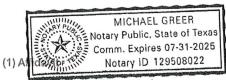
CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethlos Commission Filers) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Mr. Colton M NAME Pais Red ver OR RECORD NICKNAME LAST SUFFIX .D. at 8:00 o'clock A. M. Havard 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; ZIP CODE CITY: STATE: JAN 15 2024 OFFICEHOLDER P.O. Box 305 Call Texas 75933 MAILING SANDRA K. DUCKWORTH (, County Court of Newton County, Texa Ordinal Luckworth Depu **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (409 289-6294 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST MI TREASURER Mr. Colton M **Date Processed** NAME NICKNAME LAST SUFFIX Date Imaged Havard CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE; ZIP CODE TREASURER P.O. Box 305 Call 75933 Texas **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (409 289-6294 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Day Year COVERED / 1 / 23 12 / 31 / 23 7 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** ■ Primary Runoff Day Year Other Description / 5 24 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Constable Pct. 1 Newton County Sheriff 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 **GO TO PAGE 2**

CANDIDAT CAMPAIGN	OVE	FORM C/OH R SHEET PG 2					
15 C/OH NAME Colton Havard	16 File	er ID (E	Ethics Commission Filers)				
17 CONTRIBUTION 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)	\$	17,804.73				
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00				
4. TOTAL POLITICAL EXPENDITURES		\$	13,314.91				
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$	4,941.64				
OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	0.00				
	U.O.						
Please complete either option below:							



NOTARY STAMP/SEAL						ı	
Sworn to and subscribed before n	ne by Colta	n Havard		th	is the 13th	day of	sonvey.
2024 to contry which, wi	tness my hand and se	al of office.,					l
Marion	M	ichael Gra	es			Notary	RUBLING
Signature of officer administering oath	Printe	d name of officer add	ministeri	ng oath			r administering oath
		OR					
(2) Unsworn Declaration					Profession (Charles) (Char		nut annique de la constitución d
My name is			, ar	nd my date of	birth is		*
My address is					1		Note the desired and the second of the secon
	(street)			(city)	(state)	(zip code)	(country)
Executed in	County, State of	, or	the	day of _	/www.hb	, 20	<u>.</u> :
					(month)	(year)	
			promise designation of the	Signature of	Candidate/Off	iceholder (Dec	larant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	er NAME 20 On Havard) Filer ID (Ethics Commis	esion Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	17,804.73
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	200.00
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$	13,314.91
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	USINESS OF C/OH \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS \$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED \$	0.00

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
FILER NAME	Į		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state P. Caster Brandon	AC (ID#:)	7 Amount of contribution (\$)
2/01/2023	6 Contributor address; City; 226 CR 499 Kirbyville,	State; Zip Code Texas 75956	100.00
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor out-of-state P.	AC (ID#:)	Amount of contribution (\$)
2/01/2023	Contributor address; City; 117 FM 82 Kirbyville, To	state; Zip Code exas 75956	100.00
Principal occu	Deation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
2/01/2923	Jasmin Gomez Contributor address; City;	State; Zip Code	100.00
	117 FM 82 Kirbyville, Te	exas 75956	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	lans)
Date	Full name of contributor out-of-state P	AC (ID#:)	Amount of contribution (\$)
2/01/2023	Dena Rameriz Contributor address; City;	State; Zip Code	100.00
	P.O. Box 250 Kirbyville, Texas	s 75956	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	lons)
10 1 A Add Annua - Ann			

If the reques	ted information is not applicable, DO NOT include this pag	ge in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Colton Ha	vard	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: Dr. Roland Williams, DDS	
08/08/2023	6 Contributor address; City; State; Zip C 7640 Eastex Freeway, Beaumont, Texas 77708	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (S	See Instructions)
Date 10/15/2023	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (4)
10/13/2023	Contributor address; City; State; Ztp City; P.O. Box 250, Kirbyville, Texas 75956	
Principal occup	eation / Job title (See Instructions) Employer (S	Зее Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11/30/2023	Rowdy Watson Contributor address; City; State; Zip C P.O. Box 250, Kirbyville, Texas 75956	
Principal occup	pation / Job title (See Instructions) Employer (5	See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
12/01/2023	Contributor address; City; State; Zip City; State; Zip City; P.O. Box 315 Call Texas 75	000.00
Principal occup		See Instructions)
	1	
	ATTACH ADDITIONAL COPIES OF THIS SCHEI If contributor is out-of-state PAC, please see Instruction guide for	

If the reques	ted information is not applicable, DO NOT incl	ude this page in the r	eport.
The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Colton Ha	vard	4444499	3 Filer ID (Ethics Commission Filers)
4 Date 12/01/2023	5 Full name of contributor out-of-state PAC (IDII:) Phil Smith 6 Contributor address; City; State; Zip Code 4661 FM 1013, Kirbyville, Texas 75956		7 Amount of contribution (\$) 650,00
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	lons)
Date	Full name of contributor out-of-state PAC (II	O#:)	Amount of contribution (\$)
12/01/2023	Contributor address; City; P.O. Box 250, Kirbyville, Texas 7	State; Zip Code 75956	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 11/09/2023	Full name of contributor out-of-state PAC (I Kenny Davenport Contributor address; City; 300 West Monroe St., Kountze,	State; Zip Code	Amount of contribution (\$) 100.00
Principal occu _l	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 12/05/2023	Full name of contributor out-of-state PAC (Don Burnett Contributor address; City;	State: Zip Code	Amount of contribution (\$) 250.00
Principal occuj	624 S. Main St. Lumberton, Tex	as 77657 Employer (See Instruc	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS N	NEEDED
	If contributor is out-of-state PAC, please see Instru	ction guide for additional	reporting requirements.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Melissa Havard	7 Amount of contribution (\$)
12/02/2023	6 Contributor address; City; State; Zip Code 324 Suncrest Orange, Texas 77630	54.00
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	L otlons)
Date	Full name of contributor out-of-state PAC (ID#:) Debra Heering	Amount of contribution (\$)
12/02/2023	Contributor address; City; State; Zip Code 1151 US HWY 96 S. Pineland, Texas 75968	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	l ctions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12/01/2023	Harvest McClendon	
iaiv IIauau	Contributor address; City; State; Zip Code 226 CR 499 Kirbyville, Texas 75956	100.00
	Contributor address; City; State; Zip Code 226 CR 499 Kirbyville, Texas 75956 pation / Job title (See Instructions) Employer (See Instruc	
	226 CR 499 Kirbyville, Texas 75956 pation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:	
Principal occu Date	226 CR 499 Kirbyville, Texas 75956 pation / Job title (See Instructions) Full name of contributor Robert McClendon Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup Date 12/01/2023	226 CR 499 Kirbyville, Texas 75956 pation / Job title (See Instructions) Full name of contributor Robert McClendon Contributor address; City; State; Zip Code 226 CR 499 Kirbyville, Texas 75956	ctions)
Principal occup Date 12/01/2023	226 CR 499 Kirbyville, Texas 75956 pation / Job title (See Instructions) Full name of contributor Robert McClendon Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup Date 12/01/2023	226 CR 499 Kirbyville, Texas 75956 pation / Job title (See Instructions) Full name of contributor Robert McClendon Contributor address; City; State; Zip Code 226 CR 499 Kirbyville, Texas 75956	Amount of contribution (\$)
Principal occup Date 12/01/2023	226 CR 499 Kirbyville, Texas 75956 pation / Job title (See Instructions) Full name of contributor Robert McClendon Contributor address; City; State; Zip Code 226 CR 499 Kirbyville, Texas 75956	Amount of contribution (\$)
Principal occup Date 12/01/2023	226 CR 499 Kirbyville, Texas 75956 pation / Job title (See Instructions) Full name of contributor Robert McClendon Contributor address; City; State; Zip Code 226 CR 499 Kirbyville, Texas 75956	Amount of contribution (\$)

