CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Colton		мі М	OFFICE USE ONLY	
NAME	NICKNAME	LAST Havard		SUFFIX	De FileE0 FOR RECORD A.D. at <u>2'30</u> o'clock P. 44.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box 305		city; state; Call Texas	75933	JUL 18 2025 SANDRA K. DUCKWCATH lerk, County County, Tex	
Change of Address					y Chelsoa Clark Depi	
5 CANDIDATE/ OFFICEHOLDER PHONE	(409)	289-6294	EXTENS	SION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST Colton		MI M	Receipt # Amount \$	
NAME	NICKNAME	LAST		SUFFIX	Date 170003304	
		Havard			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	P.O. Box 305 Texas	no po вох please);	SUITE #; CIT	Y;	STATE; ZIP CODE Call	
	ADEA CODE	DUONE MINDED	FYTELI			
8 CAMPAIGN TREASURER PHONE	(409)	289-6294	EXTENS	SION		
9 REPORT TYPE	January 15	30th day before	election R	unoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection	ceeded Modified eporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 1	Day Year / 15 / 25	THROUGH	Month 7	Day Year / 16 / 25	
11 ELECTION	Month Day	Year Primary General	Runoff	Other Description		
12 OFFICE	OFFICE HELD (if any) Newton Cou	nty Sheriff	1 2 2 2 2	SOUGHT (if known		
14 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					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TF	REASURER 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 Con	nmission Filers)		
17 CONTRIBUTION TOTALS	(0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	560.94		
	4. TOTAL POLITICAL EXPENDITURES		\$	560.94		
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	ST DAY	\$ 3	,857.17		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$	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 administe	ring cath Printed name of officer administering oath		Title of officer	administering oath		
	OR					
(2) Unsworn Declaration	on					
My name is Colton Have	ard, and my date of birth is	Janua	ary 8, 1995			
My address is 2630 FM	1004 Call Te	exas	75933 L	JSA		
Executed in Newton	(street) (city) (see the county, State of Texas , on the day of the day of the county (county) (city) (see the county) (see th	(state) h)	(zip code) , 20 <mark>25</mark> 	(country)		
	Signature of Candi	idate/Offi	ceholder (Decla	arant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 C	19 FILER NAME Colton Havard 20 Filer ID (Ethics Con			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
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	\$	560.94	
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	

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/Waces/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	Credit Card Payment The instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Colton Havard	riversite in the second complete and an extra complete and an extra complete and an extra complete and an extra	3 Filer ID (Ethics Commission Filers)		
4 Date 04/19/2025	5 Payee name Family Dollar Store		L		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
284.33	1115 S Margaret Ave. Texas 75956		Kirbyville		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Other Candy for Kirbyville Magnolia Fest Parade				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Colton Havard Candidate / Officeholder name		Office sought Sheriff	Office held Sheriff		
Date	Payee name				
05/29/2025	Family Dollar Store				
Amount (\$)	Payee address;	City;	State; Zip Code		
132.68	1115 S Margaret Ave. Texas 75933		Kirbyville		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense Food and Drink Supplies for Law Enforcement Event				
·	Check if travel outside of Texas. Complete Schedule T.	T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/Oh	¹ Colton Havard	Sheriff	Sheriff		
Date	Payee name				
05/29/2025	Dollar General Store				
Amount (\$)	Payee address;	City;	State; Zip Code		
143.93	312 N Margaret Ave. Texas 75933		Kirbyville		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Cooking supplies for Law Enforcement			
	Chack if travel outside of Texas. Complete Schedule T.	in, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH Colton Havard Sheriff Sheriff					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					