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 (Ethics Commi	ission Filers)	2 Total pages f	filed: 4	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST REX	MI L	I	OFFICE	E USE ONLY	
NAME	NICKNAME	MAYES	SL	JFFIX	Date Received	7 57 57 57 58 5	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 320 MAGUE VICTORIA T		CITY; STATE; ZII	P CODE	O) IS C	B 2 6 2024	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 649-2475	EXTENSION			d or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST ROGELIO	МІ		Receipt # Date Processed	Amount \$	
	NICKNAME	COMPEAN	SU	JFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	101 RHODE	(NO PO BOX PLEASE); APT 7 S ES ROAD EXAS 77905	BUITE #; CITY;		STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(361)	PHONE NUMBER 655-0618	EXTENSION				
9 REPORT TYPE	January 15 July 15	30th day before e		l Modified	treasurer a (Officehold	ofter campaign appointment er Only) ort (Attach C/OH - FR)	
44 050100	L		Reporting	Limit			
10 PERIOD COVERED	Month 2	Day Year 1 24	THROUGH	Month 2	Day Yea / 24		
11 ELECTION	Month Day	Year Primary 24 General	Runoff C	OTION TYPE Other Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGH		ONSTABLE P	PRECINCT #2	
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.						
(0)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS				
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	THANGE REFORT					
15 C/OH NAME REX MAYES		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOAN CONTRIBUTIONS MADE ELECTRONICALLY)					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAN	NTEES OF LOANS) \$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	E. \$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,322.45				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINI OF REPORTING PERIOD	s 1,073.80				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAND LAST DAY OF THE REPORTING PERIOD	DING LOANS AS OF THE \$				
	vear, or affirm, under penalty of perjury, that the accompa- uired to be reported by me under Title 15, Election Code.	anying report is true and correct and includes all information				
Signature of Candidate or Officeholder						
	Please complete either	option below:				
(1) Affidavit						
NOTARY STAMP/SEAI						
Sworn to and subscribed	before me by	this the day of				
	which, witness my hand and seal of office.	this the day of,				
Signature of officer administe	ing oath Printed name of officer administering o	oath Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
My name is	X MAYES, and r	my date of birth is				
My address is 320	MAGUEY DR VIC	TORIA 77 77905				
Executed in	(street) (street) (Street) (street) (street) (street)	(city) (state) (zip code) (country) aday of FFR , 20 24. (year)				
		Signature of Candidate/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co			mmission Filers)		
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	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	\$	2,322.45			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$				

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wagnes/Contract Labor

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

Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment		Gifl/Awards/Memorials Expense Printing Expense Travel Or				ut Of District nter a category not listed above)		
		The Instruction Guide explain	s how to d	complete this form.				
1 Total pages Schedule F1:	2 FILER N				3 File	r ID (Ethic	cs Commission Filers)	
4 Date	5 Payee na							
02/23/2024	UPS Sto	ore						
6 Amount (\$)	7 Payee a	ddress;		City;		State;	Zip Code	
1,068.87		orth Navarro Texas 77901						
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE	Printing	expense		Postcards and bulk mailing				
OF EXPENDITURE				1 Ostodius and bulk mailing				
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct		ate / Officeholder name		Office sought Office held				
expenditure to benefit C/OF	Rex M	ayes	\	Victoria Co Constable #2				
Date	Payee na	ime						
02/21/2024	UPS Sto	ore						
Amount (\$)	Payee ac	Idress;		City;		State;	Zip Code	
1,162.60	l .	rth Navarro Texas 77901						
	Category	(See Categories listed at the top of this se	chedule)	Description				
PURPOSE	Printing expense Postcards and bulk mailing					I		
OF EXPENDITURE								
		Check if travel outside of Texas. Complete Sc	ck if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct		ate / Officeholder name		Office sought			Office held	
expenditure to benefit C/OF	Rex N	layes	\	/ictoria Co Constable #2				
Date	Payee na	ame						
02/08/2024	Rapid Pi	rinting						
Amount (\$)	Payee ad	dress;		City;		State;	Zip Code	
00 00	1708 No	rth Navarro						
90.98	Victoria 7	Гехаs 77901						
	Category	(See Categories listed at the top of this so	hedule)	Description				
PURPOSE		expense	,		000			
OF EXPENDITURE	rimung	СХРСПЗС		Campaign sign	age			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense				
Complete ONLY if direct		ate / Officeholder name		Office sought			Office held	
expenditure to benefit C/OH	ı		Vi	ctoria Co Constabl	le #2			
	АТТ	ACH ADDITIONAL COPIES	OF THIS S	SCHEDIII E AS NEE	DED			
	7.11		J. 11113	OUT DOLL WOLKE				