

# 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)  | 2 Total pages filed:   |                                     |  |                                 |  |                                  |  |  |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR      FIRST      MI<br><b>MR</b> <b>TIMOTHY</b> <b>L</b><br><hr/> NICKNAME      LAST      SUFFIX<br><b>REEVES</b>   | <div style="border: 1px solid black; padding: 5px; text-align: center;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">                     Date Received: FEB - 5 AM 10:00<br/>                     FILED FOR RECORD                 </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">                     Date Hand-delivered or Date Postmarked                 </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">                     Receipt #      Amount \$                 </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">                     Date Processed                 </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">                     Date Imaged                 </div> |  |                                     |  |                                 |  |                                  |  |  |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><small>Change of Address</small> | ADDRESS / PO BOX      APT / SUITE #      CITY      STATE      ZIP CODE<br><b>605 S Main</b> <b>Shamrock TX 79079</b>   |  |  |                                     |  |                                 |  |                                  |  |  |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br><b>( 806 )      663-2257</b>   |  |  |                                     |  |                                 |  |                                  |  |  |  |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR      FIRST      MI<br><b>MRS</b> <b>AUTUMN</b> <b>R</b><br><hr/> NICKNAME      LAST      SUFFIX<br><b>FERGUSON</b>   |  |  |                                     |  |                                 |  |                                  |  |  |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #      CITY      STATE      ZIP CODE<br><b>15351 Interstate 40</b> <b>Shamrock TX 79079</b>  |  |  |                                     |  |                                 |  |                                  |  |  |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br><b>( 512 )      656-9331</b>   |  |  |                                     |  |                                 |  |                                  |  |  |  |
| <b>9 REPORT TYPE</b>  | <table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> January 15</td> <td style="border: none;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="border: none;"><input type="checkbox"/> Runoff</td> <td style="border: none;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> July 15</td> <td style="border: none;"><input type="checkbox"/> 8th day before election</td> <td style="border: none;"><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td style="border: none;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> |  |  | <input type="checkbox"/> January 15 | <input checked="" 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) |
| <input type="checkbox"/> January 15   | <input checked="" 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)                                   |                                     |  |                                 |  |                                  |  |  |  |
| <b>10 PERIOD COVERED</b>  | <table style="width:100%; border: none;"> <tr> <td style="border: none; text-align: center;">Month      Day      Year</td> <td style="border: none; text-align: center;">THROUGH</td> <td style="border: none; text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="border: none; text-align: center;">9      19      23</td> <td style="border: none;"></td> <td style="border: none; text-align: center;">1      25      24</td> </tr> </table>  |  |  | Month      Day      Year            | THROUGH  | Month      Day      Year        | 9      19      23  |                                  | 1      25      24                                |  |  |
| Month      Day      Year  | THROUGH  | Month      Day      Year   |  |                                     |  |                                 |  |                                  |  |  |  |
| 9      19      23   |  | 1      25      24  |  |                                     |  |                                 |  |                                  |  |  |  |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br><b>3      5      24</b>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special   |  |                                     |  |                                 |  |                                  |  |  |  |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br><b>None</b>  | <b>13 OFFICE SOUGHT (if known)</b><br><b>Wheeler County Sheriff</b>  |  |                                     |  |                                 |  |                                  |  |  |  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><small>Additional Pages</small>   | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  |  |  |                                     |  |                                 |  |                                  |  |  |  |
|   | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME<br><hr/> COMMITTEE ADDRESS<br><hr/> COMMITTEE CAMPAIGN TREASURER NAME<br><hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |                                     |  |                                 |  |                                  |  |  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|   |   |   |
|---|---|---|
| <b>15 C/OH NAME</b><br>Timothy Lloyd Reeves |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>               | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 300.00                                     |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 13,000.00                                  |
| <b>EXPENDITURE TOTALS</b>                   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ 242.11                                     |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 11,821.14                                  |
| <b>CONTRIBUTION BALANCE</b>                 | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 978.86                                     |
| <b>OUTSTANDING LOAN TOTALS</b>              | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                       |

**18 SIGNATURE** 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.



Signature of Candidate or Officeholder

Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Timothy Reeves this the 5<sup>th</sup> day of February, 2024, to certify which, witness my hand and seal of office.

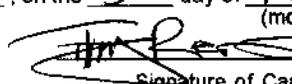
Margaret Dorman Margaret Dorman County Clerk  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Timothy Reeves and my date of birth is 9-13-1988  
My address is 605 S. Main St. Shamrock TX 79079 USA  
(street) (city) (state) (zip code) (country)

Executed in Wheeler County, State of Texas, on the 5<sup>th</sup> day of February, 2024.  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Timothy Lloyd Reeves   |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE   |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         |  | \$ 12,700.00                                  |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS           |  | \$ 200.00                                     |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$  |
| 4. SCHEDULE E: LOANS   |  | \$  |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS |  | \$ 11,579.03                                  |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$  |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                                    |  | \$  |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   |  | \$  |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS   |  | \$  |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                              |  | \$  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                                 |  | \$  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER                       |  | \$  |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

**Timothy Lloyd Reeves**

3 Filer ID (Ethics Commission Filers)

4 Date

**11/08/2023**

5 Full name of contributor

**Steve Zaiantz**

out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**2,000.00**

6 Contributor address;

City;

State;

Zip Code

**709 South Madden Shamrock, TX 79079**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**11/22/2023**

Full name of contributor

**Bobby Edwards**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**2,500.00**

Contributor address;

City;

State;

Zip Code

**404 South Oklahoma Shamrock, TX 79079**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**11/27/2023**

Full name of contributor

**Phillip & DeeDee Reeves**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**500.00**

Contributor address;

City;

State;

Zip Code

**1502 North Haylon Street Shamrock TX 79079**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/04/2023**

Full name of contributor

**Barry Sanders**

out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

**1,500.00**

Contributor address;

City;

State;

Zip Code

**P.O. Box 36 Shamrock TX 79079**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

**Timothy Lloyd Reeves**

3 Filer ID (Ethics Commission Filers)

4 Date

**12/08/2023**

5 Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Raymond & Phyllis Schlegel**

6 Contributor address;

City;

State;

Zip Code

**705 South Houston Street Shamrock, TX 79079**

7 Amount of contribution (\$)

**500.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**12/11/2023**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Barry Sanders**

Contributor address;

City;

State;

Zip Code

**P.O. Box 36 Shamrock TX 79079**

Amount of contribution (\$)

**1,500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/18/2023**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Bobby Edwards**

Contributor address;

City;

State;

Zip Code

**404 South Oklahoma Shamrock, TX 79079**

Amount of contribution (\$)

**2,500.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**12/20/2023**

Full name of contributor

out-of-state PAC (ID# \_\_\_\_\_)

**Hubert Moore**

Contributor address;

City;

State;

Zip Code

**1309 North Arizona Shamrock, TX 79079**

Amount of contribution (\$)

**200.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **3**

2 FILER NAME

Timothy Lloyd Reeves

3 Filer ID (Ethics Commission Filers)

4 Date

01/16/2024

5 Full name of contributor

Barry Sanders

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**1,500.00**

6 Contributor address;

City;

State;

Zip Code

P.O. Box 36 Shamrock TX 79079

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, **DO NOT** include this page in the report.

