

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: <div style="text-align: center; font-size: 2em;">11</div> | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR: Mr. FIRST: Colton MI: M NICKNAME: _____ LAST: Havard SUFFIX: _____ | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 0.8em; margin: 0;">Date Received</p> <p style="font-size: 1.2em; margin: 0;">FILED FOR RECORD</p> <p style="font-size: 0.8em; margin: 0;">A.D. at 3:05 o'clock P. M.</p> <p style="font-size: 1.2em; margin: 0; text-align: center;">FEB 25 2024</p> <p style="font-size: 0.8em; margin: 0; text-align: center;">SANDRA K. DUCKWORTH Clerk, County Court of Newton County, Texas</p> <p style="font-size: 0.8em; margin: 0; text-align: center;"><i>Attest: _____</i> By Date Hand Delivered or Date E-mailed Deputy</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; font-size: 0.8em;">Receipt #</td> <td style="width:50%; font-size: 0.8em;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: 0.8em;">Date Imaged</td> </tr> </table> </div> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 305 Call Texas 75933 | | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (409) 289-6294 | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: Mr. FIRST: Colton MI: M NICKNAME: _____ LAST: Havard SUFFIX: _____ | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2630 FM 1004 Call Texas 75933 | | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (409) 289-6294 | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border: none;"> <tr> <td><input 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 checked="" 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 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 checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | |
| <input 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 checked="" 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: none;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">26</td> <td style="text-align: center;">24</td> <td></td> <td style="text-align: center;">2</td> <td style="text-align: center;">24</td> <td style="text-align: center;">24</td> </tr> </table> | | | Month | Day | Year | THROUGH | Month | Day | Year | 1 | 26 | 24 | | 2 | 24 | 24 | | | | |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | | | | | | |
| 1 | 26 | 24 | | 2 | 24 | 24 | | | | | | | | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border: none;"> <tr> <td colspan="3" style="text-align: center; font-size: 0.8em;">ELECTION DATE</td> <td colspan="3" style="text-align: center; font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center; font-size: 0.8em;">Month</td> <td style="text-align: center; font-size: 0.8em;">Day</td> <td style="text-align: center; font-size: 0.8em;">Year</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">5</td> <td style="text-align: center;">24</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td>_____</td> </tr> </table> | | | ELECTION DATE | | | ELECTION TYPE | | | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | 3 | 5 | 24 | <input type="checkbox"/> General | <input type="checkbox"/> Special | _____ |
| ELECTION DATE | | | ELECTION TYPE | | | | | | | | | | | | | | | | | | |
| Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | | | | | | | | | | | | | | | | |
| 3 | 5 | 24 | <input type="checkbox"/> General | <input type="checkbox"/> Special | _____ | | | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) Constable Pct. 1 | 13 OFFICE SOUGHT (if known) Newton County Sheriff | | | | | | | | | | | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages | <p style="font-size: 0.8em; margin: 0;">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 border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%; font-size: 0.8em;">COMMITTEE TYPE</td> <td style="font-size: 0.8em;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="font-size: 0.8em;">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | | | | | | | | | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | | | | | | | | | |

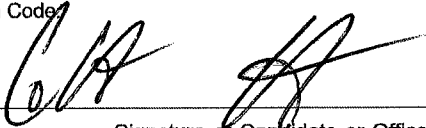
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

| | | |
|--------------------------------------|---|---|
| 15 C/OH NAME Colton Havard | | 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) | \$ 2,500.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 982.51 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 6,096.19 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

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 _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

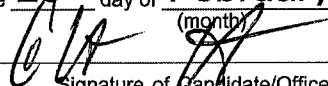
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Colton Havard, and my date of birth is January 8, 1995.
 My address is 2630 FM 1004, Call Tx, 75933 U.S.A.
(street) (city) (state) (zip code) (country)

Executed in Newton County, State of Texas, on the 25 day of February, 2024.
(month) (year)



