Change of Address			CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
OFFICE HOLDER NAME NICOLAME LAST Doyer 4 CANDIDATE / OFFICE HOLDER MALINGS ADDRESS / PO BOX. APT / SUITE #: CITY: STATE: ZIP CODE JAN 1 6 2024 SO NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT NYASCOT COUNTY & DISTRICT SOUTHY IT STATE: ZIP CODE NYASCOT COUNTY & DISTRICT NYASCOT	The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
4 CANDIDATE / OFFICEHOLDER / OFFICEH	OFFICEHOLDER	Mr.	Randolph	N.	FILED FOR DECOME
OFFICEHOLDER MAILING ADDRESS Change of Address C		Doyer			ALTES O CLOCK H M
S CAMPAIGN TREASURER NAME MS / MRS / MR	OFFICEHOLDER MAILING ADDRESS	AUDRESS / PO BOX	; APT / SUITE #;	SO NYASCOTT County & District Clark	
TREASURER NAME Mr. Bill NICKNAME LAST Malone STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #: CITY: STATE: ZIP CODE TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE Final Report (Atlact COH - FR) TO PERIOD COVERED TO PERIOD TO DIE T	5 CANDIDATE/ OFFICEHOLDER	AREA CODE		EXTENSION	Date and drive ed of date Plastmarked Dept
NAME NICKNAME LAST Malone STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION RUNOIT Islin day after campaign treasurer appointment (Officientoder Only) Interessiver				МІ	Receipt # Amount \$
Malone TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE TREASURER ADDRESS (Residence or Business) 3 CAMPAIGN TREASURER PHONE 3 CAMPAIGN TREASURER PHONE 3 Office decident Runoff 4 NOTICE FROM POLITICAL COMMITTEE (S) Additional Pages Additional Pages STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION 1 Sih day after campaign treasurer appointment (Officeholder Control) 1 Sih day after campaign treasurer appointment (Officeholder Control) 1 Sih day after campaign treasurer appointment (Officeholder Control) 1 Sih day after campaign treasurer appointment (Officeholder Control) 1 Sih day after campaign treasurer appointment (Officeholder Control) 1 Street ADDRESS (Residence or Business) 4 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPOR POLITICAL COMMITTEES TO SUPPOR POLITICAL COMMITTEES TO SUPPOR POLITICAL COMMITTEES TO SUPPOR POLITICAL COMMITTEES AND OFFICE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME				SUFFIX	
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AREA CODE PHONE NUMBER EXTENSION REPORT TYPE January 15 John 15 July 15 Sin day before election Runoff Exceeded Modified Reporting Limit Final Report (Attach COH - FR) Month Day Year 12 1 24 THROUGH THROUGH LECTION DATE Month Day Year 3 5 24 General Primary Runoff Other Description Period COMMITTEE CAMPAIGN TREASURER MAY HAVE BEEN MADE BY POLITICAL COMMITTEES TO SUPPORT THE CAMPIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE BY POLITICAL COMMITTEES TO SUPPORT COMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE TYPE COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	TREASURER				STATE: ZIP CODE
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July 15 Sth day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR) Primary Runoff Day Year 12	TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
Month Day Year Month Day Year 12	REPORT TYPE	January 15	30th day before of		treasurer appointment
THE ELECTION DATE Month Day Year Special Primary Runoff Other Description		July 15	8th day before ele	ection	Final Report (Attach C/OH - FR)
Month Day Year 3 5 24 General Special 2 OFFICE OFFICE HELD (if any) NA 13 OFFICE SOUGHT (if known) Sheriff 4 NOTICE FROM POLITICAL COMMITTEE TO SUPPORT THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF ONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES Additional Pages Additional Pages Primary Runoff Other Description 13 OFFICE SOUGHT (if known) Sheriff THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEES TO SUPPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME				1	,
Additional Pages NA Sheriff Sheriff Sheriff Sheriff THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	1 ELECTION	Month Day	Year Primary	Runoff Other Description	
POLITICAL COMMITTEE(S) THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME	2 OFFICE		.4		n)
Additional Pages COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME	POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	55	COMMITTEE TYPE	COMMITTEE NAME		
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	Additional Pages	GENERAL	COMMITTEE ADDRESS		
COMMITTEE CAMPAIGN TREASURER ADDRESS	, and the second	SPECIFIC	COMMITTEE CAMPAIGN TRE		
			COMMITTEE CAMPAIGN TR	REASURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Randolph N. Doyer		16 Filer ID (Ethio	cs 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)	\$	1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$	1,000.00
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$	0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and	includes all information
	Rough W1	Wy .	
	Signature of Car	ndidate of Office	holder
	Please complete either option below	<i>y</i> :	
(1) Affidavit	GAIL BROOKS Notary ID #128931129 My Commission Expires March 27, 2024		
NOTARY STAMP/SEA			
- 11	,	loth day o	Donuary.
20 24 , to certify	which, witness my hand and seal of office.	Low	,
Signature of officer administer	pring oath Printed name of officer administering oath	Title of o	officer administering oath
A SAME STREET	OR		
(2) Unsworn Declarati	on		
My name is	, and my date of birth is		
My address is			
Executed in	(street) (city) (s County, State of , on the day of (month	(zip code , 20, 20	e) (country) ear)
	Signature of Candid		(Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME 20 Filer ID (Ethics Coming and olph N. Doyer	missi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,000.00
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 CONTRIBUTIONS	\$	
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 FUNDS		766.10
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	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.

			<u> </u>			
The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 1						
2 FILER NAME Randolph	N. Doyer	2. NO. 10. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17		3 Filer ID (Ethics Commission Filers)		
4 Date 01/03/2024	5 Full name of contributor oul-of-state PAC (ID#) Sofia Ballesteros		7 Amount of contribution (\$)			
01/03/2024	6 Contributor address;	City;	State; Zip Code	1,000.00		
8 Principal occu	pation / Job title (See Instructions)	- W C C D W D D D D D D D D	9 Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
	Contributor address;		State; Zip Code			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date	Full name of contributor	utor out-of-state PAC (ID#)		Amount of contribution (\$)		
	Contributor address;		State; Zip Code			
Principal occup	eation / 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	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
	ATTACH ADDITION		OF THIS SCHEDULE AS Nuction guide for additional			

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
CreditCard Payment

Event Expense Fees Food/Beverage Expense Glit/Awards/Memonats Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Refated Expense Travet In District Travet 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:		925 (IIII)	3 Filer ID (Ethics C	ommission Filers)
1	Randolph N. Doyer			
4 Date	5 Payee name			
01/11/2024	Dirt Cheap Signs			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
592.90	to core the second			
Reimbursement from political contributions intended	*		A1113 (254)	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Pusii cards, Y	ard signs, Holde	ers.
	(c) Check if Iravel outside of Texas. Complete Schedule T.	Check if Austii	n, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	C	office held
expenditure to benefit C/OH				
Date	Payee name			
01/15/2024	Copy Cats			
Amount (\$)	Payee address	City;	State;	Zip Code
173.20	17 1 1 17 1 17 1 17 1	Lamp	asas, TX 76550	
Reimbursement from political contributions intended				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Advertising Expense	Push cards		
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living exp	pense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	C	Office held
expenditure to benefit C/	ОН	20 - W - W - W - W - ATT (1984)	1000-200	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursementfrom				
political contributions intended				
DUDDOS	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Charles Grand auto-de (Towns Complete Col. 1). T	0 17:3	- TV - Cb1	
- 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living exp	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEL	DED	-6.114
- WT				