If the reques	ted information is not applicable, DO NOT include	e this page in the r	eport.
The	Instruction Guide explains how to complete this form),	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)
12/05/2023	6 Contributor address; City; Sta 270 Lamar St Jasper, Texa	ate; Zip Code AS 75 951	5,000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
12/02/2023	Contributor address; City; St. 324 Suncrest Orange, Text	ate; Zip Code as 77630	100.00
Principal occup		Employer (See Instruct	ions)
Date	Tyler Downs		Amount of contribution (\$)
12/02/2923	Contributor address; City; St. 235 CR 592 Call, Texas	ate; Zip Code 75933	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
12/02/2023	Contributor address; City; St	ate; Zip Code	100.00
Principal occu	9719 SH 62 Buna, Texa	Employer (See Instruc	lions)
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction		

If the reques	ted information is not applicable, DO NOT inclu	de this page in the r	eport.
The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)
12/02/2023	6 Contributor address; City; s P.O. Box 369 Evadale, Texas 776	State; Zip Code	500.00
8 Principal occur	oation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (IDI	<i>j</i> :	Amount of contribution (\$)
12/06/2023		State; Zip Code	250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
12/22/2023	Contributor address; City; 5	State; Zip Code	1,000.00
Principal occuj	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date `	Full name of contributor out-of-state PAC (ID	#:	Amount of contribution (\$)
12/25/2023	Contributor address; City;	State; Zip Code	300.00
Principal occuj	196 CR 718 Buna, Tex	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDINE AS A	IEENEN
	If contributor is out-of-state PAC, please see Instruct		

The	Instruction Guide explains how to complete this form	1. Total pages Schedule A1:	
FILER NAME		3 Filer ID (Ethics Commission Filers)	
Date	5 Full name of contributor out-of-state PAC (ID#:_ Darrin McClendon		
2/01/2023	6 Contributor address; City; St. 314 FM 363 Kirbyville, Texa	ate; Zip Code as 75956 100.00	
Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#;	Amount of contained by	
2/01/2023	Contributor address; City; Si	tate; Zip Code 0.73	
	505 McMahon Newton, Texas 759		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
2/14/2023	23 JW Dalton Contributor address; City; State; Zip Code 1,000		
	10861 St. Hwy 62 Orange, Texas		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#	:) Amount of contribution (\$)	
12/22/2023	Joe Penland Contributor address; City; S	State; Zip Code 5 000 00	
	6550 Tram Rd Beaumont, Texas	77713	
Principal occu	Dation / Job title (See Instructions)	Employer (See Instructions)	

ii uie redues	ned information is not applicable,	DO NOT IN	muo una paye in trie	aport.
The	Instruction Guide explains how to c	complete this	form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Randy Graffagnino		7 Amount of contribution (\$)	
12/20/2023	6 Contributor address; 259 Country Ln. Lumbe	City;	State; Zip Code	500.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tlons)
Date	Full name of contributor	out-of-state PAC	\$ (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occuş	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	> (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	3 (10#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occuj	 pation / Job title (See Instructions)	100000000000000000000000000000000000000	Employer (See Instruc	l otions)
			A Company of the Comp	
,				
			, manasista , pagadamasista d	
	ATTACH ADDITION If contributor is out-of-state PAC, pl		OF THIS SCHEDULE AS I ruction guide for additional	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM Colton Ha			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 200.00
5 Date 12/18/2023 10 Principal occ	6 Full name of contributor out-of-state PAC (ID#:) Kirbyville Automotive LLC 7 Contributor address; City; State; Zip Code 20850 US 96 Kirbyville, Texas 75956 ccupation / Job title (FOR NON-JUDICIAL)(See Instructions) 11 Employee		8 Amount of 9 In-kind contribution Contribution \$ description 200.00 Digital Billboard Ad Check if Iravel outside of Texas. Complete Schedule Ter (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	n 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	Zip Code	Amount of In-kind contribution description
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	Check if travel outside of Texas. Complete Schedule Ter (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 fin	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	4	
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct		

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 Mede By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense 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

Contributions/Donations waste by Candidate/Officeholder/Politica Credit Card Payment	,	Vages/Contract Labor	Other (enter a category	not listed above)
1 Total pages Schedule F1:	THE THE WASHINGTON TO THE TAX		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name		L	AND ALBERTAL OF FREE
12/27/2023	United States Postal Service			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
13.20	285 South Archie Street	Vidor	Texas	77662
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other	Stamps for ap	preciation lette	ers
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	(Office held
Date	Payee name			
12/29/2023	The Texas GOP Store			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,604.81	404 I-45 South	Huntsville	Texas	77340
	Category (See Categories listed at the top of this schedule)	Description	و و د د د د د د د د د د د د د د د د د د	- With the second secon
PURPOSE OF EXPENDITURE	Advertising Expense	Signs		
	Chack if travel outside of Taxas. Complete Schedule T.	Check if Aus	atin, TX, officeholder living	experise
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			tarense services and the services
12/01/2023	Vision Outreach Church			
Amount (\$)	Payee address;	City;	State;	Zip Code
50.00	404 County Road 3073	Kirbyville	Texas	75956
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Event Expense	Announceme	nt Event	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS N	EEDED	ang ting and a state of the sta

SCHEDULE F1

it the requested info	ormation is not applicable, DO NOT incl	uue triis page in the re	port			
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	W			
Advertising Expense Accounting/Banking Consulting Expense Contibutions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Lo Fees Off Food/Bevenage Expense Po y Glit/Awards/Memorlats Expense Pri	an Repayment/Reimbursement filice Overhead/Rental Expense billing Expense hitling Expense alariee/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 Total pages Schedule F1:	2 FILER NAME Colton Havard		3 Filer ID (Ethics Commission Filers)			
4 Date 12/06/2023	5 Payee name McDonald's					
6 Amount (\$) 9.84	7 Payee address; 755 Texas Ave Bridge City, Texa	City; as 77611	State; Zip Code			
8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description				
PURPOSE OF EXPENDITURE	Food Expenses	Lunch				
	(c) Check if travel outside of Toxas. Complete Sched	fule T. Check if Aust	iin, TX, officeholder living expense			
9 Complete ONLY If direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
12/27/2023	Buna Bridle Club					
Amount (\$) 100.00	Payee address; 574 CR 726 Buna, Texas 77612	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this ache Political Advertisment	Sponsorship				
1	Check if travel outside of Texas. Complete Sche	dule T. Check if Aus	stin, TX, officeholder living expense			
Complete <u>ONLY</u> If direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name	44————————————————————————————————————				
12/04/2023	Designer Graphics					
4,130.92	Payee address; 12404 Hwy 155 South Street	c _{ity;} Tyler	State; Zip Code Texas 75703			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advertising Expense	edule) Description Signs				
1	Chack if travel outside of Texas. Complete Sche	edule T. Check if Au	stin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held			

SCHEDULE F1

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Confract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
	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	5 Payee name		1
12/30/2023	Super Stop		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
15.81	135 HWY 12 E Orange, Texas		
8	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description	•
PURPOSE OF EXPENDITURE	Food Expense	Lunch	
	(c) Check if Iravel outside of Texas. Complete Scho	edule T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/31/2023	Burger King		
Amount (\$)	Payee address;	City;	State; Zlp Code
8.64	350 E Gibson Jasper, Texas 75	951)
	Category (See Categories fisted at the top of this sch	edule) Description	
PURPOSE	Food Expense	Lunch	
OF EXPENDITURE			
	Check if travel outside of Texas, Complete Sch	edule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	ł	-	
Date	Payee name		- PARALON - PARA
12/26/2023	Dairy Queen		
Amount (\$)	Payee address;	City;	State; Zip Code
15.04	11785 HWY 62 N	• •	,
All the state of t	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Food Expense	Lunch	
	Check if travel outside of Texas, Complete Sche	edule T. Check if Ausl	iln, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulling Expense Contributions/Donations Made By Candidate/Officeholder/Poffical Credit Card Payment	Fees Office Overhead/F Food/Beverage Expense Office Overhead/F Food/Beverage Expense Printing Expense Illing Expense Oder/Political Committee Legal Services Salaries/Wages/C				Solicitation/Fundrelsi Transportation Equip Travel in District Travel Out Of District Other (enter a catego	ment & Related Expense
, , , , , , , , , , , , , , , , , , ,		The Instruction Guide explain	s how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NA Colton H				3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payeena			driven.		71.7
12/01/2023		Express				/
6 Amount (\$)	7 Payee ad	·		City;	State;	Zip Code
844.00	108 FM (82 E				
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description	, , , , , , , , , , , , , , , , , , , ,	70*11000000
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Shirts		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	iin, TX, officeholder living	esneqxe t
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me	72 - 14 2 7 4 4 Van			A CONTRACTOR OF THE CONTRACTOR
12/26/2012	ОСВМ					
Amount (\$)	Payee ad	dress;		City;	State;	Zlp Code
44.69	1602 S I	Margaret Kirbyville,Te	xas 759	956		
		(See Categories listed at the top of this	schedule)	Description		, , , , , , , , , , , , , , , , , , , ,
PURPOSE OF	Adverti	sing Expense		plywood and	tie wraps	
EXPENDITURE				1	Proceedings of the Control of the Co	
		Check if travel outside of Texas, Complete S	Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame	139 100 111		A CONTRACT OF THE PROPERTY OF	TTP 15 the share and the same of the same
12/22/2023	Buzzard	's Roost				
Amount (\$)	Payee ad		· ·	City;	State;	Zip Code
14.75	10311 FI	VI 255 Burkeville, Tex	as 759t	32		
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Food Ex	pense		Lunch		
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aus	tin, TX, officeholder livin	в ехрапзе
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
	ТА	TACH ADDITIONAL COPIES	3 OF THIS	SCHEDULE AS NE	EDED	199 47 1-100

SCHEDULE F1

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The state of the s	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 Gliff/Awards/Memorials Expense Legal Services The Instruction Guide explain	ces Office Overhead/Rental Expense cod/Beverage Expense Printing Expense Printing Expense		Solioitation/Fundralaing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER N				3 Fifer ID (Ethica	Commission Filers)	
4 Date 12/23/2023	5 Payee na Dee's O			MA da (, , , , , , , , , , , , , , , , , ,			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
60.00	17620 H	IWY 87 S Call, Texas	7593 3				
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description		Winds to	
PURPOSE OF	Transp	ort.		Fuel			
EXPENDITURE							
	(c)	Check if travel outside of Texas, Complete S	ichedule T.	Check if Austi	n, TX, officeholder living	1 exbeuse	
Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH			Office sought	N-10-11-1	Office held		
Date Payee name							
12/31/2023	Tractor Supply						
Amount (\$)	Payee ad	•	······································	City;	State;	Zip Code	
119.75	584 E G	ibson St. Jasper, Tex	as 7595	51			
		/ (See Categories listed at the top of this t	schedule)	Description		***************************************	
PURPOSE OF	Adverti	sing Expense		T post			
EXPENDITURE	-1						
		Check if travel outside of Texas. Complete S	Schedule T.	Check If Aust	astin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI		late / Officeholder name	-da -d -d	Office sought	and the second s	Office held	
Date	Payee n	ame				Pro-	
12/30/2023	Burke H	ardware LLC					
Amount (\$)	Payee a	•	····	City;	State;	Zip Code	
46.71	o IU HW	Y 12 E Deweyville, Te	exas //(514			
No. of the last of		/ (See Categories listed at the top of this	schedule)	Description	· · · · · · · · · · · · · · · · · · ·		
PURPOSE OF EXPENDITURE	Advertis	sing Expense		T Post			
		Check if travel outside of Texas. Complete 5	Schedule T.	Check If Aust	in, TX, officeholder livin	у өхрөпзө	
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name	***************************************	Office sought		Office held	
	AT	TACH ADDITIONAL COPIES	OFTHIS	SCHEDUI FAS NE	EDED		

SCHEDULE F1

					F	
	, , · . ,	EXPENDITURE CATE	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ing/Banking Fees Office ng Expense Food/Beverage Expense Politi tions/Donations Made By Glit/Awards/Memorials Expense Printi tate/Officeholder/Political Committee d Payment The Instruction Guide explains how		Office Over Polling Exp Printing Ex Salaries/W	pense ages/ContractLabor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER N	AME	,		3 Filer ID (Ethics	Commission Filers)
	Colton F	lavard				,
4 Date	5 Рауве па					
12/01/2023	Sam's C		-mm, •			
6 Amount (\$)	7 Payee ac	ř		City;	State;	Zip Code
95.66	1615 l-1 	0 S Beaumont, Texas	77701			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	Coursell Cou	
PURPOSE OF EXPENDITURE	Food E	xpense		Food for anno	uncement eve	ent
	(c)	Observational and the Comment of the				
	L	Check if travel outside of Texas. Complete S	chedule 1.		n, TX, officeholder fiving	
Complete ONLY if direct expenditure to benefit C/Oi-		late / Officeholder name	· · · · · · · · · · · · · · · · · · ·	Office sought		Office held
Date	Payee na	ame				
12/10/2023	Walmart	t .				
Amount (\$)	Payee at	ldress;		City;	State;	Zlp Code
94.13	800 W G	Bibson St. Jasper, Tex	as 7 59	51		
		/ (See Categories listed at the top of this s	chedule)	Description		4,
PURPOSE	Office (Overhead		Printer Shelf a	ind Book She	lf
OF EXPENDITURE						
	· · · · · · · · · · · · · · · · · · ·	Check If travel outside of Texas, Complete S	chedule T.	Check If Aueti	n, TX, officeholder living	expense
Complete <u>QNLY</u> if direct	Candid	late / Officeholder name		Office sought	and the supposition of the suppo	Office held •
expenditure to benefit C/OH						
Date	Payeen	ame				
12/17/2023	Dollar G	eneral				
Amount (\$)	Payee ac		TV Tackman	City;	State;	Zip Code
21.35	11776 H	WY 62 N. Orange, Te	xas 776	332		
	Category	/ (See Categories listed at the top of this s	chedula)	Description		
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Candy for Para	ade	
		Check if travel outside of Texas, Complete S	chedule T.	Check II Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name		Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	4414

