

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Lanham</b>	MI <b>R</b>
	NICKNAME <b>Bishop</b>	LAST <b>Bishop</b>	SUFFIX <b>Jr</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE
	[REDACTED]		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(325)</b>	PHONE NUMBER <b>674-1300</b>	EXTENSION
	[REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr</b>	FIRST <b>Lanham</b>	MI <b>R</b>
	NICKNAME <b>Bishop</b>	LAST <b>Bishop</b>	SUFFIX <b>Jr</b>
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY: STATE: ZIP CODE
	[REDACTED]		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(325)</b>	PHONE NUMBER <b>674-1302</b>	EXTENSION
	[REDACTED]		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
10 PERIOD COVERED	Month Day Year <b>1 / 16 / 24</b>	THROUGH	Month Day Year <b>2 / 5 / 24</b>
	[REDACTED]		
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 5 / 24</b>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
	[REDACTED]		
12 OFFICE	OFFICE HELD (if any) <b>Sheriff</b>	13 OFFICE SOUGHT (if known)	
GO TO PAGE 2			

OFFICE USE ONLY  
**FILED FOR RECORD**  
Date Received: **10 O'Clock 53 Min am**  
**FEB 06 2024**  
**FREDA RAGAN**  
Deputy Auditor  
Taylor County, Texas  
**[Signature]** DEPUTY  
Receipt # Amount  
Date Processed  
Date Imaged

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

*Lanham Richy Bishop Jr*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$           

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,780

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$           

4. TOTAL POLITICAL EXPENDITURES

\$ 2,573.45

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 16,912.84

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$           

18 AFFIDAVIT



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]*  
\_\_\_\_\_  
(Signature of Candidate or Officeholder)

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Richy Bishop*, this the *6* day of *Feb*, 20 *24*, to certify which, witness my hand and seal of office.

*Caitlin Culpepper*  
\_\_\_\_\_  
Signature of officer administering oath

*Caitlin Culpepper*  
\_\_\_\_\_  
Printed name of officer administering oath

*Notary*  
\_\_\_\_\_  
Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1. Total pages Schedule A1

2. FILER NAME

Lanham Rich Bishop Jr.

3. Filer ID: Ethics Committee Filing

4. Date

1-16-24

5. Full name of contributor

Chris Selander

7. Amount of contribution (\$)

\$ 200.00

6. Contributor address

Tye TX.

8. Political association / Job title (See Instructions)

9. Employer (See Instructions)

Date

1-21-24

Full name of contributor

Ace Polk

Amount of contribution (\$)

100.00

Contributor address

Winters TX

Political association / Job title (See Instructions)

Employer (See Instructions)

Date

1-19-24

Full name of contributor

IZIAR Lankford

Amount of contribution (\$)

100.00

Contributor address

Abilene TX

Political association / Job title (See Instructions)

Employer (See Instructions)

Date

1-25-24

Full name of contributor

Shea Hall

Amount of contribution (\$)

1,000.00

Contributor address

Abilene TX

Political association / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form

1. Total pages: Schedule A1

2. FILER NAME

Lanham Richy Bishop Jr

3. Filer ID: Enter Donor ID, if any

4. Date

5. Full name of contributor

6. Street address

7. Amount of contribution \$

1-25-24

Kay Richards

6. Contributor address

City, State, Zip Code

100 <sup>00</sup>

Abilene Tx

8. Political association: Use this. See instructions

9. Employer: See instructions

Date

Full name of contributor

Street address

Amount of contribution \$

1-25-24

Colleen Richards

Contributor address

City, State, Zip Code

50 <sup>00</sup>

Abilene Tx

Political association: Use this. See instructions

Employer: See instructions

Date

Full name of contributor

Street address

Amount of contribution \$

1-31-24

Bob Collins

Contributor address

City, State, Zip Code

400 <sup>00</sup>

Buffalo Gap Tx

Political association: Use this. See instructions

Employer: See instructions

Date

Full name of contributor

Street address

Amount of contribution \$

2-5-24

Bonnie Mouser

Contributor address

City, State, Zip Code

700 <sup>00</sup>

Abilene Tx

Political association: Use this. See instructions

Employer: See instructions

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1. Total pages Schedule A1

2. FILER NAME

Lanham Rich Bishop Jr

3. Page 2. Enter additional filer(s)

4. Date

5. Full name of contributor

6. Party/Office

7. Amount of contribution \$

2-5-24

Dr James Sulliman

8. Contributor address

City State Zip Code

Abitene TX

100<sup>00</sup>

8. Primary occupation (Job title) See instructions

9. Employer See instructions

Date

Full name of contributor

Party/Office

Amount of contribution \$

2-5-24

Larry Wellhausen

Contributor address

City State Zip Code

Abitene TX

100<sup>00</sup>

Primary occupation (Job title) See instructions

Employer See instructions

Date

Full name of contributor

Party/Office

Amount of contribution \$

2-5-24

cash from unknown donors

Contributor address

City State Zip Code

Abitene TX

30<sup>00</sup>

Primary occupation (Job title) See instructions

Employer See instructions

Date

Full name of contributor

Party/Office

Amount of contribution \$

Contributor address

City State Zip Code

Primary occupation (Job title) See instructions

Employer See instructions

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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  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Lanham Rich Bishop Jr</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-21-24</i>	5 Payee name <i>Allsup's</i>	
6 Amount (\$) <i>97 <sup>42</sup></i>	7 Payee address; City: State: Zip Code <i>Tuscola TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Travel in District</i>	(b) Description <i>Fuel</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>1-26-24</i>	Payee name <i>Segundo Rodriguez - Good News Magazine</i>	City: State: Zip Code <i>Abilene TX</i>
Amount (\$) <i>2,000 <sup>00</sup></i>	Payee address;	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>news paper ad.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>1-27-24</i>	Payee name <i>Tractor Supply</i>	City: State: Zip Code <i>Abilene TX</i>
Amount (\$) <i>16 <sup>99</sup></i>	Payee address;	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>wire for Banners</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 <i>Carlan Richy Bishop Jr</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-31-24</i>	5 Payee name <i>Buffalo Gap Roundup News</i>	
6 Amount (\$) <i>386<sup>00</sup></i>	7 Payee address; City: State: Zip Code <i>Buffalo Gap TX</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>	(b) Description <i>Ad.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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 <i>2-2-24</i>	Payee name <i>Alon DK</i>		
Amount (\$) <i>73<sup>04</sup></i>	Payee address; City: State: Zip Code <i>Abilene TX</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel in District</i>	Description <i>Fuel</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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