 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| 19 FILER NAME Colton Havard | | 20 Filer ID (Ethics Commission Filers) |
|--|--|--|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 2,850.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 930.00 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0.00 |
| 4. SCHEDULE E: LOANS | | \$ 0.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 982.51 |
| 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 |

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 form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Colton Havard | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/27/24 | 5 Full name of contributor out-of-state PAC (ID#: _____) Kenneth Dollinger | 7 Amount of contribution (\$) 250.00 |
| 6 Contributor address; City; State; Zip Code 8235 Shennandoah Beaumont Tx 77706 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 02/8/24 | Full name of contributor out-of-state PAC (ID#: _____) IUOE Local 450 | Amount of contribution (\$) 1,500.00 |
| Contributor address; City; State; Zip Code P.O. Box 1410 Mont Belvieu Tx 77580 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/2/24 | Full name of contributor out-of-state PAC (ID#: _____) Jack Smith | Amount of contribution (\$) 100.00 |
| Contributor address; City; State; Zip Code P.O. Box 423 Newton Texas 75966 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 02/01/24 | Full name of contributor out-of-state PAC (ID#: _____) CWA - COPE PCC | Amount of contribution (\$) 1,000.00 |
| Contributor address; City; State; Zip Code 501 3rd St, NW Washington, DC 20001 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

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 | |
| 2 FILER NAME Colton Havard | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 0.00 | |
| 5 Date 02/10/24 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spike Eubanks | 8 Amount of Contribution \$ 300.00 | 9 In-kind contribution description Food |
| 7 Contributor address; City; State; Zip Code 2984 CR 4181 Orange Tx 77632 | | 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 02/10/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newton Co. Senior Citizens Center | Amount of Contribution \$ 150.00 | In-kind contribution description Meet & Greet |
| Contributor address; City; State; Zip Code 43435 SH 87 S. Orange Tx 77632 | | 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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 2 | |
| 2 FILER NAME Colton Havard | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 0.00 | |
| 5 Date 02/18/24 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirbyville Automotive LLC | 8 Amount of Contribution \$ 200.00 | 9 In-kind contribution description Digital Billboard Ad |
| 7 Contributor address; City; State; Zip Code 20850 US 96 Kirbyville Texas 75956 | | 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 02/10/24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Beasley | Amount of Contribution \$ 280.00 | In-kind contribution description Food |
| Contributor address; City; State; Zip Code 382 Co Rd 797 Buna Tx 77612 | | 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) | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | |

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 | 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: | 2 FILER NAME Colton Havard | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/27/2024 | 5 Payee name Buna General Store | |
| 6 Amount (\$) 50.00 | 7 Payee address; 35043 Highway 96 South | City; State; Zip Code Buna Texas 77612 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transport Expense | (b) Description Fuel |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/05/2024 | Payee name United States Postal Service | |
| Amount (\$) 13.60 | Payee address; 285 South Archie St. | City; State; Zip Code Vidor Texas 77662 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Stamps for appreciation letters |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/30/2024 | Payee name Triangle Blueprint | |
| Amount (\$) 225.70 | Payee address; 1123 Calder St. | City; State; Zip Code Beaumont Texas 77701 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Magnets & Metal H stands |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: | 2 FILER NAME Colton Havard | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|--------------------------------------|--|

| | |
|-----------------------------|---|
| 4 Date 02/17/2024 | 5 Payee name Kirbyville Fuel Stop |
|-----------------------------|---|

| | | | | |
|-------------------------------|-------------------------|------------|--------|----------|
| 6 Amount (\$) 91.00 | 7 Payee address; | City; | State; | Zip Code |
| | 202 South Margaret | Kirbyville | Texas | 75956 |

| | | |
|---|--|--------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transport Expense | (b) Description Fuel |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|-----------------------------------|
| Date 02/24/2024 | Payee name Brookshire Brothers |
|--------------------|-----------------------------------|

| | | | | |
|----------------------|---------------------|------------|--------|----------|
| Amount (\$) 60.00 | Payee address; | City; | State; | Zip Code |
| | 1005 South Margaret | Kirbyville | Texas | 75956 |

| | | |
|-------------------------------|---|---------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transport Expense | Description Fuel |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 01/27/2024 | Payee name Tractor Supply |
|--------------------|------------------------------|

| | | | | |
|----------------------|-----------------|--------|--------|----------|
| Amount (\$) 27.55 | Payee address; | City; | State; | Zip Code |
| | 584 East Gibson | Jasper | Texas | 75951 |

| | | |
|-------------------------------|---|------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description T-Posts |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: | 2 FILER NAME Colton Havard | 3 Filer ID (Ethics Commission Filers) |
|-----------------------------------|--------------------------------------|--|

| | |
|-----------------------------|---|
| 4 Date 02/09/2024 | 5 Payee name Kirbyville Fuel Stop |
|-----------------------------|---|

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|-------------------------------|---|---------------------|-----------------|-------------------|
| 6 Amount (\$) 60.00 | 7 Payee address; 202 S. Margaret Ave. | City; Kirbyville | State; Texas | Zip Code 75956 |
|-------------------------------|---|---------------------|-----------------|-------------------|

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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transport Expense | (b) Description Fuel |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|--------------------|-----------------------|
| Date 02/09/2024 | Payee name Walmart |
|--------------------|-----------------------|

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|----------------------|---------------------------------------|----------------|-----------------|-------------------|
| Amount (\$) 36.78 | Payee address; 1360 North Main St. | City; Vidor | State; Texas | Zip Code 77662 |
|----------------------|---------------------------------------|----------------|-----------------|-------------------|

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|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Balloons for Meet and Greet |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

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|--------------------|---------------------------------|
| Date 02/12/2024 | Payee name Newton Jiffy Mart |
|--------------------|---------------------------------|

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|----------------------|----------------------------------|-----------------|-----------------|-------------------|
| Amount (\$) 50.00 | Payee address; 200 Highway 87 | City; Newton | State; Texas | Zip Code 75966 |
|----------------------|----------------------------------|-----------------|-----------------|-------------------|

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|-------------------------------|---|---------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transport Expense | Description Fuel |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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 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 | 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: | 2 FILER NAME Colton Havard | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/03/2024 | 5 Payee name Brookshire Brothers | |
| 6 Amount (\$) 60.00 | 7 Payee address; 1005 South Margaret | City; State; Zip Code Kirbyville Texas 75956 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transport Expense | (b) Description Fuel |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/04/2024 | Payee name Walmart | |
| Amount (\$) 57.20 | Payee address; 800 W Gibson | City; State; Zip Code Jasper Texas 75951 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Printer cartridges |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 02/04/2024 | Payee name Cotton Top's | |
| Amount (\$) 45.00 | Payee address; 2033 South Wheeler | City; State; Zip Code Jasper Texas 75951 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transport Expense | Description Fuel |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 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 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 | 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: | 2 FILER NAME Colton Havard | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/26/2024 | 5 Payee name Triangle Blueprint | |
| 6 Amount (\$) 205.68 | 7 Payee address; City; State; Zip Code 1123 Calder Street Beaumont Texas 77701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Door Hangers & Push Cards |
| | (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 | 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 | |
| Complete <u>ONLY</u> 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 | |
| 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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

| OFFICE USE ONLY | |
|--|-----------|
| Date Received | |
| Date Hand-delivered or Date Postmarked | |
| Receipt # | Amount \$ |
| Date Processed | |
| Date Imaged | |

| | |
|-------------------------------------|------------|
| Filer name <u>Colton Harvard</u> | Filer ID # |
|-------------------------------------|------------|

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 8th day before election report due on Feb. 26, 2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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

OR

(2) Unsworn Declaration

My name is Colton Harvard, and my date of birth is 01-08-95.

My address is 2630 FM 1004 (street), Call (city), TX (state), 75933 (zip code), USA (country).

Executed in Newton County, State of Texas, on the 25 day of February, 20 24 (month) (year).

Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER