

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00088178	2 Total pages filed: 8	OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Elizabeth A.	MI MI
	NICKNAME Liz	LAST Case Pickens	SUFFIX
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____	
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
	Date Received ELECTRONICALLY FILED 01/15/2025		
Date Hand-delivered or Date Postmarked			Receipt #
			Amount
Date Processed			Date Imaged
5 ORIGINAL PERIOD COVERED	Month Day Year 07/01/2024	THROUGH	Month Day Year 12/31/2024

6 EXPLANATION OF CORRECTION
Inadvertently entered incorrect year for next Primary Election. Corrected.

7 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.

Mrs. Elizabeth A. Case Pickens

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00088178	2 Total pages filed: 8		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Elizabeth A.	MI MI	OFFICE USE ONLY	
	NICKNAME Liz	LAST Case Pickens	SUFFIX		Date Received ELECTRONICALLY FILED 01/15/2025
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 209 Lunar View Tuscola, TX 79562			Date Hand-delivered or Date Postmarked	
				Receipt #	
				Amount	
				Date Processed	
5 CAMPAIGN TREASURER NAME					
	MS / MRS / MR Mrs.	FIRST Rebecca	MI MI		
	NICKNAME	LAST Gingrich	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)					
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 270 Sundance Abilene, TX 79602				
7 CAMPAIGN TREASURER PHONE					
	AREA CODE	PHONE NUMBER	EXTENSION		
	(760)	703-8531			
8 REPORT TYPE					
	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)	
9 PERIOD COVERED					
	Month	Day	Year	Month	
	07	01	2024	12	
	THROUGH			31	
	2024				
10 ELECTION					
	ELECTION DATE Month Day Year 05/02/2026			ELECTION TYPE	
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other		
	<input type="checkbox"/> General	<input type="checkbox"/> Special			
11 OFFICE			12 OFFICE SOUGHT (if known)		
OFFICE HELD (if any)			State Representative District HD 71		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Case Pickens, Elizabeth A. (Mrs.)	14 Filer ID (Ethics Commission Filers) 00088178
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.											
<table border="1" style="width:100%"> <tr> <td style="width:20%">COMMITTEE TYPE</td> <td style="width:80%">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS				
	COMMITTEE TYPE	COMMITTEE NAME										
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
	<input type="checkbox"/> SPECIFIC											
COMMITTEE CAMPAIGN TREASURER NAME												
COMMITTEE CAMPAIGN TREASURER ADDRESS												

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	217.44
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	12,334.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	50,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

 Mrs. Elizabeth A. Case Pickens
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ Signature of officer administering
 _____ Printed name of officer administering
 _____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		19 Filer ID (Ethics Commission Filers) 00088178
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 108.72
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 108.72
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 38.68

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1 Rpt: 5/8
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 09/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich, Sanders (CEO) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) VISTA FLAGS

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
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/8	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178	
4 Date 10/01/2024	5 Payee name GRIFFIN COMMUNICATIONS, INC.		
6 Amount (\$) \$108.72	7 Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web-site Hosting - August & September	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 7/8	2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088178
4 Date 12/01/2024	5 Payee name GRIFFIN COMMUNICATIONS, INC.	
6 Amount (\$) \$108.72 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 7111 Harvest Trail Drive Austin, TX 78736	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web-Site
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Candidate/Officeholder name _____ Office sought _____ Office held _____		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 8/8
2 FILER NAME Case Pickens, Elizabeth A. (Mrs.)		3 Filer ID (Ethics Commission Filers) 00088178
4 Date 12/31/2024	5 Name of person from whom amount is received Abilene Teachers Federal Credit Union	8 Amount (\$) \$38.68
	6 Address of person from whom amount is received; City; State; Zip Code Abilene, TX 79608	
	7 Purpose for which amount is received interest	<input type="checkbox"/> Check if political contribution returned to filer