# **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 f	iled: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	Reginal Joshua	l	Y		USEONLY
NAME.	Josh	LAST <b>Marr</b>		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		Alstyne TX	75495		
Change of Address						
CANDIDATE/ OFFICEHOLDER PHONE	( 903 )	821-0596	EXTENS	ION		d or Date Postmarked
CAMPAIGN TREASURER NAME	MS/MRS/MR Mr	FIRST Tommy		L	Receipt #  Date Processed	Amount \$
IVIVIL	NICKNAME	Offill		SUFFIX	Date Imaged	
CAMPAIGN TREASURER ADDRESS	1901 CR 1	NO PO BOX PLEASE); APT / SI	UITE#, CITY		STATE;	75409
(Residence or Business)						
CAMPAIGN TREASURER PHONE	( 903 )	821-7378	EXTENS	ION		
REPORT TYPE	January 15	30th day before e		noff	treasurer a (Officehold	after campaign appointment ler Only) ort (Attach C/OH - FR)
			Rep	porting Limit		
0 PERIOD COVERED	Month 2	Day Year / 25 / 2024	THROUGH	Month 5	/ 18 / 20	
1 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	X Runoff	Other		
		2024 General	Special	Description		
2 OFFICE	OFFICE HELD (if any)		13 OFFICE	SOUGHT (if known	)	1.000
			Grayson	County Co	mmissioner, F	Precinct 1
4 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER, THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	MAY HAVE BEEN MADE	WITHOUT THE CANE	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	Grayson County	Conservativ	es		
X Additional Pages	X GENERAL	3164 Harrell Ro	ad, Howe, T	X 75459		
	SPECIFIC	COMMITTEE CAMPAIGN TRE				
		Sandra Lawson				
		P.O. Box 1903,		TX 7540	95	
			PAGE 2	, 170 70 70		
		90 10	AGE &			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	<b>Suide explains how</b>	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	med.
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	Reginal Joshua	MI Y	OFFIC	E USE ONLY
NAME	NICKNAME Josh	LAST <b>Marr</b>	SUFFIX	Date Received	
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE #; C	CITY; STATE; ZIP CODE		
Change of Address				1	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-deliver	red or Date Postmarke
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME				. Date Processed	
	NICKNAME	LAST	SUFFIX	Dete Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)					
B CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	( )				
TREASURER PHONE	January 15	30th day before ele		treasurer (Officeho	after campaign r appointment lider Only)
TREASURER PHONE	( )  January 15  July 15	30th day before e		treasurer (Officeho	appointment
TREASURER PHONE			ction Exceeded Modified	treasurer (Officeho	r appointment older Only)
TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED	July 15	Bth day before ele	ction Exceeded Modified Reporting Limit Month	treasurer (Officeho	r appointment ilder Only) port (Attach C/OH - FR)
TREASURER PHONE  9 REPORT TYPE  10 PERIOD	July 15  Month  ELECTION DA	Day Year	ction Exceeded Modified Reporting Limit  Month  THROUGH  ELECTION TYP	treasurer (Officeho	r appointment ilder Only) port (Attach C/OH - FR)
TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED	July 15  Month	Day Year  TE  Year  Primary	Exceeded Modified Reporting Limit  Month  THROUGH  ELECTION TYP  Runoff  Other Description	treasurer (Officeho	r appointment ilder Only) port (Attach C/OH - FR)
TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED	July 15  Month  ELECTION DA	Day Year	ction Exceeded Modified Reporting Limit  Month  THROUGH  ELECTION TYP  Runoff Other	treasurer (Officeho	r appointment older Only) port (Attach C/OH - FR)
TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED  11 ELECTION	July 15  Month  ELECTION DA	Day Year  TE  Year  General	Exceeded Modified Reporting Limit  Month  THROUGH  ELECTION TYP  Runoff  Other Description	Day Yo	r appointment older Only) port (Attach C/OH - FR)
TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED  11 ELECTION  12 OFFICE  14 NOTICE FROM POLITICAL	July 15  Month  ELECTION DA  Month Day  OFFICE HELD (if any)  THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	Day Year  THE Year Primary General  CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES	Cition Exceeded Modified Reporting Limit  Month  THROUGH  ELECTION TYP  Runoff Other Description  Special	Day You	r appointment Ider Only) port (Attach C/OH - FR) ear  COMMITTEES TO SUPPO
TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED  11 ELECTION  12 OFFICE  14 NOTICE FROM	July 15  Month  ELECTION DA  Month Day  OFFICE HELD (if any)  THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE	Day Year  THE Year Primary General  CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE NAME	Exceeded Modified Reporting Limit  Month  THROUGH  ELECTION TYP  Runoff Other Description  Special  13 OFFICE SOUGHT (if known and the second of the second	Day You	r appointment Ider Only) port (Attach C/OH - FR) ear  COMMITTEES TO SUPPO
TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED  11 ELECTION  12 OFFICE  14 NOTICE FROM POLITICAL	July 15  Month  ELECTION DA  Month Day  OFFICE HELD (if any)  THIS BOX IS FOR NOTICE CANDIDATE / OFFICE CONSENT. CANDIDATES	Day Year  TE  Year  Primary  General  CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES B AND OFFICEHOLDERS ARE REQUIT  COMMITTEE NAME  Don't California  COMMITTEE ADDRESS	Exceeded Modified Reporting Limit  Month  THROUGH  ELECTION TYP  Runoff Other Description  Special  13 OFFICE SOUGHT (if known and the second of the second	Day You MADE BY POLITICAL CONDIDATE'S OR OFFICER THEY RECEIVE NOTICE	r appointment Ider Only) port (Attach C/OH - FR) ear  COMMITTEES TO SUPPO
TREASURER PHONE  9 REPORT TYPE  10 PERIOD COVERED  11 ELECTION  12 OFFICE  14 NOTICE FROM POLITICAL COMMITTEE(S)	July 15  Month  ELECTION DA  Month Day  OFFICE HELD (if any)  THIS BOX IS FOR NOTIC THE CANDIDATES  COMMITTEE TYPE	Day Year  TE  Year  Primary  General  CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES B AND OFFICEHOLDERS ARE REQUIT  COMMITTEE NAME  Don't California  COMMITTEE ADDRESS	Exceeded Modified Reporting Limit  Month  THROUGH  ELECTION TYP  Runoff Other Description  Special  13 OFFICE SOUGHT (if known accepted on Political Expenditures as MAY HAVE BEEN MADE WITHOUT THE CAIRED TO REPORT THIS INFORMATION ONLY IF A MY Texas PAC  add, Sherman, TX 75  ASURER NAME	Day You MADE BY POLITICAL CONDIDATE'S OR OFFICER THEY RECEIVE NOTICE	r appointment Ider Only) port (Attach C/OH - FR) ear  COMMITTEES TO SUPPO HOLDER'S KNOWLEDGE

SON CO ELECTION

# CANDIDATE / OFFICEHOLDER

#### FORM C/OH **COVER SHEET PG 2**

5 C/OH NAME	Reginal Joshua Y Marr		16 File	er ID (Ethics Co	ommission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	S OF LOANS, OR	IAN	\$	0
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O		IS)	\$ 39,2	50.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	ENDITURE.	5.00	\$	0
	4. TOTAL POLITICAL EXPENDITURE	ES		\$ 28,17	77.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE I	LAST DAY	\$1,495	5.60
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER		OF THE	\$300.0	0
	Please complete	Signature of		or Officehold	ler
NOTARY STAMP/SEAL	RUTH WHITT Notary ID #134578009 My Commission Expires September 27, 2027  before me by	either option below.	ow:	day of 1	May Public
NOTARY STAMP/SEAL Swom to and subscribed 20 24, to certify	RUTH WHITT Notary ID #134578009 My Commission Expires September 27, 2027  before me by	either option below.	ow:	day of 1	
Swom to and subscribed	RUTH WHITT Notary ID #134578009 My Commission Expires September 27, 2027  before me by	either option below.	ow:	day of 1	May Public
NOTARY STAMP/SEAR Swom to and subscribed 20 2 4, to certify Signature of officer administer (2) Unsworn Declaration	RUTH WHITT Notary ID #134578009 My Commission Expires September 27, 2027  before me by	either option below.  this the thing	ow:	day of	May Public er administering of
NOTARY STAMP/SEAL Sworn to and subscribed 20 2 4 , to certify Gignature of officer administe 2) Unsworn Declaration My name is	RUTH WHITT Notary ID #134578009 My Commission Expires September 27, 2027  before me by	either option below.  this the thing	ne 70	day of	Public ar administering or
NOTARY STAMP/SEAL Swom to and subscribed 20 2 4 , to certify Gignature of officer administe 2) Unsworn Declaration My name is My address is	RUTH WHITT Notary ID #134578009 My Commission Expires September 27, 2027  before me by	either option below.  this the thing this the thing of th	ow:	day of	May Public er administering of
NOTARY STAMP/SEAL Swom to and subscribed 20 2 4 , to certify Signature of officer administe (2) Unsworn Declaration My name is	RUTH WHITT Notary ID #134578009 My Commission Expires September 27, 2027  before me by	either option below.  this the thing this the thing of th	ne 70	day of  Title of office  (zip code), 20(year)	Public er administering of

# **SUBTOTALS - C/OH**

### FORM C/OH **COVER SHEET PG 3**

19	Reginal Joshua Y Marr	20 Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 28,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 0
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 28,095.44
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	contributions \$ 0
8.	X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$82.49
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS \$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ntributions \$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED \$ 0

GRAYSON CO ELECTIONS

### SCHEDULE A1

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

The	Instruction Guide explains how	v to complete th	is form.		1 Total pages Schedule A1: 1 of 6
2 FILER NAME	Reginal Joshua Y M	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor Forrest Marr	AC (ID#:		7 Amount of contribution (\$)	
3/14/2024	6 Contributor address;	City;	State; Zip Code		\$200.00
	526 Deleon St.	Denison	TX	75020	
8 Principal occu	pation / Job title (See Instructions	)	9 Empl	oyer (See Instru	actions)
Date	Date Full name of contributor out-of-state PAC (IDII:)  Sammy Fritcher				Amount of contribution (\$)
3/14/2024	Contributor address; City;		State; Zip Code		\$2,500.00
	8029 Marathon Dr.	Plano	TX	75024	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				actions)	
Date	Full name of contributor  Carl Kalbfleisch				Amount of contribution (\$)
3/16/2024	Contributor address;	City;	State;	Zip Code	\$500.00
	180 Melrose Cir.	Denison	TX	75020	
Principal occu	 pation / Job title (See Instructions)		Empl	oyer (See Instru	actions)
Date	Full name of contributor			Amount of contribution (\$)	
3/19/2024	Contributor address;	City;	State;	Zip Code	\$1,000.00
	2551 Old Dorchester R	d. Sherman	TX	75092	
Principal occu	pation / Job title (See Instructions)		Emple	oyer (See Instru	inctions)

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

## SCHEDULE A1

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

The	Instruction Guide explains ho	w to complete thi	s form.		1 Total pages Schedule A1: 2 of 6
2 FILER NAME	Reginal Joshua Y N	3 Filer ID (Ethics Commission Filers)			
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:_ Naif Risk				7 Amount of contribution (\$)
3/27/2024	6 Contributor address;	City;	State;	Zip Code	\$100.00
	445 Riddles Rd.	Sherman	TX	75092	
8 Principal occu	pation / Job title (See Instructions	5)	9 Empl	oyer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
0/00/0004	Fallon Farms				
3/28/2024	Contributor address;	City;	State;	Zip Code	\$1,000.00
	P.O. Box 100	Tom Bean	TX	75489	
Principal occup	pation / Job title (See Instructions)	)	Empl	oyer (See Instru	uctions)
Date	Full name of contributor William Munson	out-of-state PA	C (ID#:		Amount of contribution (\$)
4/4/2024	Contributor address;	City;	State;	Zip Code	\$100.00
	301 W. Woodard St.	Denison	TX	75021	
Principal occup	pation / Job title (See Instructions)	)	Empl	oyer (See Instru	uctions)
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
4/4/0004	Malachi 310 Const	truction			V-15-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
4/4/2024	Contributor address;	City;	State;	Zip Code	\$500.00
	409 S. Central Expwy Sts 107-201	Anna	TX	75409	
Principal occup	pation / Job title (See Instructions)	)	Empl	oyer (See Instru	uctions)

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### SCHEDULE A1

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

The	Instruction Guide explains how	w to complete this	form.		1 Total pages Schedule A1: 3 of 6
<sup>2</sup> FILER NAME Reginal Joshua Y Marr					3 Filer ID (Ethics Commission Filers)
4 Date	William Benton			)	7 Amount of contribution (\$)
4/16/2024	6 Contributor address;	City;	State;	Zip Code	\$250.00
	P.O. Box 849	Van Alstyne	TX	75495	
8 Principal occu	pation / Job title (See Instructions	)	9 Empl	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
4/47/2024	David Ellis				
4/17/2024	Contributor address;	City;	State;	Zip Code	\$250.00
	P.O. Box 159	Tom Bean	TX	75489	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruct	tions)
Date	Full name of contributor  Mimmie Cox	out-of-state PAC	(ID#:		Amount of contribution (\$)
4/17/2024	Contributor address;	City;	State;	Zip Code	\$100.00
	P.O. Box 347	Tom Bean	TX	75489	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC (ID#:)			Amount of contribution (\$)
4/17/2024	Bill Rasor				\$500.00
	Contributor address; 1800 Lovers Leap Ln.	City; Van Alstyne	State;	75495	ψ300.00
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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### SCHEDULE A1

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

The	Instruction Guide explains ho	w to complete this	s form.		1 Total pages Schedule A1: 4 of 6
2 FILER NAME	Reginal Joshua Y M	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Johnna Nitcholas-Ivey				7 Amount of contribution (\$)
4/20/2024	6 Contributor address;	City;	State;	Zip Code	\$100.00
	89 Judy Dr.	Sherman	TX	75090	
8 Principal occu	pation / Job title (See Instructions	3)	9 Emp	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)
4/20/2024	Contributor address;	City;	State;	Zip Code	\$100.00
	89 Judy Dr.	Sherman	TX	75090	
Principal occup	pation / Job title (See Instructions		Empl	oyer (See Instruc	tions)
Date	Full name of contributor  John Buddenbaum	out-of-state PA	C (ID#:	)	Amount of contribution (\$)
4/22/2024	Contributor address;	City;	State;	Zip Code	\$100.00
	1264 Mackey Rd.	Howe	TX	75459	
Principal occup	pation / Job title (See Instructions	)	Empl	oyer (See Instruc	tions)
Date	Full name of contributor Ross Wells	out-of-state PAC (ID#:			Amount of contribution (\$)
4/22/2024	Contributor address;	City;	State;	Zip Code	\$500.00
	10205 Farmington Rd	. Van Alstyne	e TX	75495	
Principal occup	pation / Job title (See Instructions	)	Empl	loyer (See Instruc	tions)
			1		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## SCHEDULE A1

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

The	Instruction Guide explains how	to complete th	is form.		1 Total pages Schedule A1: 5 of 6
<sup>2</sup> FILER NAME Reginal Joshua Y Marr					3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Texas Conservative Project PAC				7 Amount of contribution (\$)
4/25/2024	6 Contributor address;	City; State; Zip Code		Zip Code	\$5,000.00
	10900 Research Blvd. Ste 160C PMB 3194	Austin	TX	78759	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	loyer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA	AC (ID#:		Amount of contribution (\$)
	Sammy Fritcher				
5/8/2024	Contributor address;	City;	State;	Zip Code	\$15,000.00
	8029 Marathon Dr.	Plano	TX	75024	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date 5 (4.0 (0.00 4	Full name of contributor  Lynn Cavender	out-of-state P/	AC (ID#:		Amount of contribution (\$)
5/13/2024	Contributor address;	City;	State;	Zip Code	\$250.00
	P.O. Box 385	Howe	TX	75459	
Principal occup	pation / Job title (See Instructions)		Empl	loyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC (ID#:)			Amount of contribution (\$)
	Matt Anderson				
5/17/2024	Contributor address;	City;	State;	Zip Code	\$100.00
	P.O. Box 112	Howe	TX	75459	
Principal occup	pation / Job title (See Instructions)		Emp	loyer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## 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: 6 of 6
2 FILER NAME	Reginal Joshua Y M	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor Bob Taylor	out-of-state PAC			7 Amount of contribution (\$)
5/17/2024	6 Contributor address;	City;	State;		\$100.00
	P.O. Box 766	Gunter			
8 Principal occu	pation / Job title (See Instructions)		9 Emple	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:	)	Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC			Amount of contribution (\$)
	Contributor address;	City;	State;	Zip Code	
Principal occu	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)

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

GRAYSON CD ELECTIONS 9024 MAY 20 PM1:56:32

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

# SCHEDULE A2

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

Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Scher	dule A2: 1 of 2
2 FILER NAME	Reginal Joshua Y Marr	3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS	\$0.00	
5 Date 6 Full name of contributor out-of-state PAC Grayson County Conservati		С	8 Amount of Contribution \$	9 In-kind contribution description Printed and Mailed
2/27/2024	7 Contributor address; City; State; 3164 Harrell Rd. Howe TX	Zip Code <b>75459</b>	\$5,000.00  Check if travel outs	Voter Guide  Voter Guide  Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JI	UDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	use (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	I In-kind contribution description
4/16/2024	Contributor address; City; State;	Zip Code	\$500.00	Printed Voter Guide
	180 Melrose Cir. Denison TX	75020	Check if travel outs	l side of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDIC	IAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR J	UDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spor	use (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	L		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

0 PM 1:56:38

# 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.				1 Total pages Sched	dule A2: 2 of 2		
2 FILER NAMI	Reginal Joshua	/ Marr			3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KINI	POLITICAL (	CONTRI	BUTIONS	\$0.00		
5 Date 5/10/2024	Grayson County Conservatives PAC			8 Amount of Contribution \$	9 In-kind contribution description Printed Voter		
	7 Contributor address; 3164 Harrell Rd.	city; <b>Howe</b>	State;	Zip Code <b>75459</b>		Guide  I  ide of Texas. Complete Schedule T.	
10 Principal occ	upation / Job title (FOR NON-J	UDICIAL)(See Ins	structions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUD	DICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDIO	CIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s)	(if any) (FOR JUD	ICIAL)				
Date	Full name of contributor	out-of-state PAC		)	Amount of Contribution \$	In-kind contribution description	
5/17/2024	Don't California M  Contributor address;	City;	State;	Zip Code	\$5,000.00	Printed and Mailed Voter Guide	
	2834 Elliot Rd.	Sherman	TX	75092	Check if travel outs	de of Texas, Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-J	UDICIAL) (See Ins	structions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUI	DICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDIO	CIAL)		Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)	
If contributor	is a child, law firm of parent(s)	(if any) (FOR JUD	ICIAL)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## 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

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

Travel In District Travel Out Of District

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Total pages Schedule F1:	<sup>2 FILER NAME</sup> Reginal Joshua Y M	Marr 3 Filer ID (Ethics Commission Filers)			
1/26/2024	5 Payee name Grayson County Republican Par	rty (CEC)			
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$200.00	P.O. Box 3122	Sherman	TX	75091	
	(a) Category (See Categories listed at the top of this schedule)	gory (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Event Expense	Lincoln-Reagan Event			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
3/4/2024	Harbor Freight				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$4.96	3201 N US HWY 75 #103	Sherman	TX	75090	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Materials f	or Campaig	n Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
3/5/2024	Cornerstone Payment Systems				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$4.83	2001 Euclid Ave.	Bristol	VA	24201	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Gateway C	C Processin	g Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	

## 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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Total pages Schedule F1:	<sup>2</sup> FILER NAME Reginal Joshua Y Marr		Marr 3 Filer ID (Ethics Commission Filers)		
Date 3/13/2024	5 Payee name Harbor Freight				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$9.92	3201 N US HWY 75 #103	Sherman	TX	75090	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Materials fo	or Campaig	ın Signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
3/15/2024	Grayson County Republican I	Party			
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$2,500.00	P.O. Box 3122	Sherman	TX	75091	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Recount Petit	ion - Coun	ty Comm Pct	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/3/2024	Eventbrite - 2024 Howe Founde	rs			
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$33.85	535 Mission St., 8th Floor	San Francisc	o CA	94105	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Event Expense	Howe Found	ler's Day V	endor Space	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense	
	Candidate / Officeholder name	Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/O					

### 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 o	complete this form.		
1 Total pages Schedule F1: 3 of 8	<sup>2</sup> FILER NAME Reginal Joshua Y M	Marr 3 Filer ID (Ethics Commission File)		
4 Date 4/9/2024	5 Payee name Harbor Freight			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$29.76	3201 N US HWY 75 #103	Sherman	TX	75090
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Materials	for Campaig	n Signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4/9/2024	Tractor Supply Co.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$146.70	3201 N US HWY 75 #101	Sherman	TX	75091
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Materials for Campaign Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
4/16/2024	North Texas Print Solutions			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,906.02	2077 Switzer Rd.	Sanger	TX	76266
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Print and M	lail Campaig	n Mailers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense

## 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

Event Expense 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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	· · · · · ·		
1 Total pages Schedule F1: 4 of 8	<sup>2</sup> FILER NAME Reginal Joshua Y M	3 Filer ID (Ethics Commission Fil			rs)
4 Date 4/17/2024	5 Payee name Paramax Inc.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$313.93	P.O. Box 2671	Sherman	TX	75091	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Campaigr	n Rack Card	S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/20/2024	JFG Design				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$286.46	11016 Scotsmeadow Dr.	Dallas	TX	75218	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Art Desigr	n for Campai	ign Mailers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
4/22/2024	Paramax Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$2,000.00	P.O. Box 2671	Sherman	TX	75091	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign	Signs		5
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense	je- je-
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	Janes Control of the
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED		man

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

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

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Groun Gardy ayriion	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1 5 of 8	<sup>2</sup> FILER NAME Reginal Joshua Y M	larr	3 Filer ID (Ethic	s Commission Filers)	
4 Date 4/24/2024	5 Payee name Harbor Freight				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$4.96	3201 N US HWY 75 #103	Sherman	TX	75090	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Materials	for Campaign Signs		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/25/2024	First United Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$10.00	P.O. Box 130	Durant	OK	74702	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Wire Tran	sfer Fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
4/28/2024	Paramax Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$1,931.60	P.O. Box 2671	Sherman	TX	75091	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign	Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held	

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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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (extensions and listed shours)

Total pages Schedule F1: 6 of 8	1: 2 FILER NAME Reginal Joshua Y Marr 3 Filer ID (Ethics Commission File)				
Date 4/29/2024	5 Payee name Harbor Freight				
Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$7.56	3201 N US HWY 75 #103	Sherman	TX	75090	
	(a) Category (See Categories listed at the top of this schedule)	top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Materials for Campaign Signs			
	(C) 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	Office sought		Office held	
Date	Payee name				
4/30/2024	Lowe's/Synchrony Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$82.49	P.O. Box 669807	Dallas	TX	75266	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Credit Card Payment	April Statement for Campaign			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
4/30/2024	Paramax Inc.				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$83.46	P.O. Box 2671	Sherman	TX	75091	
***************************************	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign F	lang Tags		
	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	Office sought		Office held	

## 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

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)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.		
1 Total pages Schedule F1: 7 of 8	<sup>2</sup> FILER NAME Reginal Joshua Y N	Marr 3 Filer ID (Ethics Commission Fi		
4 Date 5/5/2024	5 Payee name Cornerstone Payment Systems			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$3.50	2001 Euclid Ave.	Bristol	VA	24201
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Gateway	CC Processi	ng Fees
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/9/2024	North Texas Print Solutions			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$2,081.72	2077 Switzer Rd.	Sanger	TX	76266
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Print and I	Mail Campai	gn Mailers
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
5/9/2024	KXII			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$13,872.00	4201 N. Texoma Pkwy.	Sherman	TX	75090
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Television	Commercial	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	FDFD	

### 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 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)

<u> </u>	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1: 8 of 8	2 FILER NAME Reginal Joshua Y Marr 3 Filer ID (Ethics Comm			s Commission File	ers)
4 Date 5/16/2024	North Texas Print Solutions				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$2,000.00	2077 Switzer Rd.	Sanger	TX	76266	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PURPOSE OF EXPENDITURE	Printing Expense	Print and	Mail Campa	ign Mailers	•
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct				Office held	
Date	Payee name				
5/17/2024	North Texas Print Solutions				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$581.72	2077 Switzer Rd.	Sanger	TX	76266	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	pense Print and Mail Campaign I			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories fisted at the top of this schedule)	Description			u)
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	CO ELECTIONS
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		and in

### EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor The instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Reginal Joshua Y Marr 1 of 1 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 0.00 5 Date 6 Payee name 4/9/2024 Lowe's Home Centers, LLC 7 Amount (\$) 8 Payee address; City; State; Zip Code 2801 N US HWY 75 \$82.49 Sherman TX 75090 TYPE OF Political Non-Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE Advertising Expense Materials for Campaign Signs OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; Amount (\$) Payee address; State: Zip Code TYPE OF Non-Political **EXPENDITURE Political** Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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RAYSON CO ELECTIONS 024 MAY 20 PM1:57:42