CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Suide explains how	to complete this form	1 Filer ID (Et	hics Commission Filers)	2 Total pages	filed:
The C/OH Instruction C	suide explains now	to complete this form.		100	10	5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. NICKNAME	J.MMY LAST	LA	MI DNE SUFFIX	Date Received	EUSEONLY
	- 12	MOONEY APT / SUITE #;				N 17 2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	PARTY LANE		777662	10:04 am doubud	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (409) 2	284- 3736	EXT	ENSION	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS. NICKNAME	TERRI LAST	M	SUFFIX	Date Processed	
		Goss				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	*	NO PO BOX PLEASE); APT / S		idoe "	STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (409)	PHONE NUMBER	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff		after campaign appointment der Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year / 01 / 2023	THROUGH	Month 12	Day Ye	
11 ELECTION	Month Day	Year Primary	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any) SHERIFF,	ORANGE CO	13 OFF	ERIFF OR	PANGE C	OUNTY
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE: AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M	ADE WITHOUT THE CANE	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
OOMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS		180		A 186 -
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	ss		
	I.	GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME	LANE 1	MOONEY,	SHERIFP	Late Back	16 File	er ID (Ethics Co	mmission Filers)
7 CONTRIBUTION TOTALS	PL	EDGES, LOANS, OF	POLITICAL CONTRIBUT R GUARANTEES OF LO DE ELECTRONICALLY)	ANS, OR	N	\$	-0-
		TAL POLITICAL OF	CONTRIBUTIONS ES, LOANS, OR GUARA	ANTEES OF LOANS)	\$ 21, 6	,49,81
EXPENDITURE TOTALS	3. то	TAL UNITEMIZED P	OLITICAL EXPENDITU	RE.		\$	-0-
	4. то	TAL POLITICAL E	XPENDITURES			\$ 4,6	33, 44
CONTRIBUTION BALANCE	1.77	TAL POLITICAL COI	NTRIBUTIONS MAINTA	INED AS OF THE LA	ST DAY	\$ 4,74	95.41
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AM ST DAY OF THE RE	OUNT OF ALL OUTSTA PORTING PERIOD	NDING LOANS AS C	F THE	\$.	-0-
		Please	complete either	r option beloy	1	or Officeholde	
My Notar	AN BLAND ry ID # 7535839 February 7, 2026	Please	complete either	/	1	or Officeholde	
My Notar Expires F NOTARY STAMP/SE/ worn to and subscribed	ry ID # 7535839 February 7, 2026 AL d before me by] Dinny	Lan Moo	r option belov	1		annay
My Notal Expires F NOTARY STAMP/SE worn to and subscribed to certification of the control of the certification	ry ID # 7535839 February 7, 2026 AL d before me by ry which, witness	Jumny my nand and sear of	Lan Moo	r option belov	17+m	_ day of _	amay
My Notar Expires F NOTARY STAMP/SE worn to and subscribed Q QU , to certif	ry ID # 7535839 February 7, 2026 AL d before me by y which, witness Lau	Dimmomy hand and seed of Sus a	Law Moo office. an Bland	this the	w.	day of of	punay blic
My Notar Expires F NOTARY STAMP/SE/ worn to and subscribed 0 24 , to certif	ry ID # 7535839 February 7, 2026 AL d before me by y which, witness Lau	Dimmomy hand and seed of Sus a	Law Moo office. an Bland me of officer administerin	this the	17+m	day of of	blic, administering oa
My Notal Expires F NOTARY STAMP/SE worn to and subscribed to a certification of the certifi	ry ID # 7535839 Sebruary 7, 2026 AL d before me by ry which, witness Lau tering oath	Dimmomy hand and seed of Sus a	Law Moo office. an Bland	this the	17+m	day of of	punay blic
My Notal Expires F NOTARY STAMP/SE worn to and subscribed to a certification of the certifi	ry ID # 7535839 Sebruary 7, 2026 AL d before me by ry which, witness Lau tering oath	Dimmomy hand and seed of Sus a	Law Moo office. an Bland me of officer administerin	this the	17+m	day of of	punay blic
My Notar Expires F NOTARY STAMP / SE worn to and subscribed to a certification of the certi	ry ID # 7535839 February 7, 2026 AL d before me by y which, witness Lau tering oath	My hand and sear of Sus a Printed na	Zam Moo office. an Bland me of officer administerin	this the	17+n 170	day of of	punay blic
My Notal Expires F NOTARY STAMP/SE worn to and subscribed to a certification of the certifi	ry ID # 7535839 February 7, 2026 AL d before me by ry which, witness Lau tering oath	My hand and sear of Sus a Printed na	Zam Moo office. an Bland me of officer administerin	this the	17+n 170	day of of	punay blic
My Notal Expires F NOTARY STAMP/SE worn to and subscribed to certification of the control of the certification	ry ID # 7535839 February 7, 2026 AL d before me by ry which, witness Lau tering oath	My hand and sear of Sus a Printed na	Zam Moo office. an Bland me of officer administerin	this the	17+n 170	day of of	blic administering oa
My Notal Expires F NOTARY STAMP/SE worn to and subscribed to a certification of the certific	ry ID # 7535839 February 7, 2026 AL d before me by ry which, witness Lau A tering oath	Dimmy my hand and seer of Sus and Printed na	Zam Moo office. an Bland me of officer administerin	this the d my date of birth is	17+m Y) 0 s(state)	day of Stay Au Title of officer	blic administering oa