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

Event Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Salarles/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Food/Beverage Expense Glft/Awards/Memorials Expense Polling Expense Printing Expense Travel in District
Travel Out Of District 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 3 Filer ID (Ethics Commission Filers) Colton Havard 4 Date 5 Payee name 12/29/2023 Kirbyville Fuel Stop 6 Amount (\$) 7 Payee address; City; State: Zip Code 202 S Margaret Ave Kirbyville, Texas 75956 60.00(a) Category (See Categories listed at the top of this schedule) (b) Description 8 Transportation Expense **Fuel** PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/28/2023 Murphy USA Amount (\$) City; State; Payee address; Zip Code 802 W Gibson St Jasper, Texas 75951 49.00 Category (See Categories listed at the top of this schedule) Description Transportation Expense Fuel PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 12/23/2023 Home Depot Amount (\$) Payee address; City; State: Zip Code 603 Strickland Dr Orange, Texas 77630 60.06Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense Tie Wraps **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Politica	· · · · · · · · · · · · · · · · · · ·	Expense Wagee/Contract Labor	Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1:	2 FILER NAME Colton Havard	P POLESTANDA LA CARRACTA DE LA CARRACTA DEL CARRACTA DEL CARRACTA DE LA CARRACTA	3 Filer ID (Ethics Commission Filers)	
Date	5 Payee name			
12/04/2023	Walmart			
Amount (\$)	7 Payee address;	City;	State; Zip Code	
112.93	1100 US HWY 96 N Silsbee, Texas	77656		
, , , , , , , , , , , , , , , , , , , ,	(a) Category (See Categories listed at the top of this schedule)	(b) Description	- I - CONTRACTOR - LINE A	
PURPOSE OF EXPENDITURE	Office Overhead	Printer and Pa	aper	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OI	Candidate / Officeholder name I	Office sought	Office held	
Date	Payee name	and the second s	And the second s	
12/22/2023	Burkeville Food Mart			
Amount (\$)	Payee address;	City;	State; Zip Code	
50.00	14043 St. HWY 87 N Burkeville, Tex	(as 75932		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Transportation Expense	Fuel		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	13-4		
12/05/2023	USPS			
Amount (\$)	Payee address;	City;	State; Zip Code	
28.75	419 Rusk St Newton, Texas 75966			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	Mailing a chec	ck for signs	
EXPENDITURE		T. Check if Austin, TX, officeholder living expense		
EXPENDITURE	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	itin, TX, officeholder living expense	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	thrg/Banking Fees Office Overhead/Rental ing Expense ing Expense Food/Beverage Expense Polling Expense titlons/Donations Made By Cit/Awards/Memorials Expense Printing Expense date/Officeholder/Political Committee Legal Services Salaries/Wages/Contract		eifhead/Rental Expense xpense ixpense Vages/ContractLabor	Solicitation/Fundraisis Transportation Equipa Travel in District Travel Out Of District Other (enter a catego)	nent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME			3 Filer ID (Ethics	Commission Filers)
	Coiton Havard		**************************************		
4 Date 12/26/2023	5 Payee name Brookshire Brother:	n			
6 Amount (\$)	7 Payee address;	3	City;	State:	Zip Code
100.00	1005 S Margaret Ki	rbyville, Texas 7ŧ	•		
8	(a) Category (See Categories ill	sted at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Transportation Exp	pense	Fuel		
	(c) Check if travel outside	of Texas. Complete Schedule T.	Check If Austi	n, TX, officeholder living	ехрепsе
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholds	er name	Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
Date	Payee name		The state of the s	***************************************	- A-U-16 - A-16
12/22/2023	Harbor Freight	,			
Amount (\$)	Payee address;	Westerness, each	City;	State;	Zip Code
24.80	420 E Gibson Jasp	er, Texas 75951			
PURPOSE OF EXPENDITURE	Category (See Categories list Advertising Expen		Description Tie Wraps	, , , , , , , , , , , , , , , , , , ,	
	Check If travel outside	of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholde	or name	Office sought		Office held
Date	Payee name	and the second s		**************************************	
12/08/2023	Snappys				
Amount (\$) 50.00	Payee address; 3145 Texas Ave Bri	dge City, Texas 7	City; 77611	State;	Zip Code
	Category (See Categories list	ed at the top of this schedule)	Description	***	
PURPOSE OF EXPENDITURE	Transportation Exp	ense	Fuel		
	Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>QNLY</u> If direct expenditure to benefit C/OH	Candidate / Officehold	er name	Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

	EXPEND	TURE CATEGORIES	FOR BOX 8(a)	 	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Glft/Awards/Memo Committee Legal Services	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Glit/Awards/Memorials Expense Printing Expense		Solicitation/Fundralaing Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME Colton Havard	2.000	44,,	3 Filer ID (Ethics	Commission Filers)
4 Date 12/21/2023	5 Payee name 190 Fuel Stop	Providence			
6 Amount (\$)	7 Payee address;	- Videos Maria - Videos - Vide	City;	State;	Zip Code
50.00	190 Fuel S Jasper,	Texas			
8	(a) Category (See Categories lis	ited at the top of this schedule)	(b) Description		MACH A
PURPOSE OF EXPENDITURE	Transport		Fuel		
	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austli	n, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholds	ername	Office sought	1000000	Office held
Date	Payee name	- Water			
12/14/2023	Ink Wink Express				
Amount (\$)	Payee address;	WANTA TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TO	City;	State;	Zip Code
748.00	302 E Main St Kirby	ville, Texas 759	56		
PURPOSE OF EXPENDITURE	Category (See Categories list Advertising Expen		Description T-Shirts		
	Check if travel outside	of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholds	ername	Office sought		Office held
Date	Payee name	W (1974)	Street St		
12/17/2023	Dollar General				
Amount (\$)	Payee address;		Clty;	State;	Zip Code
48.04	11776 HWY 62 N. (Orange, Texas 7	7632		
	Category (See Categories list	ed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expens	se	Candy for Para	ade	
	Chack if travel outside	of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officehold	er name	Office sought	· · · · · · · · · · · · · · · · · · ·	Office held
	ATTACH ADDITIO	NAL COPIES OF THE	S SCHEDULE AS NE	EDED	

