

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 <i>Mr</i> | FIRST <i>Lenhan</i> | MI <i>R</i> |
| | NICKNAME | LAST <i>Bishop</i> | SUFFIX <i>Jr</i> |
| 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 <i>(325)</i> | PHONE NUMBER <i>674-1300</i> | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <i>Mr</i> | FIRST <i>Lenhan</i> | MI <i>R</i> |
| | NICKNAME | LAST <i>Bishop</i> | SUFFIX <i>Jr</i> |
| 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 <i>(325)</i> | PHONE NUMBER <i>674-1300</i> | EXTENSION |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input 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 <i>7 / 16 / 23</i> | THROUGH | Month Day Year <i>1 / 15 / 23</i> |
| | 11 ELECTION | | |
| ELECTION DATE Month Day Year <i>3 / 5 / 24</i> | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) <i>Sheriff</i> | 13 OFFICE SOUGHT (if known) | |

OFFICE USE ONLY

FILED FOR RECORD

Date Received: *10 O'Clock 56 Min am*

JAN 16 2024

FREDA RAGAN
 Date Hand Delivered or Postmarked
 Election Administrator
 Taylor County, Texas

Receipt # _____ Amount _____ **DEPUTY**

Date Processed _____

Date Imaged _____

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Carlan 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

additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

| | | |
|-------------------------|---|---------------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ <u>—</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>15,950</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>—</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>1,34.67</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>16,606.29</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>—</u> |

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 16 day of Jan, 2024, to certify which, witness my hand and seal of office.

Caitlin Culpepper Caitlin Culpepper Notary
Signature of officer administering oath Printed name of officer administering oath 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

R. Bishop

3 Filer ID: Ethics Commission Filer:

4 Date

10-6-23

5 Full name of contributor

*Joyce Cummins
(John)*

Self or PAC Other

7 Amount of contribution (\$):

\$ 15,000⁰⁰

6 Contributor address:

City State Zip Code

Abilene TX

8 Principal occupation: Job title (See Instructions):

9 Employer (See Instructions):

Date:

11-27-23

Full name of contributor

Robert Pelton

Self or PAC Other

Amount of contribution (\$):

\$ 500⁰⁰

Contributor address:

City State Zip Code

Houston TX

Principal occupation: Job title (See Instructions):

Employer (See Instructions):

Date:

12-29-23

Full name of contributor

Bernie Mower

Self or PAC Other

Amount of contribution (\$):

300⁰⁰

Contributor address:

City State Zip Code

Abilene TX

Principal occupation: Job title (See Instructions):

Employer (See Instructions):

Date:

1-6-24

Full name of contributor

Jerry Gaudin

Self or PAC Other

Amount of contribution (\$):

50⁰⁰

Contributor address:

City State Zip Code

Abilene

Principal occupation: 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

L. Ricky Bishop

3 Filer ID: Ethics Commission Filer

4 Date

1-9-24

5 Full name of contributor

Brenda Griggs

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address

Abilene Tx

City State Zip Code

8 Principal occupation (job title) See instructions

9 Employer (See instructions)

Date

Full name of contributor

City State Zip Code

Amount of contribution (\$)

Contributor address

City State Zip Code

Principal occupation (job title) See instructions

Employer (See instructions)

Date

Full name of contributor

City State Zip Code

Amount of contribution (\$)

Contributor address

City State Zip Code

Principal occupation (job title) See instructions

Employer (See instructions)

Date

Full name of contributor

City State Zip Code

Amount of contribution (\$)

Contributor address

City State Zip Code

Principal occupation (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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: <i>1</i> | 2 FILER NAME <i>Conna R. Bishop Jr.</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11-11-23</i> | 5 Payee name <i>Taylor County Republican Party</i> | |
| 6 Amount (\$) <i>\$750</i> | 7 Payee address: City: State: Zip Code <i>Abilene TX</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Filing Fee</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>11-27-23</i> | Payee name <i>The UPS Store</i> | |
| Amount (\$) <i>\$121.83</i> | Payee address: City: State: Zip Code <i>3478 Colclaw Dr Abilene</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>mail box</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>12-27-23</i> | Payee name <i>Vista Print</i> | |
| Amount (\$) <i>80⁰⁹</i> | Payee address: City: State: Zip Code <i>online store</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: _____ | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: | 2 FILER NAME <i>L. Richy Bishop</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1-7-24</i> | 5 Payee name <i>Alon DK</i> | |
| 6 Amount (\$) <i>82.75</i> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: City: State: Zip Code <i>7727 Hwy 277 Abilene</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Travel in District</i> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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