CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)			2 Total pages filed:		OFFICE USE ONLY		
	00070217		7			Date Received	
3	CANDIDATE /				MI	ELECTRONICA	LLY FILED
	OFFICEHOLDER NAME	Dr.	Dana L.			01/08/2025	
		NICKNAME	LAST		SUFFIX		
			Myers		M.D.	Date Hand-delivered or [Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (s	specify)	Date Fland delivered of E	Suc Fosimancu
	REPORT TYPE	X July 15	Exceeded modified	reporting limit		Receipt #	Amount
		30th day before election	15th day after camp	paign treasurer			
		Oth day before election	appointment (office	• • •		Date Processed	•
		8th day before election	<u> </u>				
5	ORIGINAL PERIOD COVERED	Month Day Yea	ır THROUGH	Month Day	Year	Date Imaged	
_		05/16/2024	111100011	06/30/2024			
6	EXPLANATION OF C						
	The original invoice a	nd payment confirmation w	ere misfiled. I discover	ed this when preparin	ng the January 2	025 semiannual rep	ort.
7	AFFIDAVIT						
•	7111127(1)11		I sw	ear, or affirm, under p	enalty of perjury	, that this corrected	report is true
			and	correct.			
			Che	ck the box next to any	and all applicat	ble statements:	
					,		
			X	Semiannual report			
			_	was made in good fa			or to
				misrepresent the inf	ormation contain	ieu iri trie report.	
			X	Other reports:	swear, or affirm.	that I am filing this o	corrected
				report not later than	the 14th busines	ss day after the date	l learned
				that the report as or			
				swear, or affirm, tha filed was made in go		nission in the report a	as originally
				med was made in go	Jou iuitii.		
				Г	Dr. Dana L. My	ers M.D.	
					ure of Candidate		
	AFFIX NOTARY ST	AMP / SEAL ABOVE		Signati	are or carialaate	or Officeriolaer	
	,	, iiii / OL/IL/ADOVL					
	Sworn to and subse	ribed before me, by the sai	d		. this th	ne	day
	of		ify which witness my	hand and seal of office	, uns u	.~	uuj
	of, 20, to certify which, witness my hand and seal of office.						
	Signature of office	or administoring sath	Drinted name of a	ficer administering ==	th 3	Title of officer admini	istoring ooth
	Signature of office	er administering oath	Printed name of of	ficer administering oa	lui l	Title of officer admini	stering oath

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

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction G	Guide explains how to complete	e this form.	1 Filer ID (Ethics Commission Filers) 00070217		2 Total page	es filed: 7			
3 CANDIDATE	MS / MRS / MR	FIRST		MI	OFFIC	CE USE ONLY			
NAME	Dr.	Dana L.			Date Received				
						NICALLY FILED			
	NICKNAME	LAST		SUFFIX	01/08/2025				
		Myers		M.D.					
					Date Hand-delive	ered or Date Postmarked			
4 CANDIDATE ADDRESS	ADDRESS / PO BOX; AP		CITY; STATE; ZIP COL	DE					
ADDRESS	2617C Holcombe Blvd #	411			Receipt #	Amount			
Change of Address	Houston, TX 77025				Date Processed				
Change of Address					<u> </u>				
					Date Imaged				
= CAMBAICNI	110 / MDC / MD	FIDOT							
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST			MI				
NAME	Mr.	Ernest							
	NICKNAME	LAST			SUFFIX				
		Angelo							
6 CAMPAIGN	STREET ADDRESS (NO P	PO BOX PLEASE)	APT / SUITE #	CITY;	STATE	; ZIP CODE			
TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 410 N. Main Street								
ADDRESS	410 N. Main Street								
(Residence or Business)									
	Midland, TX 79705								
7 CAMPAIGN	AREA CODE	PHONE N	NUMBER		EXTENSION	J			
TREASURER PHONE	(432) 684-4449								
11101.12									
8 REPORT TYPE									
8 KEPUKITTE	January 15	30th day	y before convention / election	on	Runoff				
		<u> </u>			_				
	X July 15	8th day	before convention / election	n	Final repo	ort (Attach SC C/OH-FR)			
9 PERIOD COVERED		Year			Month	Day Year			
COVEKED	05/16/2024		THROUGH		(06/30/2024			
10 CONVENTION /	Month Day	Year	11 OFFICE	.	X STATE C	CHAIR			
ELECTION DATE			SOUGHT		COUNTY	Y CHAIR			
12 POLITICAL	Republican		COU	NTY (If Applic	able)				
PARTY									
	<u>l</u>								
		GO	TO PAGE 2						
		GO	TO PAGE 2						

