CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction 0	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR HATHYN NICKNAME LAST WISE MAI	MI G SUFFIX	OFFICE Date Received	USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/		CITY; STATE; ZIP CODE	JAN 1 E	S 2018		
OFFICEHOLDER PHONE	(432) 264-220 3 MS/MRS/MR FIRST)_ 	Date Hand-delivered Receipt #	or Date Postmarked Amount \$		
6 CAMPAIGN TREASURER NAME	NICKNAME LAST HCNTY	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 508 Scott, Big Sprim		ZIP CODE 728			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (431) 267-75	27				
9 REPORT TYPE	January 15 30th day before e		treasurer ap (Officeholder			
10 PERIOD COVERED	Month Day Year	THROUGH	Day Year	18		
11 ELECTION	BLECTION DATE Month Day Year Primary General	Runoff Other Description Special				
12 OFFICE	Constitutional County Judge	County Jud	al			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	hryn G.	Wiseman	5 Filer ID (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	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL F				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ -1				
EXPENDITURE TOTALS	3. TOTAL F	\$ -6-			
	4. TOTAL	\$ 750-			
CONTRIBUTION BALANCE	5. TOTAL F OF REP	DAY \$ -0-			
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	* -0-			
18 AFFIDAVIT		l de la companya de l			
JODI DUCK Notary Public, State of Texas Comm. Expires 12-14-2019 Notary ID 12544247-6 Notary ID 12544247-6					
AFFIX NOTARY STAM	P/SEALABOVE	4 11 (5.5)			
Sworn to and subsci	10		this the 16th		
day of Jan, 20 18, to certify which, witness my hand and seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FII	FILER NAME AGUNA 6. WISCHAL 20 Filer ID (Ethics Con			mmission	n Filers)
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			1,000	UBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	-6-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				-0-
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0-0
4.		SCHEDULE E: LOANS		\$_	-6-
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ _	0-
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$_	-6-
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ -	-0 -
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0	1-0
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ (15000
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ -	-0-
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ -	-0-
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			-0-

Fileig fee paid for with personal funds.

KATHRYN G WISEMAN DI 06836924 432-267-2986	1063
DL 06836924 432-267-2986 433 DALLAS ST BIG SPRING, TX 79720	11/11/247 Date
PAY TO THE HOURTS County ORDER OF	to 0 700/ 50 Photo Safe
Seven hundred and fift	4 Court // Dustais Beposit
P.O. Box 425 CITIZENS Big Spring, TX 79721-0425 (432) 267-6373	Hattere Grani
For	39311 1063

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Fees

Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment Filing Fee The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Date 5 Payee name Big Spring, Texas 79720 Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE Check if travel outside of Texas. Complete Schedule T. other OF EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Complete ONLY if direct Çandidate / Officeholder name Office held on stitution expenditure to benefit C/OH Sethrun G. Wiseman Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Payee address; City; State; Zip Code Amount (\$) Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER DAILY PRE-ELECTION REPORT

FORM DAILY-C C/OH

1 Filer ID (Ethics Commission Filers)		2 Total	2 Total pages filed:			OFFICE USE ONLY	
CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST			МІ	Date Received	
	NICKNAME .	LAST		, . , . ,	SUFFIX		
CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; A	PT / SUITE #;	CITY;	STATE;	ZIP CODE		
							ed or Date Postmarked
OFFICE SOLIGHT		· · · · · ·				Receipt #	Amount \$
OFFICE SOUGHT						Date Processed	
						Date Imaged	
							:
	CANDIDATE / OFFICEHOLDER NAME CANDIDATE / OFFICEHOLDER	CANDIDATE / MS/MRS/MR OFFICEHOLDER NAME NICKNAME CANDIDATE / ADDRESS / PO BOX; A OFFICEHOLDER ADDRESS	CANDIDATE / OFFICEHOLDER NAME NICKNAME ADDRESS / PO BOX, APT / SUITE #; OFFICEHOLDER ADDRESS	CANDIDATE / OFFICEHOLDER NAME NICKNAME LAST CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #; CITY;	CANDIDATE / OFFICEHOLDER NAME NICKNAME LAST CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; OFFICEHOLDER ADDRESS	CANDIDATE / OFFICEHOLDER NAME NICKNAME LAST SUFFIX CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE OFFICEHOLDER ADDRESS	CANDIDATE / OFFICEHOLDER NAME NICKNAME INICKNAME ADDRESS / PO BOX, APT / SUITE #: CITY; STATE; ZIP CODE OFFICEHOLDER ADDRESS Date Hand-delivery Receipt # Date Processed

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. .. Complete only if "Report Type" on page 1 is marked "Final Report" .. 2 Filer ID (Ethics Commission Filers) C/OH NAME 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. nature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER .. Complete A & B below only if you are not an officeholder. .. **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate **OFFICEHOLDER** Complete this section only if you are an officeholder I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filling the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder