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. FIRST MS / MRS / MR 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** Shelly G NAME LAST NICKNAME SUFFIX Haertig DET 0 4 2024 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #: STATE: ZIP CODE 127 Quinn Rd. / PO Box 1332. Woodsboro Tx 78393 **OFFICEHOLDER MAILING** ELECTIONS ADMINISTRATOR **ADDRESS** REFUGIO COUNTY, TEXAS Change of Address EXTENSION 5 CANDIDATE/ AREA CODE PHONE NUMBER **OFFICEHOLDER** (361 543-0120 **PHONE** Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN TREASURER Shelly G Date Processed NAME **NICKNAME** LAST SUFFIX Date Imaged Haertig STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY: STATE ZIP CODE 7 CAMPAIGN **TREASURER** 127 Quinn Rd Woodsboro Tx 78393 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (361 543-0120 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Dav Month COVERED 09 26 24 07 01 24 **THROUGH**

11 ELECTION

12 OFFICE

14 NOTICE FROM

ELECTION DATE

Day

Year

24

Month

11 / 05

OFFICE HELD (if any)

ELECTION TYPE

Description

Other

13 OFFICE SOUGHT (if known)

Refugio County Sheriff

Special

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Shelly G Haertig		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
Paradi -racil M. 2 areas Frant	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	, \$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	1151.02
84) 3.707 JUDO 017	4. TOTAL POLITICAL EXPENDITURES	\$	1151.02
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$	1151.02
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	FTHE \$	0
	ear, or affirm, under penalty of perjury, that the accompanying report is true red to be reported by me under Title 15, Election Code.	e and correc	t and includes all information
		_(
	Signature of C.	andidate or C	Officeholder
	Please complete either option below	w:	
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed be	efore me by this the	d	lay of,
20, to certify wi	nich, witness my hand and seal of office.		
Signature of officer administering	g oath Printed name of officer administering oath	Tit	le of officer administering oath
	OR		
(2) Unsworn Declaration			
My name is Shelly G H		s	
My address is 127 Quint			93 US
Executed in Refugio	(city) County, State of Texas , on the O4 day of Octo	ber h)	code) (country) 2024 (year)
Forms provided by Texas Ethic			Revised 1/1/2024
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SUBTOTALS - C/OH

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

	FILER NAME nelly G Haertig	20 Filer ID (Ethics Co	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS			0
4.	SCHEDULE E: LOANS	\$	0	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	1151.02
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	0	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	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		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)					
	6 Contributor address; City; State; Zip Code	0					
8 Principal occu	upation / Job title (See Instructions) 9	Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)					
	Contributor address; City; State; Zip Code	·······					
Principal occur	pation / Job title (See Instructions) Employer (See	Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:						
Principal occu	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 Code						
Principal occu	pation / Job title (See Instructions) Employer (See	Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL If contributor is out-of-state PAC, please see Instruction guide for add						

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 Schedule A2:			
2	FILER NAM			3 Filer ID (Ethics Commission Filers)			
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5	Date 6 Full name of contributor out-of-state PAC (ID#			8 Amount of Contribution \$	9 In-kind contribution description		
		7 Contributor address; City; State;	Zip Code				
				Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Emplo			11 Employe	BT (FOR NON-JUDICIA	AL)(See Instructions)		
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law f			15 Law firm	n of contributor's spou	se (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 \$	In-kind contribution description		
		Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.		
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI/	· · · · · · · · · · · · · · · · · · ·		
	Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
	Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
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		ATTACH ADDITIONAL COPIES OF T			g requirements.		

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF	UNITEMIZED PLEDGES		\$	1		
5 Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description		
	7 Pledgor address; City; Sta	i i				
			Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occu	upation / Job title (See Instructions)	11 Employer (See I	nstructions)			
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; Sta	ate; Zip Code				
			Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occupation / Job title (See Instructions) Employer (See			nstructions)			
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; Sta	ite; Zip Code				
			Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; State	Zip Code				
			Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)			
If	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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LOANS

SCHEDULE E

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

The	Instruction Guide explains how to con	nplete this form.	1 Total pages Schedule E:			
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	IITEMIZED LOANS		\$			
5 Date of loan	7 Name of lender	9 Loan Amount (\$)				
6 is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date			
YN			11 Maturity date			
12 Principal occupation	on / Job title (See Instructions)					
14 Description of Collateral Check if person account (See Ir			ds were deposited into political			
none 16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
not applicable	18 Guarantor address; City;	State, Zip Code				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)				
Date of loan	_	ate PAC (ID#:)	Loan Amount (\$)			
Is lender a financial Institution?	Lender address; City;	State, Zip Code	Interest rate			
TY N			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	<u> </u>			
Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political			
none			·			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
, , , , , ,	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupati	on (See Instructions)	Employer (See Instructions)				
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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 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	complete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense		
9 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 listed at the top of this schedule)	Description				
	Check if travel outside of Texas Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Рауее пате					
Amount (\$)	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 Austi	in, TX, officeholder living	expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; Zip Code State; 9 TYPE OF Political Non-Political EXPENDITURE (b) Description 10 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code TYPE OF Non-Political Political **EXPENDITURE** 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

