/Awards/Memorials Expense Polling Expense Travel in District Printing Expense Travel Out of District | | | | | | quipment & Related Expense | | | |
| 1 | Total pages Schedule F1: | FILER NAME | | | | | 3 | Filer ID | (Ethics Commission Filers) | | |
| | Sch: 3/8 Rpt: 19/24 | Shofner, Jo | anne W. (Mrs.) | | | | | 00087849 | | | |
| 4 | Date | Payee name | | | | | | | | | |
| | 12/03/2024 | Payee name Blacklock Storage | | | | | | | | | |
| 6 | Amount (\$) | Payee addres | ss; City; | State; Zip | Code | | | | | | |
| | \$169.60 | 6825 North | Street | | | | | | | | |
| | | Nacogdoch | es, TX 75965 | | | | | | | | |
| 8 | PURPOSE OF | | ee Categories listed at the to | op of this schedule) | (b) | Description | | | | | |
| | EXPENDITURE | Storage fac | ility | | | | | de of Texas. Com officeholder living | | | |
| | | | | | | Storage facili | | | , oxponoo | | |
| | | | | | | - | - | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Offi | ceholder name | Office | sought | | | Office he | eld | | |
| | Date | Payee name | | | | | | | | | |
| | 10/11/2024 | Caroline Ha | rris Davila for TX I | ID 52 | | | | | | | |
| | Amount (\$) | Payee addres | ss; City; | State; Zip | Code | | | | | | |
| | \$260.25 | 3010 E. Old | Settlers Blvd. | | | | | | | | |
| | | Round Rocl | | | | | | | | | |
| | PURPOSE OF | | ee Categories listed at the to | | (b) | Description | outci | de of Texas. Com | nlata Schadula T | | |
| | EXPENDITURE | | s/Donations Made | | | | | officeholder living | | | |
| | | | | | | Donation to C | Caro | oline Harris | Davila's campaign | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Offi | ceholder name | Office | sought | | | Office he | eld | | |
| | Date | Payee name | | | | | | | | | |
| | 07/22/2024 | Constant Co | ontact | | | | | | | | |
| | Amount (\$) | Payee addres | ss; City; | State; Zip | Code | | | | | | |
| | \$37.31 | 1601 Trape | lo Rd. | | | | | | | | |
| | | Waltham, M | IA 02451 | | | | | | | | |
| | PURPOSE OF | | ee Categories listed at the to | op of this schedule) | (b) | Description | | | | | |
| | EXPENDITURE | Advertising | Expense | | | | | de of Texas. Com officeholder living | | | |
| | | | | | | Social Media | | | | | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Offi | ceholder name | Office | sought | | | Office he | eld | | |
| | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|--|--|-------------------------|-------------|-----------------|--------|---|-------|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | Transportation Equipment & Related Expens Travel in District | e | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Fi | lers) | | | |
| | Sch: 4/8 Rpt: 20/24 | | Shofner, Joanne W. (Mrs | 5.) | | | | 00087849 | | | | |
| 4 | Date | 5 | Payee name | | | | - | | | | | |
| | 08/21/2024 | | Constant Contact | | | | | | | | | |
| 6 | Amount (\$) | 7 | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$37.31 | | 1601 Trapelo Rd. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Waltham, MA 02451 | | | | | | | | | |
| 8 | PURPOSE | | Category (See Categories listed | at the top of this sche | edule) | (b) Description | | | | | | |
| | OF EXPENDITURE | | Advertising Expense | | | | | ide of Texas. Complete Schedule T. , officeholder living expense | | | | |
| | | | | | | emails & me | | | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | andidate/Officeholder name | C | Dffice sou | ht | | Office held | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 09/23/2024 | | Constant Contact | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; | Zip Co | le | | | | | | |
| | \$37.31 | | 1601 Trapelo Rd. | | | | | | | | | |
| | | | Waltham, MA 02451 | | | | | | | | | |
| | PURPOSE OF EXPENDITURE | | Category (See Categories listed Advertising Expense | at the top of this sche | edule) | | | ide of Texas. Complete Schedule T. , officeholder living expense | | | | |
| | Complete ONLY if direct | | andidate/Officeholder name | C | Office soug | iht | | Office held | | | | |
| | expenditure to benefit C/OI | Н | | | | | | | | | | |
| - | Date | | Payee name | | | | | | | | | |
| | 10/21/2024 | | Constant Contact | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State: | Zip Co | le | | | | | | |
| | \$37.31 | | 1601 Trapelo Rd. | | · | | | | | | | |
| | | | · | | | | | | | | | |
| | | | Waltham, MA 02451 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed | at the top of this sche | edule) | (b) Description | | | | | | |
| | OF EXPENDITURE | | Advertising Expense | | | | | ide of Texas. Complete Schedule T. | | | | |
| | | | | | | emails | I, IX, | , officeholder living expense | | | | |
| | | | | | | CITUID | | | | | | |
| - | Complete ONLY if direct | <u>_</u> | andidate/Officeholder name | ſ | Office soug | iht | | Office held | | | | |
| | expenditure to benefit C/Oł | | | C | | , | | | | | | |
| | | | | | | | | | | | | |
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| | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | | | | | |
|---|---|--|---|---------------------------------------|-------|----------------|---------|--|--|--|--|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | Food/Beverage Expense Polling Expense Travel in District y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | Transportation Equipment & Related Expense Travel in District | | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAME | | | | 3 | Filer ID (Ethics Commission Filers) | | | | |
| | Sch: 5/8 Rpt: 21/24 | | Shofner, Joanne W. (Mrs.) 00087849 | | | | | | | | | |
| 4 | Date | 5 | Payee name | | | | | | | | | |
| | 11/20/2024 | | Constant Contact | | | | | | | | | |
| 6 | Amount (\$) | 7 | 7 Payee address; City; State; Zip Code | | | | | | | | | |
| | \$58.63 | | 1601 Trapelo Rd. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Waltham, MA 02451 | | | | | | | | | |
| 8 | PURPOSE | (2) | | | | | | | | | | |
| 0 | OF | (a) | Category (See Categories listed at the top of | this schedule) | 0 | b) Description | outsi | ide of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | Advertising Expense | | | | | , officeholder living expense | | | | |
| | | | | | | emails | | | | | | |
| | | | | | | | | | | | | |
| 9 | Complete ONLY if direct expenditure to benefit C/OF | | Candidate/Officeholder name | Offices | sougl | nt | | Office held | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 12/20/2024 | | Constant Contact | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip | Cod | е | | | | | | |
| | \$58.63 | | 1601 Trapelo Rd. | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Waltham, MA 02451 | | | | | | | | | |
| | PURPOSE OF | (a) | Category (See Categories listed at the top of | this schedule) | (| b) Description | | | | | | |
| | EXPENDITURE | | Advertising Expense | | | | | ide of Texas. Complete Schedule T. | | | | |
| | | | | | | emails | 1, 1 A, | , officeholder living expense | | | | |
| | | | | | | ernalis | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office s | | at | | Office held | | | | |
| | expenditure to benefit C/OF | | andidate/Oniceholder hame | Onces | ouyi | it. | | Once heid | | | | |
| | | 1 | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | | |
| | 11/19/2024 | | Facebook | | | | | | | | | |
| | Amount (\$) | | Payee address; City; | State; Zip | Cod | е | | | | | | |
| | \$100.00 | | 701 Laurel Street | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | Menlo Park, CA 94025 | | | | | | | | | |
| | PURPOSE | (a) | Category (See Categories listed at the top of | this schedule) | (| b) Description | | | | | | |
| | | | Advertising Expense | · · · · · · · · · · · · · · · · · · · | | | outsi | ide of Texas. Complete Schedule T. | | | | |
| | EXPENDITURE | | | | | | | , officeholder living expense | | | | |
| | | | | | | Facebook ac | IS | | | | | |
| | | | | | | | | | | | | |
| | Complete ONLY if direct | | Candidate/Officeholder name | Office s | sougl | nt | | Office held | | | | |
| | expenditure to benefit C/OI | | | | | | | | | | | |
| | | | | | | | | | | | | |
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| | 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/Reinfursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Relate Food/Beverage Expense Polling Expense Travel in District - Gift/Awards/Memorials Expense Printing Expense Travel Out of District | | | | | | quipment & Related Expense | | | |
| 1 | Total pages Schedule F1: | 2 | FILER NAM | E | | | | | 3 | Filer ID | (Ethics Commission Filers) |
| | Sch: 6/8 Rpt: 22/24 | | | oanne W. (N | Irs.) | | | | | 00087849 | |
| 4 | Date | 5 | Payee name | • | | | | | | | |
| | 08/13/2024 | | Kline's Wra | | | | | | | | |
| 6 | Amount (\$) | 7 | Payee addre | ess; City; | State | ; Zip Co | ode | | | | |
| | \$156.00 | | 628 N. Uni | - | | • | | | | | |
| | | | | | | | | | | | |
| | | | Nacogdoch | nes, TX 759 | 61 | | | | | | |
| 8 | PURPOSE | (a) | Category (s | See Categories lis | ed at the top of this sch | nedule) | (b) | Description | | | |
| | OF | | Post Office | | | icuaic) | · · | | outsi | de of Texas. Com | plete Schedule T. |
| | EXPENDITURE | | | | | | | Check if Austin | , TX, | officeholder living | expense |
| | | | | | | | | Post Box Rer | ntal | | |
| | | | | | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | ïceholder nar | ne (| Office sou | ıght | | | Office he | eld |
| | Date | | Payee name | • | | | | | | | |
| | 08/26/2024 | | Mahaffey F | DL, LLC. | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State | ; Zip Co | ode | | | | |
| | \$455.18 | | 1980 CR 8 | - | | • | | | | | |
| | +.00.20 | | 2000 00 | | | | | | | | |
| | | | Nacogdoch | nes, TX 759 | 65 | | | | | | |
| | PURPOSE | (a) | Category (s | See Categories lis | ed at the top of this sch | nedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Advertising | | | | | | | de of Texas. Com | |
| | | | | | | | | | | officeholder living | expense |
| | | | | | | | | Social Media | Ma | anagers | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder nar | ne (| Office sou | ight | | | Office he | eld |
| | | | | | | | | | | | |
| | Date | | Payee name | | | | | | | | |
| | 08/15/2024 | | Mahaffey F | PDL, LLC. | | | | | | | |
| | Amount (\$) | | Payee addre | ess; City; | State | ; Zip Co | ode | | | | |
| | \$2,245.83 | | 1980 CR 8 | 13 | | | | | | | |
| | | | | | | | | | | | |
| | | | Nacogdoch | nes, TX 759 | 65 | | | | | | |
| | PURPOSE | (a) | Category (S | See Categories lis | ed at the top of this sch | nedule) | (b) | Description | | | |
| | OF EXPENDITURE | | Advertising | Expense | | | | | | de of Texas. Com | |
| | | | | | | | | | | officeholder living | expense |
| | | | | | | | | Social Media | Ma | anagement | |
| | | | | | | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | Candidate/Off | iceholder nar | ne (| Office sou | ight | | | Office he | eld |
| | | 1 | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | | EXPENDI | URE CATEGO | RIES FOR | BOX 8(a) | | | |
|---|---|---|--|--------------------------|------------------|-----------------|---|----------------------------|--|
| | Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment | | | | | | Transportation Travel in Distric Travel Out of D | | |
| 1 | Total pages Schedule F1: | 2 FILER | NAME | | | | 3 Filer ID | (Ethics Commission Filers) | |
| | Sch: 7/8 Rpt: 23/24 | | ier, Joanne W. (Mr | s.) | | | 00087849 | (| |
| 4 | Date 12/10/2024 | 5 Payee Maha | name ffey PDL, LLC. | | | | | | |
| 6 | Amount (\$) | 7 Pavee | address; City; | State | ; Zip Co | le l | | | |
| • | \$193.30 | 1980 | CR 813 gdoches, TX 7596 | | , <u>Lip</u> Oot | | | | |
| 8 | PURPOSE | | 00/ (0 0) | | | (h) Description | | | |
| 0 | 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. Check if Austin, TX, officeholder living expense Small Town Socials - Social Media manager | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ate/Officeholder name | e (| Office sou | ht | Office h | neld | |
| | Date | Payee | name | | | | | | |
| | 12/10/2024 | Maha | ffey PDL, LLC. | | | | | | |
| | Amount (\$) | Pavee | address; City; | State | ; Zip Co | le | | | |
| | \$1,650.00 | | CR 813 | | , <u> </u> | - | | | |
| | | Naco | gdoches, TX 7596 | 5 | | | | | |
| | PURPOSE OF EXPENDITURE | | Dry (See Categories lister tising Expense | d at the top of this sch | hedule) | Check if Austin | l outside of Texas. Cor n, TX, officeholder livin Socials - Socia | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ate/Officeholder name | e (| Office soug | ht | Office h | neld | |
| | Date | Pave | name | | | | | | |
| | 09/06/2024 | | ffey PDL, LLC. | | | | | | |
| | Amount (\$) \$210.69 | | address; City; CR 813 | State | e; Zip Coo | le | | | |
| | | Naco | gdoches, TX 7596 | 5 | | | | | |
| | PURPOSE OF EXPENDITURE | | ory (See Categories lister tising Expense | d at the top of this sch | hedule) | Check if Austin | l outside of Texas. Cor n, TX, officeholder livin Socials - Socia | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | | ate/Officeholder name | e (| Office soug | ht | Office h | neld | |
| | | | | | | | | | |

| | 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: 8/8 Rpt: 24/24 | Shofner, Joanne W. (Mrs.) | 00087849 | | | | | | |
| 4 | Date 09/16/2024 | 5 Payee name Mahaffey PDL, LLC. | | | | | | | |
| 6 | Amount (\$) \$444.39 | Payee address; City; State; Zip Code 1980 CR 813 Nacogdoches, TX 75965 | | | | | | | |
| 8 | PURPOSE OF EXPENDITURE | Advertising Expense | | | | | | | |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 10/11/2024 | Steve Kinard Campaign | | | | | | | |
| | Amount (\$) \$261.77 | Payee address; City; State; Zip Code P. O. Box 260464 | | | | | | | |
| | | Plano, TX 75026 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense nation | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | Date | Payee name | | | | | | | |
| | 08/27/2024 | Wordpress | | | | | | | |
| | Amount (\$) \$319.80 | Payee address; City; State; Zip Code 353 Kearney St. Suite #210 San Fransico, CA 94108 | | | | | | | |
| | PURPOSE OF EXPENDITURE | | utside of Texas. Complete Schedule T. TX, officeholder living expense ing | | | | | | |
| | Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate/Officeholder name Office sought | Office held | | | | | | |
| | | | | | | | | | |