

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															
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:40%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>James</td> <td>B.</td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td>Jim</td> <td>Hicks</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	James	B.				NICKNAME	LAST	SUFFIX	Jim	Hicks		<p style="text-align: center;">OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: large; text-align: center;">FILED FOR RECORD 3 O'Clock 54 Min AM</p> <p style="text-align: center; font-size: large;">JAN 18 2024</p> <p>Date Hand-delivered or Date Postmarked</p> <p style="text-align: center;">FREDA RAGAN <small>Elections Administrator Taylor County, Texas</small></p> <p>Receipt # <i>Carol Taylor</i></p> <p>Date Processed</p> <p>Date Imaged</p>	
MS / MRS / MR	FIRST	MI																
Mr.	James	B.																
NICKNAME	LAST	SUFFIX																
Jim	Hicks																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX;</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 20px;"></td> </tr> </table> <p style="font-size: small;">Change of Address</p>			ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE										
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE														
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>(254)</td> <td>488-0660</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(254)	488-0660										
AREA CODE	PHONE NUMBER	EXTENSION																
(254)	488-0660																	
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">MS / MRS / MR</td> <td style="width:40%; font-size: small;">FIRST</td> <td style="width:40%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>Craig</td> <td></td> </tr> <tr> <td colspan="3" style="border-top: 1px dashed black;"></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Griffis</td> <td></td> </tr> </table>			MS / MRS / MR	FIRST	MI	Mr.	Craig					NICKNAME	LAST	SUFFIX		Griffis	
MS / MRS / MR	FIRST	MI																
Mr.	Craig																	
NICKNAME	LAST	SUFFIX																
	Griffis																	
7 CAMPAIGN TREASURER ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 20px;"></td> </tr> </table> <p style="font-size: small;">(Residence or Business)</p>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE										
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE														
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>(325)</td> <td>668-5984</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(325)	668-5984										
AREA CODE	PHONE NUMBER	EXTENSION																
(325)	668-5984																	
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)							
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)															
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)															
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;">THROUGH</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td>7</td> <td>1</td> <td>23</td> <td></td> <td>12</td> <td>31</td> <td>23</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	7	1	23		12	31	23	
Month	Day	Year	THROUGH	Month	Day	Year												
7	1	23		12	31	23												
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month / Day / Year</td> <td>Primary</td> <td>Runoff</td> <td><input checked="" type="checkbox"/> Other Description</td> </tr> <tr> <td> / /</td> <td>General</td> <td>Special</td> <td>Semi Annual</td> </tr> </table>			ELECTION DATE	ELECTION TYPE			Month / Day / Year	Primary	Runoff	<input checked="" type="checkbox"/> Other Description	/ /	General	Special	Semi Annual			
ELECTION DATE	ELECTION TYPE																	
Month / Day / Year	Primary	Runoff	<input checked="" type="checkbox"/> Other Description															
/ /	General	Special	Semi Annual															
12 OFFICE	OFFICE HELD (if any) Criminal Dist. Attorney	13 OFFICE SOUGHT (if known)																
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: x-small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: small;">GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: small;">SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p style="font-size: small;">Additional Pages</p>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS							
COMMITTEE TYPE	COMMITTEE NAME																	
GENERAL	COMMITTEE ADDRESS																	
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																	
	COMMITTEE CAMPAIGN TREASURER ADDRESS																	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

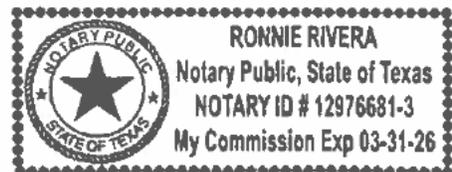
15 C/OH NAME James Hicks		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
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 LAST DAY OF REPORTING PERIOD	\$	6,296.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	8,650.00

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 James B. Hicks this the 18th day of January.

20 24, to certify which, witness my hand and seal of office.

Ronnie Rivera Ronnie Rivera Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME James Hicks		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00