T	he Instruction Guide explains how to complete this form.	1	Total pa	iges Schei	dule F3:	
2 FILER NAME		3	Filer ID	(Ethics C	ommissio	on Filers)
4 Date	5 Name of person from whom investment is purchased					
	6 Address of person from whom investment is purchased; Cit	 у;		Sta	nte;	Zip Code
	7 Description of investment					
	8 Amount of investment (\$)					
	0					
Date	Name of person from whom investment is purchased					
	Address of person from whom investment is purchased; City	 Yi		Sta	ate;	Zip Code
	Description of investment					
	Amount of investment (\$)					
	1				10 T	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED	-	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Solicitation/Fundraising Expense

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
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

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

Candidate/Officeholder/Poli		ices		Expense Wages/Contract Li	Travel C abor Other (e	out Of District Inter a categor	y not listed above)
The Instruction	Guide explains how to co	emplete this form.		USE A NEW PA	GE FOR EACH C	REDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILE	R ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXI	PENDITURES CHARGED TO A	CREDIT CARD			\$		
S CREDIT CARD ISSUER	Name of financial institut	ion					
6 PAYMENT	(a) Amount Charged	(b) Date Expendite	ure Charged	(c) Date(s) Cred	it Card Issuer Paid		
	\$						
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Is	sted at the top of this sche	dule)	(b) Description			
Political Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought					Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Cred	it Card Issuer Paid		
	\$						
PAYEE	(a) Payee name	•	(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (see Categories lie	sted at the top of this sche	dule)	(b) Description			
Political Non-Political	(c) Check if travel out	side of Texas. Complete Schedule T. Ch		Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder (name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expendite	re Charged	(c) Date(s) Cred	it Card Issuer Paid		
	\$						
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (see Categories II:	sted at the top of this sche	dule)	(b) Description			
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T	Check if Austin, TX, officeholder living expense			g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder i	name	Off	fice Sought		Office Held	
	ATTACH ADDIT	TIONAL COPIE	S 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 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)

	ine instruction Guide explains now to	comprete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
9 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
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 expense
Complete ONLY if direct expenditure to benefit C/6	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 S	SCHEDULE AS NEED	ED
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PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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	complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Con	nmission Filers)
4 Date	5 Business name			11
6 Amount (\$)	7 Business address;	City;	State;	Žip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX. officeholder living expens	e
9 Complete ONLY if direct				e held
Date	Business name			
Amount (\$)	Business 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 Auslin	n, TX, officeholder living expense	•
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	e held
Date	Business name			
Amount (\$)	Business 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	В
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Offic	e held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

	The Instruction Guide explains how to con	nplete this form.				
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)	
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City		State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Secrequired.)	a instructions rega	rding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser	e instructions rega	rding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser	e instructions rega	rding lype of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions rega	rding type of	information	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

-				
The	1 Total pages Schedule K:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom amount is received	8 Amount (\$)		
	6 Address of person from whom amount is received; City; State	te; Zlp Code		
	7 Purpose for which amount is received Check if	political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Stat	te; Zip Code		
	Purpose for which amount is received Check if	political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution returned to filer		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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

if the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide explains how to compl	ete this form. 1 Total pages Schedule T;				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule					
6 Dates of travel 7 Name of person(s) traveling					
8 Departure city or name of departure location					
9 Destination city or name of destination location					
10 Means of transportation					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule	B(J) Schedule C2 Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destina	tion location				
Means of transportation Purpose of travel (inc	Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G	Schedule H Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Many of transportation Division I for a first of the second first	hading name of conference, parnings or other quanti				
Means of transportation Purpose of travel (inc	luding name of conference, seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Comp

Reset Form

Reset Page

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The instruction Guide explains how to compl	ete this form.	
		→ Complete only if "Report Type" on page 1 is ma	rked "Final Report" ••	
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)	
Sh	elly G	Haertig		
3	SIGNA	ATURE		
	designa	t expect any further political contributions or political expenditures in connecting a report as a final report terminates my campaign treasurer appointment of contributions or make any campaign expenditures without a campaign to	ent. I also understand that I may not accept any	
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.			
	A.	CAMPAIGN FUNDS		
	Chec	k only one:		
	X	I do not have unexpended contributions or unexpended interest or incom	e earned from 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 income 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 requirements of Election Code, § 254.204.			
	В.	ASSETS		
	Check only one:			
	X	I do not retain assets purchased with political contributions or interest or	other income from political contributions.	
		I do retain assets purchased with political contributions or interest or othe that I may not convert assets purchased with political contributions or interpersonal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	erest or other income from political contributions to	
			Signature of Candidate	
5		EHOLDER		
	Gun	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended cor an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contribution	political contributions, or assets purchased with	
			Signature of Officeholder	

