CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 31
3 CANDIDATE / OFFICEHOLDER	Ms/Mrs/Mr First Mr. Jeffrey	мі К	OFFICE USE ONLY
NAME	NICKNAME LAST Jeff Neal	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		ciry; state; zip code carkana, Texas 75501	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # 74mount \$
6 CAMPAIGN TREASURER	Ms / Mrs / Mr FIRST Mr. Jeffrey	мі К	Date Processed
NAME	Jeff Neal	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	uite #; city; Texarkana	STATE; ZIP CODE Texas 75501
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	July 15 30th day before elements and the state of the st	Eveneded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 23	THROUGH 12	Day Year / 31 / 23
11 ELECTION	BLECTION DATE Month Day Year 3 / 5 / 24 General	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Sheriff	13 OFFICE SOUGHT (if known Sheriff)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	'S MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS	EASURER NAME	
	COMMITTEE CAMPAIGN TRE		
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Jeffrey K. Neal		16 Filer I	D (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 30,200.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES		\$ 10,460.34	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$ 19,513.42	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$ 0.00	
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and corr	rect and includes all information	
rec	quired to be reported by me under Title 15, Election Code.			
	Signature of Ca	andidate o	r Officeholder	
	Please complete either option below	v:		
(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.			
			Title of officer administering oath	
Signature of officer administer	ering oath Printed name of officer administering oath		Title of officer administrating data	
(a) II Deplement				
(2) Unsworn Declarati		Fli	8 1970	
My name is <u>Jeth</u>	ey K. Neal and my date of birth is	, <u> </u>	1560(Barrio	
My address is	, lepartara		(zip code) (country)	
Executed in Boule	County, State of Texas, on the 5th day of land (mont	rang	_, 20 2 4 . (year)	
	Signature of cand	idate/Office	eholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME effrey K. Neal 20 Filer ID (Ethics Con	nmis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	29,700.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	500.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	10,460.34
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

SCHEDULE A1

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

• 000000			
The	Instruction Guide explains how to complete the	1 Total pages Schedule A1:	
² FILER NAME Jeffrey K.	Neal		3 Filer ID (Ethics Commission Filers)
4 Date 8 9 9 23	5 Full name of contributor Robert Bunch 6 Contributor address; City; Nash pation / Job title (See Instructions)	State; Zip Code	7 Amount of contribution (\$) \$\\$\\$\\$\\$\\$\\$\\$\\\\\\\\\\\\\\\\\\\\
Date 8 10 23	George Moore Contributor address; City;	State; Zip Code Tx 15503 Employer (See Instruc	Amount of contribution (\$) ## 100. ©
Principal occup	Contributor address; City;	State; Zip Code Tx 75503 Employer (See Instruc	\$ 250
8 lo 23	Full name of contributor Mawice Orr Contributor address; City; Texakan	State; Zip Code	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	etions)
		<u>'</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:
Jeffrey K.	Neal				3 Filer ID (Ethics Commission Filers)
4 Date 8 10 23	Kenneth Ruse 6 Contributor address;	out-of-state PAC	State;	Zip Code	7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions)	arrang		oyer (See Instruc	tions)
Date	Full name of contributor		(ID#:)	Amount of contribution (\$)
8/10/23	Pavid Alexarda Contributor address;	City;	State;	(5)0	#1000.°°
Principal occup	ation / Job title (See Instructions)			oyer (See Instruct	tions)
Date	Full name of contributor Vidcers Fugua				Amount of contribution (\$)
8/11/23	Contributor address;	City;	State;	Zip Code	₩ 500.00
Principal occup	pation / Job title (See Instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		oyer (See Instruc	etions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
8/11/23	Contributor address;	City;	State;	Zip Code 75503	\$ 250.00
Principal occup	ation / Job title (See Instructions)	lexarkan	Emple	oyer (See Instruc	ctions)
		•			

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1	Total pages Schedule A1:
Jeffrey K.	Neal	3	Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
81	Avan Williamson		
111 23		e; Zip Code	200.00
05			
• 5:	Texarkaa		
8 Principal occu	pation / Job title (See Instructions) 9 Èi	nployer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
21	Sandra Shambarger		
8/11/1	Contributor address; City; Stat	e; Zip Code	200,00
23			
	lexatara, Tx	75503	
Principal occup	ation / Job title (See Instructions)	nployer (See Instructions	s)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
ο.	Kyle Pavis		
8/11/	0		500.00
123	Contributor address, City, State	e; Zip Code	
	Texalcona, Tx	75505	
Principal occup	ation / Job title (See Instructions)	nployer (See Instructions	5)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
			Amount of contribution (\$)
8/111	John Pickett	ير ا	1000.00
33	Contributor address; City; State	e; Zip Code	(1000. —
	. Texalcag T	475503	
Principal occup		nployer (See Instructions	5)

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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 to complete this form.	1 Total pages Schedule A1:
Jeffrey K. Neal	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Kattle Andres 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Texakara, Tx 75503	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) Cal Smith	Amount of contribution (\$)
Contributor address; City; State; Zip Code	# 200.°°
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Joh title (See Instructions) Employer (See Instructions) Employer (See Instructions)	¥ 1000. °°
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/12/23 Contributor address; City; State; Zip Code 15503 Typokan Tx	₫ (000.°-
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
	E

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

SCHEDULE A1

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The I	Instruction Guide explains how to	complete this form.	1 Total pages Schedule A1:
Jeffrey K.	Neal		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of contribution (\$)
8121	Rebbie Alkine		
112/22	6 Contributor address;	City; State; Zip Code	\$ 250,∞
(6)	p. 18.1 (1.1 minutes) (1.1 min		
		Texakang, Tx 75503	
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
01	Alan Shimming		
8/14/	Contributor address;	City; State; Zip Code	\$ (50. °C
133		7550_3	
		Texakang Tx	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
81.1	Grea Cockerell		
14/22		City; State; Zip Code	\$200.€
1-3	T	T 7500	
		wkana Tx 75503	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
8 141	Buddy McColle	such	
114/22	Contributor address;	City; State; Zip Code	\$ 1000.00
		T . 77777	
		Texakana Tx 75503	tions
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	aions)

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SCHEDULE A1

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The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule A1:
Jeffrey K.	Neal		3 Filer ID (Ethics Commission Filers)
8 14 23	Tim Bunch 6 Contributor address; Cit	of-state PAC (ID#:) y; State; Zip Code Hang Ty 75503	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		of-state PAC (ID#:)	Amount of contribution (\$)
8/14/23	Contributor address; Cit	y; State; Zip Code	\$2500,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	N . D	of-state PAC (ID#:)	Amount of contribution (\$)
8/15/23	Contributor address; City	y; State; Zip Code	₩ 1000,00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		of-state PAC (ID#:)	Amount of contribution (\$)
8/16/23	Contributor address; City		\$ 1∞,∞
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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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 to complete this form.	1 Total pages Schedule A1:
Jeffrey K. Neal	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:) Dudy Margan 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	\$ 500.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Bate Full name of contributor out-of-state PAC (ID#:) Sames Henry Resell	Amount of contribution (\$)
Texarkay, Tx 75503	\$ 250,000
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) Robert Nelsen	Amount of contribution (\$)
Contributor address; City; State; Zip Code Teyarkana, Ty 75503	\$3∞. ∞
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Jeffrey K.	Neal	3 Filer ID (Ethics Commission Filers)
4 Date 8 19 23 8 Principal occup	5 Full name of contributor Lesley Dike low 6 Contributor address; City; State; Zip Code Teyarkara, Tr. 75503 Dation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/19/23	Contributor address; City; State; Zip Code Texcrkana Tx 75503	\$ 500.∞
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date 810-1	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
25 SE	Contributor address; City; State; Zip Code 75503 Teyoken Tr	\$ 500.00_
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
8/23/23	Mat Kobertson Contributor address; City; State; Zip Code	\$ 250.00
Principal occup	Tuyorkara, Tr. 75503 Pation / Job title (See Instructions) Employer (See Instructions)	tions)