SCHEDULE F1

		EXPENDITURE CATE	30RIES F	OR BOX 8(a)		
Accounting/Banking Fees Office O Consulting Expertse Foot/Beverage Expense Polling I Contributions/Donations Made By Glift/Awards/Memorials Expense Printing		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundrals Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	ment & Related Expense t	
1 Total pages Schedule F1:	2 FILER N				3 Filer ID (Ethics	Commission Filers)
Page Compage	Colton H				C FIRST IS (EXINOR	
4 Date	5 Payee na					
12/21/2023	Jeff Will	iams				
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code
160.00	298 CR	575 Call, Texas 7593	3			
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	- W.	PA-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
PURPOSE	Transpo	ortation Expense		Sign Shipping		
OF EXPENDITURE	•	•				
Prior 18 1001 10 201 1 1 1 1 1 1 1 1 1 1 1 1 1 1			v 11.00	I		
	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check If Austi	in, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	· · · · · · · · · · · · · · · · · · ·	Office sought		Office held
Date	Payee na	ıme			0.771.30	
12/01/2023	Triangle	Blueprint Company				
Amount (\$)	Payee ac	ldress;	Tr'telfdan.	Cîty;	State;	Zip Code
1,733.35	1123 Ca	ılder St Beaumont, Te	xas 777	701		
	Category	(See Categories listed at the top of this s	schedule)	Description		
PURPOSE	Adverti	sing Expense		Signs		
OF EXPENDITURE		÷ ,		· · · · · · · · · · · · · · · · · · ·		
EXPENSITORE						
		Check if travel outside of Texas. Complete 8	Schedule T.	Check If Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee n	ame			The state of the s	V
12/13/2023	Triangle	Blueprint Company				
Amount (\$)	Рауве ас	Idress;		City;	State;	Zip Code
796.99	1123 Ca	lder St Beaumont, Te	xas 777	* ·		_p 5555
	Category	(See Categories listed at the top of this	schedule)	Description		
PURPOSE	Advertis	ing Expense		Signs		
OF EXPENDITURE		÷ •				
		Check If travel outside of Fexas. Complete S	Schedule T.	Check if Aust	lin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	*****	Office sought		Office held

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

Event Expense Fees Food/Beverage Expense Glff/Awards/Memorials Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	•	Vages/Contract Labor	Other (enter a catego	ry not (Isted above)
	The instruction Guide explains how to c	complete this form.		· · · · · · · · · · · · · · · · · · ·
1 Total pages Schedule F1:	2 FILER NAME Colton Havard		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
12/11/2023	Newton County Republican Party			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
750.00	110 Court Street	Newton	Texas	75966
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	<u></u>	**************************************
PURPOSE	Fees	Filing fee		
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name		AS AND TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	
12/06/2023	McDonald's			
Amount (\$)	Payee address;	Clty;	State;	Zlp Code
9.84	755 Texas Ave	Bridge City	Texas	77611
	Category (See Categories listed at the top of this schedule)	Description	, , , , , , , , , , , , , , , , , , , 	
PURPOSE	Food Expenses	Lunch		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule Y.	Check if Aust	lin, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
12/27/2023	Buna Bridle Club			
Amount (\$)	Payee address;	City;	State;	Zip Code
100.00	574 CR 726	Buna	Texas	77612
	Category (See Categories listed at the top of this schedule)	Description		<u> </u>
PURPOSE OF EXPENDITURE	Political Advertisement	Sponsorship		
	Check if travel outside of Taxas. Complete Schedule T.	Check If Aus	itin, TX, officeholder livli	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O.	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EDED	14.70