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		2 Total pages filed: 9
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Justin		МІ	OFFICE USE ONLY Date Received
	NICKNAME LAST Marr		SUFFIX	JUL 0 2 2024 L
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE P.O. Box 7610	ZIP CODE	Date Hand-delivered of Date Postmarked Receipt # Amount	
Change of Address	Victoria, TX 77903			Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Shaye		MI	
	NICKNAME LAST Roskey		SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PL 109 Cumberland Gap Victoria, Texas 77904	.EASE); APT / SUITI	E#; CITY;	STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMB 361-648-3316	BER EXTENSION)
8 REPORT TYPE		day before election Runoff ay before election Exceede reporting	ed modified	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year 02/25/2024	M THROUGH	onth Day 06/30/2024	Year I
10 ELECTION	ELECTION DATE Month Day Year	Primary Ru	CTION TYPE unoff pecial	Other
11 OFFICE	OFFICE HELD (if any) Sheriff - Victoria County, TX Victo		FICE SOUGHT (if known)
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Marr, Justin		14 Filer ID							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this informatio	t the candidate's or officeho	holder's knowledge or						
Additional Pages	COMMITTEE TYPE									
	GENERAL COMMITTEE ADDRESS									
	SPECIFIC									
	COMMITTEE CAMPAIGN TREASURER NAME									
		COMMITTEE CAMPAIGN TREASURER ADDRES	ss							
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00						
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 1,500.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00						
	4. TOTAL POLITICA	AL EXPENDITURES		\$ 4,168.33						
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 14,233.40						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPA OF THE REPORT	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00						
AFFIX NOT	SHERRI HENCERI Notary ID #: 4597 My Commission E: 05/09/2027	xpires Signature of		be reported by me						
Sworn to and subscr of July signature of office		Printed name of officer administering	, this the2	day day						

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 18 FILER NAME 19 Filer ID Marr, Justin 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1,500.00 \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ SCHEDULE E: LOANS \$ SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 4,168.33 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS 9. \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ 11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/9 2 FILER NAME 3 Filer ID Marr, Justin 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/01/2024 Huegele, Richard \$1,000.00 6 Contributor address; City; State; Zip Code PO Box 3513 Victoria, TX 77903 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_ Amount of Contribution (\$) 04/01/2024 Thomas, Roger \$500.00 Contributor address; City; State; Zip Code 3600 Lime Kiln Road San Marcos, TX 78666 Principal occupation / Job title (See Instructions) Employer (See Instructions)

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B' Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards ittee Legal Serv	rage Expense s/Memorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
-	Total pages Schedule F1:	I2 FI				piete tino iorini	Ta	Fil IS
ľ	Sch: 1/5 Rpt: 5/9	1	arr, Justin				3	Filer ID
4	Date	5 Pa	ayee name			,	_	
L	04/24/2024		ollar General					
6	Amount (\$) \$1.07	95	ayee address; C 569 US 87 N. ictoria, TX 77904	city; State;	, Zip Cod	e		
8	PURPOSE OF EXPENDITURE		ategory (See Categorie vent Expense	es listed at the top of this sch	edule)			de of Texas. Complete Schedule T. officeholder living expense
						Watch Party		
9	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder	name C	Office sough	nt		Office held
Г	Date	Pa	ayee name					
	04/24/2024	D	ollar Tree					
H	Amount (\$)	Pá	ayee address; C	city; State;	Zip Cod	e		
	\$18.84	52	219 N. Navarro St	•				
			ctoria, TX 77904					
	PURPOSE OF EXPENDITURE	C	ontributions/Dona	es listed at the top of this sche tions Made By Ider/Political Comm		Check if Austir	n, TX,	de of Texas. Complete Schedule T. officeholder living expense V Gift Basket
	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder	name C	Office sough	nt		Office held
	Date	Pa	ayee name					
	03/06/2024	D	omino's					
	Amount (\$) \$179.52	ı	ayee address; C	ity; State;	Zip Code	e		
		Vi	ctoria, TX 77901					
	PURPOSE OF EXPENDITURE		ategory (See Categorie ood/Beverage Exp	es listed at the top of this sche IENSE	edule) (I	Check if Austin	n, TX,	de of Texas. Complete Schedule T. officeholder living expense or Watch Party
-	Complete ONLY if direct expenditure to benefit C/O		ndidate/Officeholder	name O	Office sough	nt		Office held