|  |   |  |  |
|--|---|--|--|
| The Instruction Guide explains how to complete this form.                          |   | <b>1</b> Total pages Schedule A2: <b>1</b>                         |  |
| <b>2</b> FILER NAME<br><b>Timothy Lloyd Reeves</b>                                 |   | <b>3</b> Filer ID (Ethics Commission Filers)                       |  |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | <b>\$ 200.00</b>   |  |
| <b>5</b> Date  | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>7</b> Contributor address;                      City;                      State;                      Zip Code | <b>8</b> Amount of Contribution \$                                 | <b>9</b> In-kind contribution description<br><br>.....<br>Check if travel outside of Texas. Complete Schedule T. |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)    |   | <b>11</b> Employer (FOR NON-JUDICIAL)(See Instructions)            |  |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)                        |   | <b>13</b> Contributor's job title (FOR JUDICIAL)(See Instructions) |  |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)                           |   | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL) |  |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |   |  |  |
| <b>Date</b>  | <b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>Contributor address;</b> <b>City;</b> <b>State;</b> <b>Zip Code</b>   | <b>Amount of Contribution \$</b>                                   | <b>In-kind contribution description</b><br><br>.....<br>Check if travel outside of Texas. Complete Schedule T.   |
| <b>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</b>       |   | <b>Employer (FOR NON-JUDICIAL)(See Instructions)</b>               |  |
| <b>Contributor's principal occupation (FOR JUDICIAL)</b>                           |   | <b>Contributor's job title (FOR JUDICIAL)(See Instructions)</b>    |  |
| <b>Contributor's employer/law firm (FOR JUDICIAL)</b>                              |   | <b>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</b>    |  |
| <b>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</b>    |   |  |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>12  | <b>2</b> FILER NAME<br>Timothy Lloyd Reeves   | <b>3</b> Filer ID (Ethics Commission Filers)         |
| <b>4</b> Date<br>11/09/2023  | <b>5</b> Payee name<br>pokerchips.com   |  |
| <b>6</b> Amount (\$)<br>290.74   | <b>7</b> Payee address; City; State; Zip Code<br>Online   |  |
| <b>8</b><br>PURPOSE OF EXPENDITURE   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br>Campaign Advertising Chips |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |
| Candidate / Officeholder name <span style="float:right">Office sought <span style="margin-left: 50px;">Office held</span></span> |   |  |
| Date<br>11/09/2023   | Payee name<br>BUILD-A-SIGN  |  |
| Amount (\$)<br>222.97  | Payee address; City; State; Zip Code<br>11525A Stonehollow Dr. Suite 100 Austin TX 78758  |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Campaign Yard Signs                   |
|  | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |  |
| Candidate / Officeholder name <span style="float:right">Office sought <span style="margin-left: 50px;">Office held</span></span> |   |  |
| Date<br>11/11/2023   | Payee name<br>Sticker Mule  |  |
| Amount (\$)<br>97.20   | Payee address; City; State; Zip Code<br>Online  |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Campaign Stickers                     |
|  | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |   |  |
| Candidate / Officeholder name <span style="float:right">Office sought <span style="margin-left: 50px;">Office held</span></span> |   |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>12 | <b>2</b> FILER NAME<br>Timothy Lloyd Reeves | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>4</b> Date<br>11/11/2023 | <b>5</b> Payee name<br>Sticker Mule |
|-----------------------------|-------------------------------------|

|                                |                                   |       |        |          |
|--------------------------------|-----------------------------------|-------|--------|----------|
| <b>6</b> Amount (\$)<br>146.88 | <b>7</b> Payee address;<br>Online | City; | State; | Zip Code |
|--------------------------------|-----------------------------------|-------|--------|----------|

|                                    |  |   |
|------------------------------------|--|---|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Campaign Stickers |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |   |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>11/14/2023 | Payee name<br>Wheeler County Republican Party |
|--------------------|---|

|                       |                      |       |        |          |
|-----------------------|----------------------|-------|--------|----------|
| Amount (\$)<br>750.00 | Payee address;<br>NA | City; | State; | Zip Code |
|-----------------------|----------------------|-------|--------|----------|

|                               |   |                                    |
|-------------------------------|---|------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Campaign Filing Fee |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                    |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |   |
|--------------------|---|
| Date<br>11/14/2023 | Payee name<br>Wheeler County Republican Party |
|--------------------|---|

|                      |                      |       |        |          |
|----------------------|----------------------|-------|--------|----------|
| Amount (\$)<br>10.00 | Payee address;<br>NA | City; | State; | Zip Code |
|----------------------|----------------------|-------|--------|----------|

|                               |   |                                   |
|-------------------------------|---|-----------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Fees  | Description<br>Cashiers Check Fee |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                   |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>12 | <b>2</b> FILER NAME<br>Timothy Lloyd Reeves | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>11/17/2023 | <b>5</b> Payee name<br>Magnets On The Cheap |
|-----------------------------|---|

|                                |  |                 |              |                   |
|--------------------------------|--|-----------------|--------------|-------------------|
| <b>6</b> Amount (\$)<br>126.65 | <b>7</b> Payee address;<br>Stonehallow Drive | City:<br>Austin | State:<br>TX | Zip Code<br>78757 |
|--------------------------------|--|-----------------|--------------|-------------------|

|                                    |  |  |
|------------------------------------|--|--|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Campaign Car Magnets |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                            |
|--------------------|----------------------------|
| Date<br>11/22/2023 | Payee name<br>National Pen |
|--------------------|----------------------------|

|                       |                |       |        |          |
|-----------------------|----------------|-------|--------|----------|
| Amount (\$)<br>237.00 | Payee address; | City; | State; | Zip Code |
|-----------------------|----------------|-------|--------|----------|

|                               |   |                     |
|-------------------------------|---|---------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Pens |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                     |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                           |
|--------------------|---------------------------|
| Date<br>11/25/2023 | Payee name<br>Vista Print |
|--------------------|---------------------------|

|                       |                          |       |        |          |
|-----------------------|--------------------------|-------|--------|----------|
| Amount (\$)<br>144.18 | Payee address;<br>Online | City; | State; | Zip Code |
|-----------------------|--------------------------|-------|--------|----------|

|                               |   |                               |
|-------------------------------|---|-------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Business Cards |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                               |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|   |   |   |
|---|---|---|
| <b>1</b> Total pages Schedule F1:<br><i>12</i>                      | <b>2</b> FILER NAME<br>Timothy Lloyd Reeves   | <b>3</b> Filer ID (Ethics Commission Filers)  |
| <b>4</b> Date<br>11/28/2023   | <b>5</b> Payee name<br>Build A Sign   |   |
| <b>6</b> Amount (\$)<br>1,619.73                                    | <b>7</b> Payee address; City; State; Zip Code<br>11525A Stonehollow Dr. Suite 100 Austin TX 78758   |   |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br>Campaign Yard Signs |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |   |   |
| Date<br>11/28/2023  | Candidate / Officeholder name<br>Build A Sign   |   |
| Amount (\$)<br>672.23   | Office sought<br>Austin TX 78758  |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Campaign Yard Signs            |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |
| Date<br>12/01/2023  | Candidate / Officeholder name<br>Build A Sign   |   |
| Amount (\$)<br>188.14   | Office sought<br>Austin TX 78758  |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Car Magnets                    |
|   | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>            |   |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |   |   |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>12 | <b>2</b> FILER NAME<br>Timothy Lloyd Reeves | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>4</b> Date<br>12/01/2023 | <b>5</b> Payee name<br>VISTAPRINT |
|-----------------------------|-----------------------------------|

|                                |                                   |       |        |           |
|--------------------------------|-----------------------------------|-------|--------|-----------|
| <b>6</b> Amount (\$)<br>182.20 | <b>7</b> Payee address:<br>ONLINE | City: | State: | Zip Code: |
|--------------------------------|-----------------------------------|-------|--------|-----------|

|                                    |   |  |
|------------------------------------|---|--|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br>Door Hangers |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                             |
|--------------------|-----------------------------|
| Date<br>12/05/2023 | Payee name<br>Wheeler Times |
|--------------------|-----------------------------|

|                      |                                   |                  |              |                    |
|----------------------|-----------------------------------|------------------|--------------|--------------------|
| Amount (\$)<br>70.38 | Payee address:<br>110 E Texas Ave | City:<br>Wheeler | State:<br>TX | Zip Code:<br>79096 |
|----------------------|-----------------------------------|------------------|--------------|--------------------|

|                                    |  |                             |
|------------------------------------|--|-----------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br>Newspaper Ad |
|                                    | Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                              |
|--------------------|------------------------------|
| Date<br>12/06/2023 | Payee name<br>Route 66 Media |
|--------------------|------------------------------|

|                       |   |                   |              |                    |
|-----------------------|---|-------------------|--------------|--------------------|
| Amount (\$)<br>135.00 | Payee address:<br>207 North Main Street | City:<br>Shamrock | State:<br>TX | Zip Code:<br>79079 |
|-----------------------|---|-------------------|--------------|--------------------|

|                                    |  |                          |
|------------------------------------|--|--------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br>Radiot Ad |
|                                    | Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                          |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>12 | <b>2</b> FILER NAME<br>Timothy Lloyd Reeves | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>12/07/2023 | <b>5</b> Payee name<br>National Pen Co |
|-----------------------------|--|

|                                |                                   |       |        |          |
|--------------------------------|-----------------------------------|-------|--------|----------|
| <b>6</b> Amount (\$)<br>297.98 | <b>7</b> Payee address;<br>Online | City; | State; | Zip Code |
|--------------------------------|-----------------------------------|-------|--------|----------|

|                                    |  |                                |
|------------------------------------|--|--------------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expenses  | <b>(b)</b> Description<br>Pens |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>12/13/2023 | Payee name<br>FLUHMAN OUTDOOR |
|--------------------|-------------------------------|

|                       |                                   |                   |              |                   |
|-----------------------|-----------------------------------|-------------------|--------------|-------------------|
| Amount (\$)<br>549.00 | Payee address;<br>505 S Arthur St | City;<br>Amarillo | State;<br>TX | Zip Code<br>79102 |
|-----------------------|-----------------------------------|-------------------|--------------|-------------------|

|                               |   |                          |
|-------------------------------|---|--------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Billboard |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                          |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                            |
|--------------------|----------------------------|
| Date<br>12/13/2023 | Payee name<br>BUILD A SIGN |
|--------------------|----------------------------|

|                         |  |                 |              |                   |
|-------------------------|--|-----------------|--------------|-------------------|
| Amount (\$)<br>1,007.10 | Payee address;<br>11525A Stonehallow Drive Suite 100 | City;<br>Austin | State;<br>TX | Zip Code<br>78758 |
|-------------------------|--|-----------------|--------------|-------------------|

|                               |   |                                    |
|-------------------------------|---|------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>yard/campaign signs |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                    |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>12 | <b>2</b> FILER NAME<br>Timothy Lloyd Reeves | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>4</b> Date<br>12/14/2023 | <b>5</b> Payee name<br>Vista Print |
|-----------------------------|------------------------------------|

|                                |                                   |       |        |          |
|--------------------------------|-----------------------------------|-------|--------|----------|
| <b>6</b> Amount (\$)<br>213.84 | <b>7</b> Payee address;<br>Online | City; | State; | Zip Code |
|--------------------------------|-----------------------------------|-------|--------|----------|

|                                    |  |                                |
|------------------------------------|--|--------------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Mugs |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                               |
|--------------------|-------------------------------|
| Date<br>12/14/2023 | Payee name<br>National Pen Co |
|--------------------|-------------------------------|

|                       |                          |       |        |          |
|-----------------------|--------------------------|-------|--------|----------|
| Amount (\$)<br>254.83 | Payee address;<br>Online | City; | State; | Zip Code |
|-----------------------|--------------------------|-------|--------|----------|

|                               |   |                     |
|-------------------------------|---|---------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Pens |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                     |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                              |
|--------------------|------------------------------|
| Date<br>12/15/2023 | Payee name<br>Pokerchips.com |
|--------------------|------------------------------|

|                       |                          |       |        |          |
|-----------------------|--------------------------|-------|--------|----------|
| Amount (\$)<br>195.78 | Payee address;<br>Online | City; | State; | Zip Code |
|-----------------------|--------------------------|-------|--------|----------|

|                               |   |                                       |
|-------------------------------|---|---------------------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Campaign Novelty Chips |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                       |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>12 | <b>2</b> FILER NAME<br>Timothy Lloyd Reeves | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>12/29/2023 | <b>5</b> Payee name<br>806 Laser & Design |
|-----------------------------|---|

|                                |                                     |
|--------------------------------|-------------------------------------|
| <b>6</b> Amount (\$)<br>439.50 | <b>7</b> Payee address;<br>Pampa TX |
|--------------------------------|-------------------------------------|

|                                    |  |                                |
|------------------------------------|--|--------------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Hats |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                                     |
|--------------------|-------------------------------------|
| Date<br>01/03/2024 | Payee name<br>FLUHMAN OUTDOOR MEDIA |
|--------------------|-------------------------------------|

|                       |                                   |                   |              |                   |
|-----------------------|-----------------------------------|-------------------|--------------|-------------------|
| Amount (\$)<br>250.00 | Payee address;<br>505 S Arthur St | City;<br>Amarillo | State;<br>TX | Zip Code<br>79102 |
|-----------------------|-----------------------------------|-------------------|--------------|-------------------|

|                               |   |                          |
|-------------------------------|---|--------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Billboard |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                          |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                              |
|--------------------|------------------------------|
| Date<br>01/04/2024 | Payee name<br>Route 66 Media |
|--------------------|------------------------------|

|                      |   |                   |              |                   |
|----------------------|---|-------------------|--------------|-------------------|
| Amount (\$)<br>72.00 | Payee address;<br>207 Norht Main Street | City;<br>Shamrock | State;<br>TX | Zip Code<br>79079 |
|----------------------|---|-------------------|--------------|-------------------|

|                               |   |                         |
|-------------------------------|---|-------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Radio Ad |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                         |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>12 | <b>2</b> FILER NAME<br>Timothy Lyod Reeves | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|--|--|

|                             |                                  |
|-----------------------------|----------------------------------|
| <b>4</b> Date<br>01/06/2024 | <b>5</b> Payee name<br>Uprinting |
|-----------------------------|----------------------------------|

|                                |                                   |       |        |           |
|--------------------------------|-----------------------------------|-------|--------|-----------|
| <b>6</b> Amount (\$)<br>509.32 | <b>7</b> Payee address;<br>Online | City: | State: | Zip Code: |
|--------------------------------|-----------------------------------|-------|--------|-----------|

|                                    |  |  |
|------------------------------------|--|--|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense  | <b>(b)</b> Description<br>EDDM Mailers |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                                  |
|--------------------|----------------------------------|
| Date<br>01/08/2024 | Payee name<br>806 Laser & Design |
|--------------------|----------------------------------|

|                       |                         |       |              |           |
|-----------------------|-------------------------|-------|--------------|-----------|
| Amount (\$)<br>136.40 | Payee address;<br>Pampa | City: | State:<br>TX | Zip Code: |
|-----------------------|-------------------------|-------|--------------|-----------|

|                               |   |                            |
|-------------------------------|---|----------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Shirts/Hats |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                            |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                                   |
|--------------------|-----------------------------------|
| Date<br>01/09/2024 | Payee name<br>SignsOnTheCheap.com |
|--------------------|-----------------------------------|

|                       |                          |       |        |           |
|-----------------------|--------------------------|-------|--------|-----------|
| Amount (\$)<br>487.93 | Payee address;<br>Online | City: | State: | Zip Code: |
|-----------------------|--------------------------|-------|--------|-----------|

|                               |   |                           |
|-------------------------------|---|---------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Yard Signs |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                           |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>12                      | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>01/11/2024                                  | <b>5</b> Payee name<br>Smoke Wagon Apparel- Joush Lewis  |  |
| <b>6</b> Amount (\$)<br>435.00                               | <b>7</b> Payee address;  | City; State; Zip Code                        |
| <b>8</b><br>PURPOSE OF EXPENDITURE                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expenses                    | <b>(b)</b> Description<br>Apparel            |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH |  |  |
| Date<br>01/12/2024   | Candidate / Officeholder name<br>National Pen Co   |  |
| Amount (\$)<br>269.36  | Payee address;<br>Online   | City; State; Zip Code                        |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                | Description<br>Pens                          |
|  | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete ONLY if direct expenditure to benefit C/OH          |  |  |
| Date<br>01/15/2024   | Candidate / Officeholder name<br>806 Laser & Design  |  |
| Amount (\$)<br>405.94  | Payee address;   | City; State; Zip Code<br>Pampa TX            |
| PURPOSE OF EXPENDITURE                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                | Description<br>Hats                          |
|  | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete ONLY if direct expenditure to benefit C/OH          |  |  |
| Candidate / Officeholder name<br>Office sought Office held   |  |  |

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>12 | <b>2</b> FILER NAME<br>Timothy Lloyd Reeves | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>01/22/2024 | <b>5</b> Payee name<br>County Star News |
|-----------------------------|---|

|                                |  |                   |              |                   |
|--------------------------------|--|-------------------|--------------|-------------------|
| <b>6</b> Amount (\$)<br>441.00 | <b>7</b> Payee address;<br>212 N Main St | City;<br>Shamrock | State;<br>TX | Zip Code<br>79079 |
|--------------------------------|--|-------------------|--------------|-------------------|

|  |   |  |
|--|---|--|
| <b>8</b><br><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br>Newspaper Ad |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                             |
|--------------------|-----------------------------|
| Date<br>01/22/2024 | Payee name<br>Wheeler Times |
|--------------------|-----------------------------|

|                       |                                   |                  |              |                   |
|-----------------------|-----------------------------------|------------------|--------------|-------------------|
| Amount (\$)<br>236.25 | Payee address;<br>110 E Texas Ave | City;<br>Wheeler | State;<br>TX | Zip Code<br>79096 |
|-----------------------|-----------------------------------|------------------|--------------|-------------------|

|                               |  |                             |
|-------------------------------|--|-----------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br>Newspaper Ad |
|                               | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |                             |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>01/23/2024 | Payee name<br>USPS |
|--------------------|--------------------|

|                       |                |       |        |          |
|-----------------------|----------------|-------|--------|----------|
| Amount (\$)<br>262.35 | Payee address; | City; | State; | Zip Code |
|-----------------------|----------------|-------|--------|----------|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description<br>Postage for EDDM Mailers |
|                               | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |   |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>12 | <b>2</b> FILER NAME<br>Timothy Lloyd Reeves | <b>3</b> Filer ID (Ethics Commission Filers) |
|---|---|--|

|                             |                             |
|-----------------------------|-----------------------------|
| <b>4</b> Date<br>01/23/2024 | <b>5</b> Payee name<br>USPS |
|-----------------------------|-----------------------------|

|                                |                         |       |        |          |
|--------------------------------|-------------------------|-------|--------|----------|
| <b>6</b> Amount (\$)<br>222.15 | <b>7</b> Payee address; | City; | State; | Zip Code |
|--------------------------------|-------------------------|-------|--------|----------|

|                                    |   |  |
|------------------------------------|---|--|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description<br>Postage for EDDM Mailers |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |  |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

|                               |  |             |
|-------------------------------|--|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)   | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |             |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

|                               |  |             |
|-------------------------------|--|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)   | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span> |             |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

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