CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 6 The C/OH Instruction Guide explains how to complete this form. MI FIRST MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** B James Date Received NAME SUFFIX NICKNAME LAST ECEIVE Tucker APT / SUITE #: STATE: ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** P.O. Box 4674 MAILING Victoria, TX 77903 **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** (361)935-2278 PHONE Amount \$ Receipt # MI FIRST MS / MRS / MR 6 CAMPAIGN TREASURER Christa Date Processed Ms NAME SUFFIX LAST NICKNAME Date Imaged Zimmermann STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE STATE 7 CAMPAIGN TREASURER 602 Mason Circle ADDRESS Victoria TX 77904 (Residence or Business) EXTENSION PHONE NUMBER AREA CODE CAMPAIGN TREASURER PHONE 655-7527 (361 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit Day 10 PERIOD Month COVERED 24 2 24 1 17 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Description Primary Runoff Year Month Day General Special 24 5 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE County Commissioner Pct #3 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 NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

SPECIFIC

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	-			
I5 C/OH NAME James B Tucker		16 Files	r ID (Ethics Comn	nission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
y a voga a	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,0	00.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4.	TOTAL POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,4	125.43
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	
		Signature of Candidate	or Officeholder	
(1) Affidavit		Signature of Candidate Please complete either option below:	e or Officeholder	
(1) Affidavit			e or Officeholder	
NOTARY STAMP/SEAL		Please complete either option below:		
NOTARY STAMP/SEAL Sworn to and subscribed	before n	Please complete either option below:	e or Officeholder	
NOTARY STAMP/SEAL Sworn to and subscribed	before n	Please complete either option below:	day of	dministering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify	before n	Please complete either option below: ne by this the itness my hand and seal of office.	day of	dministering oath
NOTARY STAMP / SEAL Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declaration	before n which, wi ring oath	Please complete either option below: the by this the itness my hand and seal of office. Printed name of officer administering oath OR	day of Title of officer a	dministering oath
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declaration My name is James B To	before n which, wi ring oath on ucker	Please complete either option below: ne by this the itness my hand and seal of office. Printed name of officer administering oath OR , and my date of birth is	day of Title of officer a	
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify Signature of officer administe	before n which, wi ring oath on ucker	Please complete either option below: the by this the itness my hand and seal of office. Printed name of officer administering oath OR	day of Title of officer a	dministering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

s B Tucker		20 Filer ID (Ethics Cor	mmissio	on Filers)
HEDULE SUBTOTALS ME OF SCHEDULE			6	SUBTOTAL AMOUNT
SCHEDULE A1:	MONETARY POLITICAL CONTRIBUTIONS		\$	1,000.00
SCHEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONT	RIBUTIONS	\$	
S. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$	BS JONEPHIC
SCHEDULE E: LOANS		\$		
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$		
SCHEDULE F2:	UNPAID INCURRED OBLIGATIONS		S	
SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FROM	M POLITICAL CONTRIBUTIONS	\$	
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
SCHEDULE G:	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	2,979.96
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$		
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$		
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$		
-	S B Tucker EDULE SUBTOTALS IE OF SCHEDULE SCHEDULE A1: SCHEDULE B: SCHEDULE E: SCHEDULE F1 SCHEDULE F2: SCHEDULE F3 SCHEDULE F4 SCHEDULE G: SCHEDULE H: SCHEDULE I: N	B Tucker EDULE SUBTOTALS IE OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONT SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM F SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM P SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIE SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AN	EDULE SUBTOTALS IE OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	EDULE SUBTOTALS EDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ \$CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ \$CHEDULE B: PLEDGED CONTRIBUTIONS \$ \$CHEDULE E: LOANS \$ \$ \$CHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$CHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ \$ \$ \$CHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$ \$CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME James B Tucker 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC (ID#: Lee and Dixie Swearingen 500.00 01/19/2024 State: Zip Code 6 Contributor address; City; 203 Leisure Lane, Victoria, TX 77904 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date John Lee McNeill, D.O. 500.00 01/29/2024 Contributor address: State; Zip Code P.O. Box 4348, Victoria, TX 77903-4348 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) Date State; Zip Code City; Contributor address; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ State; Zip Code Contributor address; City: Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
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/Wages/Contract 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 tins form.	
Total pages Schedule G: 2	2 FILER NAME James B Tucker		3 Filer ID (Ethics Commission Filers)
Date 01/17/2024	5 Payee name Kurtz Printing		
Amount (\$) 1,028.38 Reimbursement from political contributions intended	7 Payee address; 110 Pin Oak Ct, Victoria, TX 7790	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Sign	ns and a second
	(c) 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 01/26/2024	Payee name Building Brands Marketing LLC		
Amount (\$) 600.00 Reimbursement from political contributions intended	Payee address; 120 Main St., Suite 500, Victoria, T	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Audio/Video Pr	roduction
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin.	TX, afficeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
		Office sought	
Date 01/31/2024 Amount (\$)	OH Payee name	City;	
Date 01/31/2024 Amount (\$) 348.08 Reimbursement from political contributions intended PURPOSE OF	Payee name Kurtz Printing Payee address;	City;	Office held
expenditure to benefit C/ Date 01/31/2024 Amount (\$) 348.08 Reimbursement from political contributions intended	Payee name Kurtz Printing Payee address; 110 Pin Oak Ct., Victoria, TX 7790 Category (See Categories listed at the top of this schedule)	City;)1 Description Door Hangers	Office held

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 Candidate/Officeholder/Politi Credit Card Payment	Fees Office Offi	verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	
Total pages Schedule G:	2 FILER NAME James B Tucker		3 Filer ID (Ethics Commission Filers)	
Date	5 Payee name			
02/01/2024	Building Brands Marketing			
Amount (\$) 1,003.50 Reimbursement from political contributions intended	7 Payee address; 120 Main St., Suite 500, Victoria, T	City; TX 77901	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Online Video/M	o/Media Buying	
EXI ENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 7	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended			2004 P. J 2004 P 2	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C.		Office sought	Office held	
Date	Payee name	ay majec	*	
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended			The second second	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXTENSITION E	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
			Office held	