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor Legal Services 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 3 Filer ID Sch: 2/5 Rpt: 6/9 Marr, Justin 4 Date Payee name 03/06/2024 Guerilla Consulting of TX, LLC 6 Amount (\$) Payee address; State; Zip Code City: \$62.40 110 Pin Oak Court Victoria, TX 77901 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/02/2024 Guerilla Consulting of TX, LLC Amount (\$) Payee address; State; Zip Code \$62.40 110 Pin Oak Court Victoria, TX 77901 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/30/2024 Guerilla Consulting of TX, LLC Amount (\$) Payee address; City; State; Zip Code \$62.40 110 Pin Oak Court Victoria, TX 77901 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Website Fee Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expens Printing Expen		7	Fransportation Equipment & Related Expense Fravel in District Travel Out of District OTHER (enter a category not listed above)
l	Credit Card Payment		The Instruction Guide expla	ins how to compl	ete this form.		
1	Total pages Schedule F1: Sch: 3/5 Rpt: 7/9	2 FILER NAM Marr, Justii				3 F	Filer ID
4	Date 06/04/2024	5 Payee name Guerilla Co	nsulting of TX, LLC				
6	Amount (\$) \$62.40	7 Payee addre 110 Pin Oa Victoria, TX	k Court	ate; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (s Consulting	see Categories listed at the top of this Expense	s schedule) (b)	=		e of Texas. Complete Schedule T. fficeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office sought			Office held
	Date 03/06/2024	Payee name H.E.B					
\vdash	Amount (\$)		occ: City: St	oto: Zin Codo			
	\$247.50	Payee addre 6106 N. Na Victoria, TX	varro	ate; Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (S	ee Categories listed at the top of this rage Expense	schedule) (b)	Check if Austin,	, TX, of	e of Texas. Complete Schedule T. fficeholder living expense or watch party.
	Complete ONLY if direct expenditure to benefit C/Ol		iceholder name	Office sought			Office held
	Date 04/08/2024	Payee name H.E.B			,		
	Amount (\$) \$50.00	Payee addre 6106 N. Na		ate; Zip Code			
L		Victoria, TX	77904				
	PURPOSE OF EXPENDITURE	Contribution	ee Categories listed at the top of this ns/Donations Made By Officeholder/Political Cor		Check if Austin,	, TX, of	of Texas. Complete Schedule T. ficeholder living expense tion to UHV gift basket.
	Complete ONLY if direct expenditure to benefit C/O		ceholder name	Office sought			Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Consulting Expense Contributions/ Donations Made By -Food/Beverage Expense Polling Expense Travel Out of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services 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 3 Filer ID Sch: 4/5 Rpt: 8/9 Marr. Justin 4 Date Payee name 03/20/2024 Mikulec, Persephone 6 Amount (\$) Payee address; State; Zip Code City: \$96.80 2720 Benbow Rd Victoria, TX 77968 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Cookies for Watch Party Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/26/2024 Nursery VFD Amount (\$) Payee address; City; State; Zip Code \$100.00 370 Nursery Rd Nursery, TX 77976 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/28/2024 Victoria Advocate Amount (\$) Payee address; City; State; Zip Code \$300.00 101 W. Goodwin Ave., Suite 1200

Forms provided by Texas Ethics Commission

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Victoria, TX 77901

Advertising Expense

Candidate/Officeholder name

(a) Category (See Categories listed at the top of this schedule)

www.ethics.state.tx.us

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense
Advertising - Ad Email Blast

Version V4.1.0.d378aba0

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		mittee	Gift/Awards/ Legal Servio				Expens /Wages	e /Contract Labor		Travel (n District Dut of District (enter a category	not listed above)
_	T-t-1 O-1 1 1 - 54	Ια .			action Guide	e explains	now to c	ompie	ete this form.				
1	Total pages Schedule F1: Sch: 5/5 Rpt: 9/9	1	-ILER NAMI Marr, Justir							3	Filer II)	
4	Date	5 F	Payee name							_			
	02/26/2024	\	/ictoria Liv	estock SI	now								
6	Amount (\$)	7 F	Payee addre	ss; Ci	ty;	State;	Zip C	ode					
	\$1,700.00	F	P.O. Box 2	255									
		\	/ictoria, TX	77902									
8	PURPOSE	(a) (Category (S	ee Categories	s listed at the to	op of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Contribution Candidate/				ittee					as. Complete Sch der living expense	
9	Complete ONLY if direct	Cá	andidate/Off	iceholder i	name		Office so	uaht				ffice held	
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	03/04/2024	١ ١	/ictoria Liv	estock Sh	now								
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	\$325.00	F	P.O. Box 22	255									
		- \	/ictoria, TX	77902									
	PURPOSE	(a) (Category (S	ee Categories	s listed at the to	op of this sche	edule)	(b)	Description				
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	ZAI ZABITORZ	(Candidate/	Officeholo	der/Politica	al Comm	ittee					der living expense	
									Donation - \	/LS	Add O	n Donations	i
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	04/17/2024		Varriors W	eekend									
	Amount (\$)	F	Payee addre	ss; Ci	 tv:	State:	Zip C	ode					
	\$900.00	ı	8603 Miori		-51	Olato,	p 0	000					
		\	/ictoria, TX	77901									
	PURPOSE	(a) (Category (Se	ee Categories	listed at the to	op of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Contribution				•					as. Complete Sch	
			Candidate/0	Officeholo	der/Politica	al Commi	ittee		Check if Austi Donation to			der living expense Veekend	
	Complete ONLY if direct		andidata/Offi	ooholder :	nama.		office =	ual-+				# b-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	cenoider r	iame	O	office so	ugnt			Of	fice held	
		-											