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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 to complete this form.	1 Total pages Schedule A1:
Jeffrey K. Neal	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor 8 24 23 6 Contributor address; City; State; Zip Code Texarkang Tx 75503 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Scott Norton Contributor address; City; State; Zip Code Texarkang Tx 7550(\$200.€
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:) out-of-state PAC (ID#:) Soma Hubbard City; State; Zip Code Texarkang, Tx 75503 Employer (See Instructions)	Amount of contribution (\$)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)

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SCHEDULE A1

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The Instr	ruction Guide explains how to	complete this	form.	1 Total pages Schedule A1:
Jeffrey K. Ne	al			3 Filer ID (Ethics Commission Filers)
9/9/23 5	Contributor address;		State; Zip Code Tx 75505 9 Employer (See Instruct	7 Amount of contribution (\$)
• Timopar occupation	17 Job title (See Histractions)		5 Employer (See Instruct	ions)
2010	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code AL 71854	\$50,∞
Principal occupation	/ Job title (See Instructions)		Employer (See Instructi	ions)
	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
101	Contributor address;	City;	State; Zip Code	\$ 100° 00
Principal occupation	/ Job title (See Instructions)		Employer (See Instruct	ions)
· V	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/11/23	Contributor address;	City;	State; Zip Code	\$ 500.00
Principal occupation	/ Job title (See Instructions)	-tartay	Employer (See Instruction	ions)

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SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Jeffrey K.	Neal	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
9/11/2	6 Contributor address; City; State; Zip Code	\$ 500.00
123	Texarkera, Tx 75503	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/12/23	Any Women Contributor address; City; State; Zip Code	\$100.00
	Texarkang Tk 75503 eation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/12/23	Bob Bruggerran Contributor address; City; State; Zip Code	\$100.00
٠	Texarkang Tx 75503	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/12/23	Contributor address; City; State; Zip Code	\$100.00
	Texakang, Ty 75501	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)

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SCHEDULE A1

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The I	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Jeffrey K. I	Neal	3 Filer ID (Ethics Commission Filers)
4 Date 9 12 23	Full name of contributor Robert Ingram 6 Contributor address; City; State; Zip Code Texarkana, Tx 75505	7 Amount of contribution (\$) \$ 250.∞
8 Principal occup	ation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date O	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (a)
19/33	Contributor address; City; State; Zip Code Texarkana, Tx 75503	\$ 200. <u>a</u>
Principal occupa	ation / Job title (See Instructions) Employer (See Instru	uctions)
Date 9 12-13-3	Full name of contributor Out-of-state PAC (ID#:	
Principal occupa	Teyakara Tx 755 03 ation / Job title (See Instructions) Employer (See Instru	uctions)
Plate 91 23	Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	uctions)

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SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:
² FILER NAME Jeffrey K.	Neal		-	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Carl Teel	out-of-state PAC (ID#:)	7 Amount of contribution (\$)
12/33	6 Contributor address;		State; Zip Code	\$ 200.00
8 Principal occu	pation / Job title (See Instructions)	(examina)	9 Employer (See Instru	ctions)
Date	Full name of contributor		(ID#:)	Amount of contribution (\$)
9/12/23	Contributor address;	City;	State; Zip Code	\$ 1000.00
Principal occup	ation / Job title (See Instructions)	Vexerkano	Employer (See Instru	ctions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/12/23	Kelly Mitchell Contributor address;	City;	State; Zip Code	\$ 250.00
Principal occur	pation / Job title (See Instructions)	Texarka	Employer (See Instru	actions)
Date	^	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9/12/23	David Brad ford Contributor address;	City;	State; Zip Code	\$ 50. ∞
	New Box	ston, Tr	75570	
Principal occup	ation / Job title (See Instructions)		Employer (See Instru	actions)

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SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:			
2 FILER NAME Jeffrey K. Neal			3 Filer ID (Ethics Commission Filers)
4 Date 9 12 23	5 Full name of contributor Out-of-state PAC (ID#:) David Glenn 6 Contributor address; City; State; Zip Code Texakang Tx 75503		7 Amount of contribution (\$)
8 Principal occup	pation / Job title (See Instructions) 9	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
112/23	• • • • • • • • • • • • • • • • • • • •	State; Zip Code	\$ 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Sue Dorske)#:)	Amount of contribution (\$)
112/23	Contributor address; City;	State; Zip Code	\$200.00
Principal occup	ation / Job title (See Instructions)	Émployer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of contribution (\$)
9/12/23		State; Zip Code	\$ 500. ≈
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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SCHEDULE A1

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

The Automotive Control of the Contro	100
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Jeffrey K. Neal	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) 12 23 6 Contributor address; City; State; Zip Code Pekalb Ty 75559	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) Harold Williams Contributor address; City; State; Zip Code	Amount of contribution (\$)
Contributor address; City; State; Zip Code Wake Village, Tx 75501 Principal occupation / Job title (See Instructions) Employer (See Instructions)	
, mopal cosspecier, cos and (
Plake Carlow Contributor address; City; State; Zip Code New Boston, Tx 75570	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)
Date Full name of contributor Out-of-state PAC (ID#:) Va. Alexandar Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	itions)

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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 to complete this form.	1 Total pages Schedule A1:
Jeffrey K. Neal	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:) 7 Justin White 6 Contributor address; City; State; Zip Code Texakara, Tr. 7550.3	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/12/23 Contributor address; City; State; Zip Code Texarkang, Tx 75501	\$ 250.°°
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Pate Full name of contributor Out-of-state PAC (ID#:) Herad Hignight Contributor address; City; State; Zip Code New Boston, Tx 75570	Amount of contribution (\$) \$ 50.92
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Pate Full name of contributor Robert Truin Contributor address; City; State; Zip Code Teyarkan Tx 75503	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	tions)

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SCHEDULE A1

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The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule A1:
² FILER NAME Jeffrey K.	Neal		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-o	f-state PAC (ID#:)	7 Amount of contribution (\$)
112/23	6 Contributor address; City	State; Zip Code	\$ 100.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		f-state PAC (ID#:)	Amount of contribution (\$)
9/12/23		r; State; Zip Code	\$ 100.00
		exarkang Tx 75501	
Principal occup	ation / Job title (See Instructions)	'Employer (See Instructi	ions)
Date	2 0 1	f-state PAC (ID#:)	Amount of contribution (\$)
9 2	•••••	; State; Zip Code	\$500.00
	Texado	Lang Tx 75501	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		f-state PAC (ID#:)	Amount of contribution (\$)
9/ 12/23	Buteh Punbar Contributor address; City	; State; Zip Code	\$ 200.€
(0)	T	exakana, Tx 75503	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)

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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 to complete this form.	1 Total pages Schedule A1:
Jeffrey K.	Neal	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Terme And	7 Amount of contribution (\$)
1/13/23	6 Contributor address; City; State; Zip Code Teyorkana, Tx 755°3	\$ 150.∞
8 Principal occup	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:) Gary Treadway	Amount of contribution (\$)
114/23	Contributor address; City; State; Zip Code	\$100.00
Principal occup	Texorkang Tx 75503 Pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/15/23	Steve Murger Contributor address; City; State; Zip Code	\$100.00
Principal occup	Detarkang Ty 7550 Employer (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
9/18/23	Contributor address; City; State; Zip Code	\$ 50,∞
Principal occup	Dation / Job title (See Instructions) New Boston, Tk 75570 Employer (See Instructions)	tions)

