## 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 Co	ommission Filers)	2 Total pages fil	led:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	C) A			OFFICE USE ONLY		
IVAIVIE	NICKNAME	Pafford		SUFFIX	Date Received	FOR RECORD	
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE;	ZIP CODE			
OFFICEHOLDER MAILING ADDRESS					a LEE	2 6 2024 H. CHAMBERS LIBERTY COUNTY, TEXA	
Change of Address					BY	MY LAN DEBLO	
5 CANDIDATE/ OFFICEHOLDER PHONE					Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ	recorpt "	7 mount ¢	
TREASURER	MRS.	Wendy		L	Date Processed	1	
NAME	NICKNAME	LAST		SUFFIX			
, e.,					Date Imaged		
1/2/2		Hafford					
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / S	SUITE #; CITY;		STATE;	ZIP CODE	
TREASURER							
ADDRESS (Residence or Business)							
8 CAMPAIGN TREASURER PHONE							
9 REPORT TYPE	January 15	30th day before e			15th day af treasurer a (Officeholde		
	July 15	8th day before ele	CCIOII	eded Modified orting Limit	Final Repo	rt (Attach C/OH - FR)	
10 PERIOD	Month	Day Year		Month	Day Yea	r	
COVERED	01/	26/2024	THROUGH	02/	24 / 20	24	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE			
	Month Day Year Primary Runoff Other						
				Description			
	63/05/	2024 General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SC	OUGHT (if known)			
IZ OFFICE	OT TIGE TIEED (II dity)		1	, ,	4.5 Consta	hle	
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE W	THOUT THE CANDIE	DATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS				
	1	GO TO	PAGE 2				
I							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME					16 File	r ID (Ethics Co	ommission Filers)
Chad R.	Paffor	d. Sn.		***************************************		-	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLI PLEDGES, LOANS, OR GI CONTRIBUTIONS MADE E	JARANTEES OF LOA		N	\$	Ø
		TOTAL POLITICAL CON (OTHER THAN PLEDGES,		TEES OF LOANS	)	\$	D
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLI	TICAL EXPENDITURE	≣.		\$	<i>:</i> Ø
	4.	TOTAL POLITICAL EXPI	ENDITURES			\$	20000
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTR OF REPORTING PERIOD	IBUTIONS MAINTAIN	ED AS OF THE LA	ST DAY	\$	Ø
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR		DING LOANS AS O	F THE	\$	Ø
18 SIGNATURE I	swear, or aff	irm, under penalty of perju	ry, that the accompa	nying report is tru	ie and co	orrect and incl	udes all information
required to be reported by me under Title 15, Efection Code.  Signature of Candidate or Officeholder							
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEA	L						
Sworn to and subscribed	before me	by		this the		day of	,
20, to certify	which, witne	ss my hand and seal of offic	ee.				
Signature of officer administe	ering oath	Printed name of	of officer administering	oath		Title of office	r administering oath
			OR				
(2) Unsworn Declarati	on						
My name is			, and	my date of birth is	3		·
My address is	***************************************						*
		(street)			(state)	(zip code)	(country)
Executed in	C	ounty, State of	, on the	day of (mont	h)	, 20 (year)	•
				Signature of Candi	date/Offi	ceholder (Decl	arant)

## SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Commission Filers)						
Chad R. Pafford SR						
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT				
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 6				
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4. SCHEDULE E: LOANS		\$				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$				
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 200°				
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$				
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$				
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$				

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

				***			
		EXPENDITURE CATEGO	ORIES 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  The Instruction Guide explains how to complete this form.		Trans Trave Trave	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER	IAME		3 5	ler ID (Ethics Commission Filers)		
	Charle R. Pattone SR.			Terrib (Ethics Commission Filers)			
4 Date	5 Payee n	ame					
2/15/2024	The Vindicator						
6 Amount (\$) 100-0	7 Payee a	ddress;	City;		State; Zip Code		
Reimbursement from political contributions intended	1939	TRINITY	Liberty		-CX 17502		
8	(a) Catego	ry (See Categories listed at the top of this sche	(b) Description				
PURPOSE OF EXPENDITURE	advertising Expense		voters	Suè	le		
	(c)	Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	n, TX, off	fficeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	idate / Officeholder name	Office sought		Office held		
Date	Payee n	ame					
2/13/2024		ington High scho	och - Project	da	duation		
Amount (\$) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Payee a		City;		State; Zip Code		
Reimbursement from political contributions intended	2770	770 FM 163 RD Cleveland			Tp 77327		
PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this sch would - Daration S - Co	edule)  Description  Revolutions	Cak	ce Auction		
	Check if travel outside of Texas. Complete Schedule T.		dule T. Check if Austir	n, TX, of	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0		idate / Officeholder name	Office sought		Office held		
Date	Payee n	ame					
Amount (\$)	Payee a	ddress;	City;		State; Zip Code		
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this sche	edule) Description				
		Check if travel outside of Texas. Complete Schedule T. Check if Austin,		n, TX, officeholder living expense			
Complete ONLY If I'm	Cand	idate / Officeholder name	Office sought		Office held		
Complete ONLY if direct expenditure to benefit C/OH							
L.	ATT	ACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED			