CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form. MS / MRS (MR) 3 CANDIDATE/ MI OFFICEHOLDER OFFICE USE ONLY NAME Date Received NICKNAME SUFFIX In WAGNER 4 CANDIDATE/ ADDRESS / PO BOX: ZIP CODE OFFICEHOLDER 1801010 MAILING Catorodo City Hwy ADDRESS: Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (432) PHONE Receipt # CAMPAIGN Amount \$ MI TREASURER NAME Date Processed NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); CAMPAIGN ZIP CODE 1308 Pernsylvania TREASURER Texps 74120 ADDRESS (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER 466-3405 PHONE (432)9 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign tressurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 15/2022 31/2022 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Runoff Month Other Description Special 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) COMMISSIONEW 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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15 C/OH NAME	I NAME 16 Filer ID (Ethics of		iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRI PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	F LOANS, OR \$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 20,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	ITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES		\$ 378,04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	NTAINED AS OF THE LAST DAY	\$ 3,18
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF THE	\$ 0
(1) Amdavit	Please complete eith	Signature of Candidate	e or Officeholder
NOTARY STAMP SEAL	m. Expires 01-08-2024	L this the 31	day of Janiera ia
nn	which, witness my hand and seal of office.	110	Line Olask
Signature of officer administer	ing oath Printed name of officer administr	ering oath	Title of officer administering oath
	OR		SCARAGE STATE
(2) Unsworn Declaration	The product of the second seco	The state of the s	TO THE STATE OF THE PARTY OF TH
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 _		, 20 (year)
		Signature of Candidate/Off	iceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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19 FILER NAME Doiglas E Waymen Fr 20 Filer ID (Ethics Co.	mmission Filers)
21 SCHÉDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEAT: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,00
2. SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ O
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ O
4. SCHEDULE E:: LOANS	\$ O
5: SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 278.00/
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>O</i>
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ B
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s. 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ull name of contributor out fas & Way New ontributor address; I of the (See Instructions) Job title (See Instructions) Job title (See Instructions) Ill name of contributor ontributor address;	City; Big Out-of-state PAC City;	State; Zip Code POST 7970 Employer (See Instru (ID#	Amount of contribution (\$)
ontributor address; Job title (See Instructions) Job title (See Instructions) Job title (See Instructions)	City; Big y Gut-of-state PAC City;	State; Zip Code POST 7970 Employer (See Instru (ID#	Luctions) A M F 6 Amount of contribution (\$)
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intributor address;	City;	State: Zip Code	
Job title (See Instructions)		Employer (See Instru	ictions)
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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 CALEG	ORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement. Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Individual Complete this form.	Solicitation/Fundraising Expanse Transportation Equipment & Related Expense Travet In District Travet Out Of District Other (enter a category not listed above)			
	10-1-10-10-10-10-10-10-10-10-10-10-10-10					
1 Total pages Schedule F1:	DOCYLOS E Wayner J	- 1-	3 Filer ID (Ethics Commission Filers)			
4 Date / 31-2022	5 Payee Mame					
6 Amount (\$)	7 Payee address:	City:	State: Zip Code			
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.8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description				
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EXPENDITURE	Expense					
	(c) Check if travel outside of Texas, Complete Sch	nedule T. Check if Austi	n. TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
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