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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 to complete this form. 1 Total pages Schedule A1:			
Jeffrey K.	Neal	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:) Pawid Bradford 6 Contributor address; City; State; Zip Code New Bosfon, Tx 75570	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
10/12/23	Contributor address; City; State; Zip Code	\$ 100.°°	
Principal occup	Teyertong Tr 7550 Dation / Job title (See Instructions) Employer (See Instructions)	tions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
10/12/23	Josh Davis Contributor address; City; State; Zip Code Texarkana Tx 75503	\$ 100.0°	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	
10/12/23	Contributor address; City; State; Zip Code	\$(00,00	
Principal occup	Dekalb Tk 75559 Dation / Job title (See Instructions) Employer (See Instructions)	ctions)	

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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 t	o complete thi	is form.	1 Total pages Schedule A1:
Jeffrey K.				3 Filer ID (Ethics Commission Filers)
4 Date	6 Contributor address;		State; Zip Code	7 Amount of contribution (\$) \$\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor R.P. white	out-of-state PA	C (ID#:)	Amount of contribution (\$)
112/23			State; Zip Code	\$ 100.00
Principal occup	pation / Job title (See Instructions)	The Control of	Employer (See Instruct	tions)
Date	Full name of contributor Buddy Hawkin	_	C (ID#:)	Amount of contribution (\$)
23	Contributor address;	City;	State; Zip Code	\$100.00
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 10 2-3 23	Full name of contributor Romie Smith	out-of-state PA(C (ID#:)	Amount of contribution (\$)
23		city;	State; Zip Code	\$100,00
Principal occup	nation / Job title (See Instructions)	Cha Card	Employer (See Instruct	ions)

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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 to complete this fo	rm.	1 Total pages Schedule A1:
Jeffrey K.	Neal		3 Filer ID (Ethics Commission Filers)
4 Date 10 23 23 8 Principal occu	Sharan Smith 6 Contributor address; City; Start	State; Zip Code 1550	7 Amount of contribution (\$) \$\bigsim \left[00.20]{\text{ons}}\$
Date	Full name of contributor out-of-state PAC (ID)		Amount of contribution (\$)
10/30/23	George wender Contributor address; City;	State; Zip Code	\$ 200.00
	Texartana	75503	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID:		Amount of contribution (\$)
18/23	Contributor address; City;	State; Zip Code	\$ 100.00
	Texaka	9 TK 75503	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID:	#)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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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:		
Jeffrey K. Neal		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
125	Zip Code	8 Amount of Contribution \$ \$\\$\\$250_{\text{-\text{\pi}}}\$ Check if travel outsi	9 In-kind contribution description Food for Fundraiser de of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib		utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	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 Pull name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$ \$\\$\250\@Check if travel outsign	In-kind contribution description Food for turbaiser de of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions)				
Contributor's principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (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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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
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gif/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 (orders restaurant part listed above)

Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to	Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Jeffrey K. Neal	3 Filer ID (Ethics Commission Filers)	
4 Date 8 19 23	5 Payee name Blessing Allison Photos	graphy City; State; Zip Code	
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$180.00	Te	xarkana, LR 71854	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Other	Campaign Photographs	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
8 24 23	Greater Texarkana Bra	nch NAACP	
Amount (\$)	Payee address;	City; State; Zip Code	
\$75.00	Tex	atana, Tx 75504	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF		. .	
EXPENDITURE	Advertising Expense	A	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense Office sought Office held	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
8 25 23	United States Postal S	pervice.	
Amount (\$)	Payee address;	City; State; Zip Code	
\$66.00		Texarkana, Tx 75501	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Other	Stamps	
	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 SCHEDULE AS NEEDED			

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	Fees COMPONIES CONTROL	Fees Office Overhead/Rental Expense Polling Expense Polling Expense Printing Expense Printing Expense Salaries/Wages/Contract Labor			
	The Instruction Guide explains h	ow to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Jeffrey K. Neal		3 Filer ID (Ethics Commission Filers)		
8 28 23	5 Payee pame Patterson 3 Compa	ny			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$5,380.∞			Austin, Tx 78737		
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Mailer			
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austi	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
8/29/23	Bowie County Citizen	is Tribune			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 200.00		New Bost	an, Tx 75570		
	Category (See Categories listed at the top of this sched	dule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Ad			
	Check if travel outside of Texas. Complete Sched	eT. 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				
8 31 23	Mand ISD				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$ 250.°°		Mand 1	Tx 75567		
	Category (See Categories listed at the top of this scheen	dule) Description			
PURPOSE OF EXPENDITURE	Aduatising Expense	T-Shirt	Logo		
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austi	in, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
ATTACH ARRITIONAL CORIES OF THIS SCHEDULE AS NEEDED					

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 (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/V The Instruction Guide explains how to committee	vages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Jeffrey K. Neal		3 Filer ID (Ethics Commission Filers)
4 Date 9 13 23	5 Paxee name Ramage Farms		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$750.∞		Hooks	Tx 75561
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	— . 1 —	Venue R	اماء
EXPENDITURE	Event Expense	venue -	
	(c) Check if travel outside of Texas. Complete Schedule T.	- Control of the Cont	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/14/23	Score board		
Amount (\$)	Payee address;	City;	State; Zip Code
\$135.31		Texartan	TX 75503
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	=	T-Shirte	
EXPENDITURE	Advertising Expense	1 31/42	•
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/23/23	Party City		
Amount (\$)	Payee address;	City;	State; Zip Code
# 22.84		Texarkana	Tx 75503
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense	Plates Cu	ps Napkins
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	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 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 Jeffrey K. Neal		3 Filer ID (Eth	ics Commission Filers)	
4 Date 9 27 23	5 Payee name For All Brandkind				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$250.∞		Texarkara	Tx	15503	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Mailer Design eT. Check if Austin, TX, officeholder living expense			
	(c) Check if travel outside of Texas. Complete Schedule T.				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
9 29 23	Texarkana Digital F	ress			
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$381,19		Texarka	ng, Tx	75501	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Mailer Pr	introg !	Postage	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder liv	ring expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
9/29/23	Bowie Country Citize	ns Tribur	٩		
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$ 270.00		New Boston	TY	75570	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Event A	d		
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder liv		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held	
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Revised 8/17/2020

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 o	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Jeffrey K. Neal	3 Filer ID (Ethics Commission Filers	s)
4 Date	5 Payee name Borron		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
# 450,00		New Boston, Tx 75570	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Food Beverage Expense	Fundraiser Food	
	(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		
11/12/23	Bavie Country Republic	can Party	
Amount (\$)	Payee address;	City; State; Zip Code	
\$750.00		Texarkana, Tx 755	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Filing Fee	
	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		
12/12/23	Fron Wood Grill		
Amount (\$)	Payee address;	City; State; Zip Code	
\$260.00		Texarkana, Tx 75503	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Gitts	6H Cards	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 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 Legal Services

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a catego	ory not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Jeffrey K. Neal		3 Filer ID (Ethics	Commission Filers)	
4 Date 12 12 23	Bavie Coonty Citizens	tribune			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$150.00		New Bosto	w, TE	75570	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	,		
PURPOSE OF EXPENDITURE	Advertising Expense	Calenda	Ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
12/12/23	Jelf Neal				
Amount (\$)	Payee address;	City;	State;	Zip Code	
\$900.∞		Texartan	a, Tx	7550	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Lan Repayment	Loan Re	paymen	+	
	Check if travel outside of Texas. Complete Schedule T.	edule 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			9	
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 travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living ex			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED		