CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX FILED FOR RECORD Noble Brad A.D. at 3 /D o'clock P. M. 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** 75932 Burkeville FFB 15 2024 1932 FM 2991 i X. **MAILING ADDRESS** SANDRA K. DUCKWORTH Change of Address rk, County Court of Newton County, Tex AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked epity **OFFICEHOLDER** (409)200 4274 **PHONE** Receipt # Amount \$ MS / MRS / MR) 6 CAMPAIGN МΙ **TREASURER** Koger Date Processed NAME NICKNAME SUFFIX Date Imaged Noble Brad STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE 7 CAMPAIGN Burkeville 75932 **TREASURER** TX. 1932 FM 2991 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** (409) 200 4274 PHONE 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Month COVERED 15 / 2024 11/17/2023 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description Dav General Special 2024 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE ommissioner 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**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Roger B	. Noble	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø.			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø.			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2118.49			
	4. TOTAL POLITICAL EXPENDITURES	\$ 2118.49			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ Ø,			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ Ø,			
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/SEA	L				
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 oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declarati	on				
My name is Roger	Brodley Noble , and my date of birth is				
My address is 1932	FM 2591 Burkeville,	(2) (75932 , USA			
Executed in Newton	County, State of IEXAS, on the 15 day of Fer (mont)	file			
	✓Signature of Candi	date/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)				
Roger B. Noble					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0,			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.			
4. SCHEDULE E: LOANS		\$ D.			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ O.			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ D.			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$ O.			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1368.49			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$ 750.00			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ O.			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ O.			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB	UTIONS RETURNED	\$ 0,			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polition	By Gift/ cal Committee Leg	M/Beverage Expense /Awards/Memorials Expense al Services	Polling E Printing E Salaries/	Expense Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT CARD ISSUER						
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Roge	r B. Noble			3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1368.49					\$ 1368.49	
5 CREDIT CARD ISSUER	Name of financial institution Discover Card					
6 PAYMENT	(a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid				d Issuer Paid	
	\$ 186.41	1/3/202	4	1/6/20	24	
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City, State, Zip Code	
	Roger B.	. Noble	1932	FM 2991	Burkeville Tx. 75932	
8 PURPOSE OF EXPENDITURE	(a) Category (See Cate	egories listed at the top of this sched	lule)	(b) Description		
Political	Advertising Expresse			Political Signs		
Non-Political	,	avel outside of Texas. Complet			Austin, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeh	older name	Off	ice Sought	Office Held	
expenditure to benefit C/OH	Roger	B. Noble	C	ommissioner	None	
PAYMENT	(a) Amount Charged	4.		(c) Date(s) Credit Care		
	\$ 457.9	0 12/31/23	ξ	1/16/202	-4	
	-10 (+1	0 100.00.700.	•	l		
PAYEE	(a) Payee name	0 1000,700	(b) Payee ad	dress;	City, State, Zip Code	
PAYEE			(b) Payee ad	l dress; 2 FM 2991		
PURPOSE OF	(a) Payee name Roger P		(b) Payee ad			
	(a) Payee name Reger P (a) Category (See Cate	S. Noble	(b) Payee ad	FM 2991	Burkeville Tx. 75932	
PURPOSE OF EXPENDITURE	(a) Payee name Roger P (a) Category (See Cate	S. Noble geories listed at the top of this sche	(b) Payee add	(b) Description Political	Burkeville Tx. 75932	
PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct	(a) Payee name Reger P (a) Category (see Cate Adverts (c) Check if tra Candidate / Officeh	segories listed at the top of this scheoling Expense avel outside of Texas. Complet tolder name	(b) Payee addule (b) Payee addule)	(b) Description Political Checki	Burkeville Tx. 75932 Signs	
PURPOSE OF EXPENDITURE Political Non-Political	(a) Payee name Reger P (a) Category (see Cate Adverts (c) Check if tra Candidate / Officeh	S. NOBLE agories listed at the top of this scheol ing Expense avel outside of Texas. Complet allolder name NOBLE	(b) Payee addule (b) Payee addule)	(b) Description Political Checking Chec	Burkeville Tx. 75932 Signs f Austin, TX, officeholder living expense Office Held None	
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PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH	(a) Payee name Reger P (a) Category (see Cate Adverts (c) Check if tra Candidate / Officeh	egories listed at the top of this scherology and Expense avel outside of Texas. Complet holder name (b) Date Expenditu	(b) Payee addule T. Off C O	(b) Description Political Checking Chec	Burkeville Tx. 75932 Signs f Austin, TX, officeholder living expense Office Held None d Issuer Paid	
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PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF	(a) Payee name Reger P (a) Category (see Cate Adverts (c) Check if tra Candidate / Officeh Roger P (a) Amount Charged \$ 724.18 (a) Payee name Reger P	S. Noble agories listed at the top of this scher avel outside of Texas. Complet holder name (b) Noble (b) Date Expenditu 12/22/22	(b) Payee addule T. Off Course Charged (b) Payee addule T.	(b) Description Political Checking Checking Checking Checking Checking Checking Checking Checking Company Comp	Burkeville Tx. 75932 Signs f Austin, TX, officeholder living expense Office Held None d Issuer Paid 24 City, State, Zip Code	
PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE	(a) Payee name Reger P (a) Category (see Cate Adverts (c) Check if tra Candidate / Officeh Roger P (a) Amount Charged \$ 724.18 (a) Payee name Reger P	egories listed at the top of this scheology avel outside of Texas. Complet holder name (b) Date Expenditu (c) Date Expenditu (d) Date Expenditu (e) Date Expenditu (f) Date Expenditu (g) Date Expenditu (g) Date Expenditu (h) Date Expenditu	(b) Payee addule T. Off Course Charged (b) Payee addule T.	(b) Description Political Checking Chec	Signs Signs f Austin, TX, officeholder living expense Office Held None d Issuer Paid 24 City, State, Zip Code Brokeville Tx. 75932	
PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF	(a) Payee name Reger P (a) Category (See Cate Advertis (c) Check if tra Candidate / Officeh Roger P (a) Amount Charged \$ 724.18 (a) Payee name Reger R (a) Category (See Cate Advertis	agories listed at the top of this scheme in Section Expense avel outside of Texas. Complet molder name (b) Date Expenditure (b) Date Expenditure (c) Noble (d) Noble (egories listed at the top of this scheme	(b) Payee addition (b) Payee addition (c) Payee add	(b) Description Political Checking Checking Checking Checking Checking Checking Checking Checking Colored Care Care Care Care Care Care Care Care	Signs Signs f Austin, TX, officeholder living expense Office Held None d Issuer Paid 24 City, State, Zip Code Brokeville Tx. 75932	
PURPOSE OF EXPENDITURE Political Non-Political Complete ONLY if direct expenditure to benefit C/OH PAYMENT PAYEE PURPOSE OF EXPENDITURE Political	(a) Payee name Reger P (a) Category (See Cate Advertis (c) Check if tra Candidate / Officeh Roger P (a) Amount Charged \$ 724.18 (a) Payee name Reger R (a) Category (See Cate Advertis	agories listed at the top of this scheology of the scheol	(b) Payee addule T. Off CO Tre Charged (b) Payee addule T. (b) Payee addule T. (c) Co Tre Charged (d) Payee addule T.	(b) Description Political Checking Checking Checking Checking Checking Checking Checking Checking Colored Care Care Care Care Care Care Care Care	Signs Signs FAustin, TX, officeholder living expense Office Held None d Issuer Paid 24 City, State, Zip Code Bukevilk Tx. 75932	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries	/Wages/Contract Labor	Other (enter a category not listed above)		
oredit cald Fayment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
	Roger B. Noble				
4 Date	5 Payee name				
11/17/2023	Roger B. Noble Roger B. Noble				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	1932 FM 2991	Burkeville	Tx. 75932		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	_		
OF	Fées	Cardidate !	filing fee		
EXPENDITURE	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					