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Jimmy LANE MOONEY, SHERIFF 20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,707.28
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 14,942.53
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	SCHEDULE E: LOANS	s -o-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,379.67
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s -o-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s -o-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s -o-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 253.79
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	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s -o-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how	to complete this f	form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
2	LANE MOONEY,	SHERIF	۴	(a)
4 Date	5 Full name of contributor	out-of-state PAC (I		7 Amount of contribution (\$)
11-12-2023	MEET + GREET			\$ 5,361.00
Ι ,	6 Contributor address DALT	on Site In	State; Zip Code	
		ا کا شد		
8 Principal occu	pation / Job title (See Instructions)	9	Employer (See Instruct	ions)
Cash	DONATIONS			
Date	Full name of contributor	out-of-state PAC (I	ID#:)	Amount of contribution (\$)
11-12-2023	CATHY NAGEL			4 - 200
	Contributor address;	City;	State; Zip Code	\$ 50.00
	pation / Job title (See Instructions)		Employer (See Instruct	Section 2.
MAYOR- C	ITY of PINE FORES	7 (CITY OF PINE	FOREST
Date	Full name of contributor	out-of-state PAC (I	ID#:)	Amount of contribution (\$)
11-12-2023				\$ 500.00
	Contributor address;	City;	State; Zip Code	300.
-				
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
TOWING	,		0.10	
100012	7		GILBEAUXS	TOWING
Date	Full name of contributor	out-of-state PAC (I	ID#:)	Amount of contribution (\$)
Date	Full name of contributor		ID#:)	Amount of contribution (\$)
Date /2_/2-2023		VIDO	©	
Date /2_/2-2023	Full name of contributor MEET + GREET	VIDO	©	Amount of contribution (\$)
Date /2-/2-2023	Full name of contributor MEET + GREET	VIDO	©	Amount of contribution (\$) # 796, 28
Date /2-/2-2023	Full name of contributor MEET + GREET Contributor address; CINAL AN	VIDO	State; Zip Code	Amount of contribution (\$) # 796, 28

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
JIMMY LANE MOONEY, SHERIFF	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ 14,942.53 TOTAL PAGES I THRUG
5 Date 6 Full name of contributor out-of-state PAC (ID#:) 7-22-23 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Pate Full name of contributor out-of-state PAC (ID#:) CAMERON KING Contributor address; City; Size Zip Code	Amount of Contribution \$\\ 201. 82\\ \end{align*} In-kind contribution description \\ \\ \align* \text{ADVERTISEMENT} \\ \\ \text{Check if travel outside of Texas. Complete Schedule T.}
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employ	ver (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL) Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

SCHEDULE A2

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

TI	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	Manual SHEDIE	F	3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ - SEE 1St PAGE
5 Date 11-12-23	6 Full name of contributor out-of-state PAC (ID#:	TMENTS zip Code	8 Amount of Contribution \$ In-kind contribution description FOOD FOR MEET + GREET Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 12-7-23	Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$\frac{1000}{1000}\$ In-kind contribution description \$\frac{1000}{1000}\$ In-kind contribution \$\frac{1000}{1000}\$ In-kind contributio
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	١.	1 Total pages Schedule A2: 3 OF 9
2 FILER NAM	LANE MOONBY, SHERIFF		3 Filer ID (Ethics Commission Filers)
,	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$_ SEE 1St PAGE
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description 382, 27 Push CARDS
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL
	Full name of contributor)	
Date 11-10-3023	LOGAN GREBTU Contributor address; City; State;	Zip Code	Amount of Contribution \$ In-kind contribution description #324. 75 Check if travel outside of Texas. Complete Schedul
11-10-3023	LOGAN GREEN		Contribution \$ description #324. 75
//-10- 5023 Principal occ	LOGAN GREEN Contributor address; City; State;	Employe	Contribution \$ description #324. 75
Principal occ	Contributor address; City; State; cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Contribution \$ description #324. 75
Principal occ Contributor's Contributor's	Contributor address; City; State; cupation / Job title (FOR NON-JUDICIAL) (See Instructions) s principal occupation (FOR JUDICIAL)	Employe	Contribution \$ description #324. 75
Principal occ Contributor's Contributor's	Contributor address; City; State; Eupation / Job title (FOR NON-JUDICIAL) (See Instructions) Exprincipal occupation (FOR JUDICIAL) Exprincipal occupation (FOR JUDICIAL)	Employe	Contribution \$ description #324. 75

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: 4 DF 9
JIMMY LANE MODNEY, SHERIFF	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$ SEE 1ST PAGE
	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description #3, 478, 98 7- 5HIRTS Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
1000	9
-4	

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A2: 5 OF 9
2 FILER NAME JIMMY LANE MUONEY, SHERIFF	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	\$ SEE 1ST PAGE
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description # 534.88 CAPS Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 11 Empl	loyer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL) 13 Cont	tributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law	firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description
11-2023 RESTORING AMERICAN VALUE Contributor address; City; State; Zip Code	\$6,925. 20 Bill BOARDS
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	loyer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL) Cont	tributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.	1 Total pages, Schedule A2:
2 FILER NAME JIMMY LANE MOONEY, SHERIFF	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBL	TIONS \$ - SEE 1ST PAGE
	P Code S Amount of Contribution 9 In-kind contribution description
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (Control Sobiolis)
12 Contributor's principal occupation (FOR JUDICIAL)	3 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description \$ FOOD BEST BUNS Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

SCHEDULE A2

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

The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME JIMMY LANE MOONEY, SHERIFF	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS \$ - SEE 154 PAGE
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description FOOD Zip Code Runs Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Pate Full name of contributor □ out-of-state PAC (ID#: 12-10-23 CHARLIE ATWOD Contributor address; City; State;	Amount of Contribution \$ In-kind contribution description \$ Supplies Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

SCHEDULE A2

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

The Instruction Guide explains how to complete this form	n. 8 oF 9
2 FILER NAME JIMMY LANE MOONEY, SHERIFF	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	
	8 Amount of Contribution \$ 9 In-kind contribution description Zip Code 47. 22 ADVERTISE Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL) (See Instructions)
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL)	
12 Contributor's principal occupation (FOR SUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Date Full name of contributor	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.			1 Total nades Schedule A2:		
2 FILER NAME	LANE MOONEY, SHERIFF	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ - SEE 1ST PAGE		
		Zip Code	8 Amount of Contribution \$ 9 In-kind contribution description NEWS PAPER ADS Check if travel outside of Texas. Complete Schedule T.		
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions) s principal occupation (FOR JUDICIAL)		er (FOR NON-JUDICIAL)(See Instructions) utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of Contribution \$ In-kind contribution description		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022

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

Event Expense Fees 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	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	JIMMY LANE MOONEY.	SHERIFF 3 Filer ID (Ethics Commission Filers)	
4 Date 10-2-2023	5 Payee name SHOWTIME SIGNS		
6 Amount (\$) \$1,500, 00	7 Payee address; 190 MARY ANN	City; State; Zip Code VIDOR TX 77662	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISE	(b) Description RE-EIECT SIGNS	
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name Candidate / Dane Moonely	Check if Austin, TX, officeholder living expense Office sought SHERIFF SHERIFF	
Date 1/- //- 2023 Amount (\$)	Payee name DRANGE COUNTY REPUBL		
Amount (\$)	Payee address; 260 STRICKLAND	City; State; Zip Code ORANGE TK. 77630	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES Check if travel outside of Texas. Complete Schedule T.	EIECTION FEES Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name JIMMY LANE MOONEY	Office sought Office held SHERIFF SHERIFF	
Date 11-29-2023	DESIGNER GRAPHICS		
Amount (\$) \$1,895. 21	Payee address;	City; State; Zip Code Tyler Tx 7503	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISE	RE- ElECT SIGNS	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SHERIFF SHERIFF 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees 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)

1 T. (1) 0 1 E4		complete this form.		
2 of 2	2 FILER NAME JIMMY LANE MOON. 5 Pavee name	EY. SHERIFF	Filer ID (Ethics Commission Filers)	
Date 12-31-2023	5 Payee name FACEBOOK			
8 Amount (\$) 8 2 34. 44	7 Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISE	(b) Description ADS		
المراجع بالمستراط	Check if travel outside of Texas. Complete Schedule T.		C, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Jimmy LANE MOONEY	Office sought 5 HERFF	Office held SHERIFF	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description			
	Check if travel outside of Texas. Complete Schedule T.	omplete Schedule T. 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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	, officeholder living expense	
		Office sought	Office held	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

ment Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (colors as expenses and listed above)

Other (enter a category not listed above)

	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	JIMMY LANE MOONEY, 2	3 Filer ID (Ethics Commission Filers)		
4 Date 9-27-2023	5 Payee name GREEN THUMB UNLIMITED	O VIDOR	TV 17642	
Amount (\$) 203.38 Reimbursement from political contributions intended	7 Payee address; 200 NORTH MAIN	City; VIDOR	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISE	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JIMMY LANE MOONEY	Office sought SHERIFF	Office held SHERIFF	
Date 11- 1- 2023	Payee name M+ D ACE HARDWARE			
Amount (\$) 50,41	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	1230 NORTH MAIN	VIDOR	74 77662	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISE	Description Zip TIES		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
7-17 XX	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH Jimmy LANE MOONEY		SHERIFF	SHERIFF	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	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