CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST OFFICE USE ONLY OFFICEHOLDER MR W IYLER NAME Date Received NICKNAME LAST SUFFIX SIMONSEN 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE OFFICEHOLDER POBOX 357 MENTONE TX 79754 MAILING ADDRESS Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (936)537-3692 PHONE Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN TREASURER MR TYLER Date Processed NAME NICKNAME LAST SHEELX Date Imaged SIMONSEN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 7 CAMPAIGN STATE ZIP CODE TREASURER ADDRESS MENTONE TX 79754 124 S DALLAS ST (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN EXTENSION **TREASURER** PHONE 537-3692 (936) 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) January 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Year COVERED 01/ 01 2024 THROUGH 02/ 03 2024 ELECTION DATE 11 ELECTION ELECTION TYPE Other Description Primary Runoff Month Day Year Special 03/05/ General 2024 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE NONE CONSTABLE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

- w woman n 478 days 8				
15 C/OH NAME TYLER SMONSEN		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 9		
	4. TOTAL POLITICAL EXPENDITURES	\$ 💋		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$		
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.				
Jyhvs'				
		ndidate or Officeholder		
Please complete either option below:				
(1) Affidavit				
NOTABY STAMB/SEA				
NOTARY STAMP/SEAL Sworn to and subscribed before me by this the day of,				
20, to certify which, witness my hand and seal of office.				
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declarati	on			
My name is TYLER SMONSEN , and my date of birth is 30TAN 1988				
My address is 124 SDALLAS ST MENTONE TO 79754, USA				
Executed in LOYING		state) (zip code) (country)		
	Signature of Candi	Nota/Officeholder (Declarant)		

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MR TYLER W NAME Date Received NICKNAME LAST SUFFIX SIMONSEN 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE OFFICEHOLDER PO BOX 357 79754 MENTONE TO MAILING ADDRESS Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (936)537-3692 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI TREASURER MR W TYLER Date Processed NAME NICKNAME Date Imaged SMONSEN CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: STATE: ZIP CODE TREASURER 124 SDALLAS ST Tx 79754 **ADDRESS** MENTONE (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (936) 537-3692 9 REPORT TYPE 15th day after campaign treasurer appointment (Officeholder Only) January 15 30th day before election Runoff Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Dav Year Month COVERED 02/03/ 2024 THROUGH 25 /2024 02/ 11 ELECTION ELECTION DATE ELECTION TYPE Other Description Runoff General Special 03/05/2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) NONE CONSTABLE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	er Simonsen	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$		
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 15		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ \$		
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.				
	(6) 115-			
	Egh W			
		ndidate or Officeholder		
	Please complete either option below	<i>t</i> :		
(A) A SSI Januita				
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed before me by this the day of,				
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declarati	on			
My name is Tyler	, and my date of birth is	30TAN 1888		
My address is 1245 DALLAS ST MENTONE TX 79754, USA				
(street) (city) (state) (zip code) (country) Executed in				
Tale (year)				
	Signature of Candid	date/Officeholder (Declarant)		

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER MR W TYLER NAME Date Received NICKNAME SUFFIX SIMONSEN 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE OFFICEHOLDER Po BOX 357 MENTONE TX 79754 MAII ING ADDRESS Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (936)537-3692 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER MR TYLER Date Processed NAME NICKNAME LAST SUFFIX Date Imaged SMON SEN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: STATE: ZIP CODE CAMPAIGN TREASURER MENTONE 1245 DALLAS TX 79754 ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (936) 537-3692 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Year COVERED THROUGH 02/25/ 2024 06/ 30 2024 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Description Day Special 03/05/2024 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE NONE CONSTABLE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME TYLE	ER SIMONSEN	16 Filer ID (Ethics Commission Filers)		
7 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ Ø		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ \$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$		
	4. TOTAL POLITICAL EXPENDITURES	\$ \$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ \$		
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.				
	July WS			
	Signature of Cal	ndidate or Officeholder		
	Disease assemble sittem antice halou			
	Please complete either option below	/:		
(1) Affidavit				
(1) Amaavit				
NOTARY STAMP/SEAL	-			
Sworn to and subscribed	hofora ma hy	day of		
Sworn to and subscribed before me by this the day of,				
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
orginature or omeer administe		Title of officer administering cath		
	OR			
(2) Unsworn Declaration				
My name is TYLER SIMONSEN , and my date of birth is 3007AN1988				
My address is 1245 DALLAS ST MENTONE . DO . 79754, USA				
my dddioso is 104 5	-	state) (zip code) (country)		
Executed in LOVING	County, State of TEXAS , on the 30 day of TUN			
(month) (year)				
	Signature of Candin	tate/Officeholder (Declarant)		