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH COVER SHEET PG 2

3 of 7

13 CANDIDATE NAME	(Ethics Com	mission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)		committees to support the candidate. <i>The t</i> . Candidates are required to report this in							
Additional Pages	COMMITTEE TYPE COMMITTEE NAME								
radiaona rages	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC	SPECIFIC							
	COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS						
16 CONTRIBUTION TOTALS			DNS (OTHER THAN PLEDGES, LOANS, TIONS MADE ELECTRONICALLY)	\$	0.00				
	NTEES OF LOANS)	\$	5,550.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	ES	\$	0.00					
	\$	19,865.06							
CONTRIBUTION BALANCE	\$	10,220.35							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		NDING LOANS AS OF THE LAST DAY	\$	0.00				
17 AFFADAVIT		true and con	ffirm, under penalty of perjury, that the acrect and includes all information required 5, Election Code.						
			Dr. Dana L. Myers M.D.						
			Signature of Candidate						
AFFIX NO	FARY STAMP / SEAL ABO	OVE							
Sworn to and subsc	cribed before me, by the sa	aid	, this the		day				
of	, 20, to ce	rtify which, witness my hand and	d seal of office.						
Signature of office	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath								

SUBTOTALS - SC C/OH

FORM SC C/OH COVER SHEET PG 3

			CC	OVER SHEET	PG 3 4 of 7
	ANDIDA ⁻ yers M.	(Ethics Commission	Filers)		
	CHEDUL AME OF	SUBTOTAL AN	MOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,550.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	6,828.35
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	\$		
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	13,036.71
10). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13	L. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1				
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/7				
2	FILER NAME Myers M.D.,	Dana L. (Dr.)		3	Filer ID (Ethics Commiss 00070217	ion Filers)		
4	Date Date Dob/20/2024 5 Full name of contributor out-of-state PAC (ID#:) Charles, Saulsbury 6 Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$5,000.00		
	Delevier-Loren	Odessa, TX 79766						
8	Director	upation / Job title (See Instructions)	9 Employer (See Instructions Saulsbury	S)				
	Date 05/16/2024	Full name of contributor out-of-state PAC (ID#: Donnelly, Virginia Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00		
	Principal occu	Spring Branch, TX 78070 upation / Job title (See Instructions)	 s)					
	Retired	,	Employer (See Instructions Retired	-,				
	Date 05/19/2024	Full name of contributor out-of-state PAC (ID#: Henderson, Elaine Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00		
	Principal occu	Beaumont, TX 77726 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>				
	Partner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	UCB	-,				

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l Cor	mmittee	Legal Services The Instruction Gui	de explains l			Contract Labor te this form.		OTHER (enter a	a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 6/7			, Dana L. (Dr.)						00070217	
4	Date	5	Payee name								
	05/19/2024		Anedot Inc								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$22.60		1340 Poydra	as St							
			Suite 1770								
			New Orlean	s , LA 70112							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Fees								nplete Schedule T.
	-							—		officeholder livin	g expense
								Fundraising E	=xp	ense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offic	ceholder name	C	Office sou	ght			Office h	eld
	Date		Payee name								
	05/31/2024		Targeted So	olutions							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$6,805.75		2311 Wilson	n Boulevard							
			Arlington , \	/A 22201							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	e top of this sch	edule)	(b)	Description			
	OF EXPENDITURE		Advertising	Expense				—			nplete Schedule T.
								ш		officeholder livin	g expense
								Delegate Tex	L IVI	essayes	
_	Complete ONLY if direct	<u> </u>	`andidate/Offic	ceholder name		Office sou	aht			Office h	ald
	expenditure to benefit C/O		zandidate/Oni	cendider name		onice sou	giit			Office fi	eiu

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 7/7 Myers M.D., Dana L. (Dr.) 00070217 Date Payee name 05/21/2024 Copy Doctor Payee address; Amount (\$) City; State; Zip Code \$5,796.79 2419 Sunset Reimbursement from political contributions Х intended Houston, TX 77005 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Printing Expense **EXPENDITURE Pushcards** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/18/2024 Enterprise Car Rental / EAN Holdings Amount (\$) Payee address; City; State; Zip Code \$1,592.25 2901 South Loop W Reimbursement from political contributions Χ Houston, TX 77054 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Transportation Equipment And Related **EXPENDITURE** Expense Vehicle Rental for convention Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/25/2024 Grand Hyatt San Antonio Payee address; City; State; Zip Code Amount (\$) \$5,647.67 600 E Market St Reimbursement from Χ political contributions intended San Antonio, TX 78205 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. Category (See Categories listed at the top of this schedule) Description OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Hotel for RPT Convention Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH