CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS (MRS)/ MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX OBERTSON 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #, ZIP CODE WOODLAND TIPL **OFFICEHOLDER** MAILING RECEIVED MAY 07 2024 **ADDRESS** 75077 Change of Address 6 CANDIDATE/ EXTENSION AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Amount \$ Receipt # MS / MRS (MR MI 6 CAMPAIGN **TREASURER** NAME NICKNAME SUFFIX HOLZWORTH 07 STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY CAMPAIGN 135 NWOODLAND TRE TREASURER ADDRESS 15077 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year COVERED THROUGH

8 CAMPAIGN 9 REPORT TYPE 10 PERIOD ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Other Description 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (If known) TONN 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. CANDIDATE'S AND OFFICEHOLDER'S 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** Revised 1/1/2024 Forms provided by Texas Ethics Com CS.S **Reset Form Reset Page**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	et Robertsm	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	\$ 100 60			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	s / ৫ট			
EXPENDITURE TOTALS	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 \$ O			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ D			
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:					
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 administr	oring oath Printed name of officer administering oath	Title of officer administering oath			
(2) Unsworn Declaration					
My name is Janet Robertson , and my date of birth is					
(street) (country) Executed in Lenton County, State of T-LXHS, on the 7 day of MHY, 20 ZY. (year)					
Forms provided by Texas E		date/Officeholder (Declarant) Revised 1/1/2024			

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SUBTOTALS ~ C/OH

FORM C/OH COVER SHEET PG 3

19	Janet Robertson	20 Filer ID (Ethics Commission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ /00 00
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 FUN	ios \$ 412.94
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED \$

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:						
2 FILER NAME	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
4 Date	Full name of contributor out-of-state PAC (ID#	7 Amount of contribution (\$)				
4/21/24	DHE	100 <u>20</u> 5577				
8 Principal occu	pation / 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					
Principal occup	ation / Job title (See Instructions) Employer	(See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)				
	Contributor address; City; State; Zig	o Code				
Principal occup	pation / 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	o 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.						

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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 CATE	ORIES	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office O Polling I Printing Salaries	payment/Reimbursement werthead/Rental Expense Expense Expense Wages/Contract Labor complete this form.	Solicitation/Fundrais Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	ment & Related Expense
1 Total pages Schedule F1:	2 FILER N	Janut Robert	501	7	3 Filer 1D (Ethics	Commission Filers)
4 Date 4-6-24	5 Payee na	ame		raphy		
6 Amount (\$)	7 Payee ad		(BARTONVILLE	State;	Zip Code 76:224
8 PURPOSE OF EXPENDITURE	_	y (See Categories listed at the top of this	schedule)	(b) Description	16NS	
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee a	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 S	chedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
Amount (\$)	Payee a	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 S	chedule T.	Check if Austi	n, TX, officeholder tiving	expense
Complete ONLY if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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
Credii Card Payment

Event Expense Fees Food/Beverage Expense Gitt/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 complete this form.			
1 Total pages Schedule G:	2 FILER NAME Janut ROBERTSON 5 Payee name WILD MANE Photogram 7 Payee address; 1418 SOUTH GIBBONSRD		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	4		
4-6-24	WILD MANE Photogo	eaphy		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	1418 SOUTH GIBBONSKD	BARTONVILLE	TX	76226
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	PRINTING	YARD SI	4N5	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
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 a	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
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 e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ED_	
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CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

			- The second				
	The Instruction Guide explains how to complete this form.						
		Complete only if "Report Type" on page 1 is marked "Final Type" on page	ıl Report" ••				
1	C/OH N	Janet Robertson	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE					
		a contract of the contract of					
	l do not	ovnost one further melitical and the time an					
	designa	expect any further political contributions or political expenditures in connection with m ting a report as a final report terminates my campaign treasurer appointment. I also u	y candidacy. I understand that				
	campai	in contributions or make any campaign expenditures without a campaign treasurer app	pointment on file.				
			. M1				
			A IIV				
		Signatur	re of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	only one:					
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I					
		may not convert unexpended political contributions or unexpended interest or incorporately use of also understand that I must file as account report of the second state of the second sta	me earned on political contributions to				
	personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after						
	filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended						
		interest or income earned on political contributions in accordance with the requirement	nts of Election Code, § 254.204.				
	B.	ASSETS					
	Chec	only one:					
		I do not retain assets purchased with political contributions or interest or other incom	e from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from	om political contributions. I understand				
	Philips	that I may not convert assets purchased with political contributions or interest or other	er income from political contributions to				
		personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	al contributions in accordance with the				
		3 201.201.					
		8	ignature of Candidate				
5	OFFICE	HOLDER					
		plete this section only if you are an officeholder					
		I am aware that I remain subject to filing requirements applicable to an officeholder who d	oes not have a compoint to				
		file. I am also aware that I will be required to file reports of unexpended contributions if,	after filing the last required report as				
		an officeholder, I retain political contributions, interest or other income from political con	tributions, or assets purchased with				
	political contributions or interest or other income from political contributions.						
			* WITH				
			anature of Officeholder				



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.

- 1						
	Date Received					
	RECEIVED MAY 0 7 2024					
	Date Hand-delivered or Date Postmarked					
	Receipt # Amount \$					
	Date Progessed 2024 Date Imaged 2034					

OFFICE USE ONLY

- 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.
- 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 COH FINALE RPT report due on FINAL 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:

(1) Affidavit

		Gut Me		
NOTARY STAMP/SEAL		U Signatur	re of Filer	
Sworn to and subscribed before me by		this the	day of	
20, to certify which, witness my h	and and seal of office.			
Signature of officer administering oath	Printed name of officer administ	tering oath	Title of officer administering oath	
	OR			
(2) Unsworn Declaration				
My name is <u>lanet Rober</u>	TSen a	nd my date of birth is _	v	
My address is 135 N WOODLAN	ID TEC Down	SE OAK TX	75077 Denion	
Executed in County, s	reet) State of <u>TLXAS</u> , on the	7 day of MAY	(zip code) (country)	
	-	Gart	A	
FILERS WHO ARE	EXEMPT FROM THE ELECT		PEMENT	

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER