CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. FIRST: John MI: J.

NICKNAME LAST: Fincher SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Goldthwaite Tx 76844

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. FIRST: Charles MI: M.

NICKNAME LAST: Conrad SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

Goldthwaite Tx 76844

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

☐ January 15
☐ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15
☑ 8th day before election
☐ Exceeded Modified Reporting Limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 01 / Day 26 / Year 2024 THROUGH Month 02 / Day 24 / Year 2024

11 ELECTION

ELECTION DATE

Month 03 Day 05 Year 2024

ELECTION TYPE

☑ Primary
☐ Runoff
☐ Other Description
☐ General
☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mills County Sheriff

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 1,000
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES. LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 350
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2269.11
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 650
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 2520.11

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:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

20 _____, to certify which, witness my hand and seal of office.

_____
Signature of officer administering oath   Printed name of officer administering oath   Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _John J. Fischer_, and my date of birth is _08/08/1971_.

My address is _____ _Goldthwaite_, _Tx_, _76844_ _Mills_.
                    (street)   (city)   (state)   (zip code)   (country)

Executed in _Mills_ County, State of _Texas_, on the _26_ day of _February_, 20_24_.
                                               (month)   (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,000
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☑ SCHEDULE E: LOANS	$ 1769.11
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 350
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	$
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	$

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
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME John J. Fincher	3 Filer ID (Ethics Commission Filers)

4 Date 2/19/2024	5 Payee name Goldthwaite Eagle			

6 Amount ($) $350	7 Payee address; 1002 Fisher St.	City; Goldthwaite	State; TX	Zip Code 76844

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Ad

(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 John J. Fincher	Office sought Sheriff	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 Austin, TX, officeholder living expense

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

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 SCHEDULE AS NEEDED