		CEHOLDER CE 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:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Khourschid	MI	OFFICE USE ONLY
NAME	MRS	LAST	A	Dale Received
	Dr. K	Favero	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 110 Park Ln	. Double Oak, TX	CITY: STATE: ZIP CODE 75077	RECEIVED APR 2 6 2024
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-dclivered or Date Postmarked
OFFICEHOLDER PHONE				email
6 CAMPAIGN	MS / MRS / MR	FIRST	мі	Receipt # Amount 5
TREASURER NAME	MR	Stephen	В	Date Propessed
11/11/12	NICKNAME	LAST	SUFFIX	04/26/2024 Date Imaged
	Blake	Favero		04/26/2024 STATE: ZIP CODE
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE): APT / S Double Oak, TX	2000 CONTRACTOR	STATE; ZIP CODE
(Residence or Business)	AREA CODE	PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NOMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before	· <u>-</u>	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 4	Day Year / 4 / 24	THROUGH 4	Day Year / 26 / 24
11 ELECTION	ELECTION DAY	Year Primary	ELECTION TYPE Runoff Other Description	
	5 /4 /	24 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)
	Double Oa	k Town Council	Double Oak To	wn Council
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(C)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 0/01/11/15			Towards Office St. St. 1887 W.	
15 C/OH NAME Khourschid Favero		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)		150.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	150.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	512.94	
	4. TOTAL POLITICAL EXPENDITURES	\$	512.94	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00	
Please complete either option below: (1) Affidavit				
NOTARY STAMP/SEAL		,	day of	
Sworn to and subscribed 20, to certify	which, witness my hand and seal of office.			
Signature of officer administer	ing oath Printed name of officer administering cath	Tit	lle of officer administering oath	
	OR			
(2) Unsworn Declaration	n			
My name is Khourschi	d Favero, and my date of birth is	01/19/1	986	
My address is 110 Park	Ln Double Oak TX		077 USA	
Executed in Denton			code) (country) 2024 (year)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILERNA	AME 20 Filer ID (Ethics Co	ommission Filers)
21		ILE SUBTOTALS F SCHEDULE	SUBTOTAL AMOUNT
1.	1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		s 150.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	8
4.	4. SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		s 150.°°
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		S
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		s 362
9.	M	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		S
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	2. 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.

If the requested information is not applicable, bo NOT include this page in the report.					
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 1			
2 FILER NAME Khourschi	d Favero	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC Pat Wellen	7 Amount of contribution (S)			
04/06/2024	6 Contributor address; City:	State; Zip Code	100.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ikons)		
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)		
04/20/2024	Robert Gaynor Contributor address; City;	State; Zip Code	50.00		
)	105 N. Forest Ln. Double Oak, 7	TX 75077			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC (I	D#:)	Amount of contribution (\$)		
	Contributor address; City;	State: Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons) 🥳		
	F:				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

Too Service American Characteristics and the service and the s

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 Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Exp Printing Ex Salaries/M	nyment/Reimbursement rhead/Rental Expense pense (pense lages/Contract Labor	Travel In District Travel Out Of District	oment & Related Expense
1 Total pages Schedule F1:	2 FILER N	_{Аме} hid Favero			3 Filer ID (Ethic	s Commission Filers)
4 Date 04/06/2024	5 Payee name Gloria McDonald					
6 Arnount (\$) 150.00	7 Payee address; City; State; Zip Code 1418 Gibbons Road South Bartonville, TX 76226					ZIp Code
8 PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this sing Expense	schedule)	(b) Description Signs		
	(c)	Check if travel outside of Texas. Complete State / Officeholder name	ichedule T.	Office sought	n, TX, officeholder living	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Schid Favero	7	own Council	Tow	n Council
Date	Payee na	lme		V		
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
Check if travel outside of Texas, Complete Schedule T. Check if Austlin, TX, off			n, TX. officeholder living	K, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Calegories listed at the top of this so	hedule)	Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense) expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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/Memortals Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	² FILER NAME Khourschid Favero		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			\dashv
04/06/2024				
	Gloria McDonald			_
6 Amount (\$) 362.94 Reimbursement from political contributions intended	7 Payee address: 1418 Gibbons Rd. Sc	outh Barto	onville, TX 76221	Ь
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedula T.	Check if Austin,	TX, officeholder living expense	_
9	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH	Khourschid Favero T	own Counc	il Town Council	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	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/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	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	
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDE	D	



Filer name

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFI	CE USE ONLY
Date Received	
RECEIV	ED APR 2 6 2024
Date Hand-delie	vered or Date Postmarked
Receipt #	Amount \$
Date Processed	12024
Date Imaged	12094

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

Filer ID#

- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I
 contract, uses computer equipment to keep current records of political contributions, political
 expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>Commion Financip</u> report due on 4 26 24.

 I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

Khourschild A. Favor

(1) Affidavit		Kla	\sim
NOTARY STAMP/SEAL		S ignatu	re of Filer
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 administering oath	Printed name of officer administering oath		Title of officer administering oath
	or		
(2) Unsworn Declaration My name is Khourschid My address is 110 Parkin. (Si Executed In Denton County,		of Apri	. 75077. USA (zip code) (country) , 20 24 (year)
FILERS WHO ARE	EXEMPT FROM THE ELECTRONIC F	LING REQU	IREMENT

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER