## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Etr	nics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	Edward		Ğ	water the second second second second	USE ONLY
NAME	NICKNAME	Concer		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT SUITE #:	CITY; STA	TE; ZIP CODE		
Change of Address	Î					
5 CANDIDATE/ OFFICEHOLDER PHONE	( & ) G	146-4350	EXT	ENSION	Date Hand-delivered	or Date Posimarked
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME	Mr	Jerry		w	Date Processed	
*	NICKNAME	M.C. T.L.		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (	NO PO BOX PLEASE: APT /	SUITE #:	CITY;	STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		ENSION		
	(817)	994-4177	<u>'</u>			
9 REPORT TYPE	January 15	30th day before	election	Runoff		fter campaign ppointment er Only)
	July 15	8th day before of	election	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	r
COVERED	03/	26/2024	THROUGH	04	/24/20	24
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	y Runoff	Other Description		
	05/04/	2024 Senera	al Special	-		
12 OFFICE	OFFICE HELD (if any)		13 OF BC	FICE SOUGHT (IT know	stees - Pl	ace 3
14 NOTICE FROM POLITICAL	THE CANDIDATE / DEEL	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQ	DES MAY HAVE BEEN M	NADE WITHOUT THE CAN	<i>IDIDATE'S OR OFFICEHO</i>	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	0 - 4			
		Ed Cong	er 202	4		
Additional Pages	GENERAL					
	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME			
		COMMITTEE CAMPAIGN T	TREASURER ADDRE	ss		
A PART OF THE PROPERTY OF THE		GO TO	PAGE 2			

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

ME	20 Filer ID (Ethics Com	nmission Filers)
LESUBTOTALS		SUBTOTAL
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
SCHEDULE E: LOANS		\$ 12,500,00
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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 FUN	IDS	s 9.895.56
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	s
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	IONS RETURNED	\$
	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONSCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONSCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONSCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	LE SUBTOTALS 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

## LOANS

### SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide explains how to compl	1 Total pages Schedule E:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Edward Co. Conger					
4 TOTAL OF UNITEMIZED LOANS		\$			
	PAC (ID#:)	9 Loan Amount (\$)			
3/28/2024 Edward Co. Corner		2,500.00			
6 Is lender a financial Institution?  6 Is lender address; City;	State; Zip Code	10 Interest rate			
Y (N)		11 Maturity date			
12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)				
Superintendent	Interactional Leaders	hipof Texas			
14 Description of Collateral	Check if personal fundaccount (See Instruct	ds were deposited into political lons)			
16 GUARANTOR INFORMATION 17 Name of guarantor		19 Amount Guaranteed (\$)			
18 Guarantor address; City;	State; Zip Code				
not applicable	olate, Ep code				
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)				
Date of loan Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)			
\$122/2024 Edward G. Conger		10,000.00			
Is lender Lender address; City;	State; Zip Code	Interest rate			
a financial Institution?		0%			
Y (2)		Maturity date			
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	222			
Supersitendent	International Leader	ship of Texas			
Description of Collateral	The state of the s	ds were deposited into political			
<b>✓</b> none	account (See Instruct				
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)			
Guarantor address; City;	State; Zip Code				
not applicable	and a second				
Principal Occupation (See Instructions)	Employer (See Instructions)				
ATTACH ADDITIONAL CODIES OF THE SOURDLE AS MEEDED					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

#### SCHEDULE G

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gitt/Awards/Memorials Expense Printi	Repayment/Reimbursement a Overhead/Rental Expense ng Expense ng Expense ries/Wages/Contract Labor to complete this form.	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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
3/29/2024	Rockwell GOP				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended	ji				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule	(b) Description			
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, afficeholder living expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Edward Co. Conger	Board of Tr	ushes - Place 3		
7/2/2024	Payee name Co. His M. Lic				
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	e) Description			
A. A. I.	Check if travel outside of Texas. Complete Schedule 1	T. Check if Austi	n, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
expenditure to benefit CIOH Edward C. Conger Board of Trustees - Place 3					
Date	Payee name				
414 12024	Copy Corner				
Amount (\$)  205.48  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule	e) Description			
PURPOSE OF EXPENDITURE		Office Sc	applies		
	Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OH	Edward G. Conger	Board of Tr	rushees - Place 3		
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE			
Forms provided by Texas E	Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2024				

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Oonations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Loan Repayment/Reir Office Overhead/Ren Polling Expense Printing Expense Salaries/Wages/Cont ns how to complete	ntal Expense	Travel In District Travel Out Of Dis	quipment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME		1	3 Filer ID (Ett	nics Commission Filers)
4	Edwa	ord G. Conger				
4 Date	5 Payee nar	me J				
4/9/2024	Valer	Line Direct Mar	ketino			
6 Amount (\$)  1,948,50  Reimbursement from political contributions intended	7 Payee ad	dress;	7	City;	State	e; Zip Code
8	(a) Category	(See Categories listed at the top of this	chedule) (b) Des	cription		
PURPOSE			Ca	mpaign S	Troha	
EXPENDITURE	(a)				TX. officeholder livi	no expense
9		late / Officeholder name	Office so		TA. Other Gas III	Office held
Complete ONLY if direct			-		- 1	D -
expenditure to benefit C/OH	Edm	ord G. Conger	Bac	ord at 1	rusteus -	Mace 3
Date	Payee na	me				
4/9/2024	Mala	A. Dinect Ma	-kating			
Amount (\$)	Payee ad	dress;	7	City;	Stat	e; Zip Code
2.1LJ.00 Reimbursement from political contributions intended						
	Category	(See Categories listed at the top of this	schedule) Des	scription		
PURPOSE OF				ampaign	- Sleas	
EXPENDITURE		Check if travel outside of Texas, Complete S		, ,	. TX. officeholder liv	ing expense
	Candi	date / Officeholder name	Office s		. TX. dillustratur in	Office held
Complete ONLY if direct expenditure to benefit C/		word G. Conger		rd of T	rusteus -	Place 3
Date	Payee na	me				
4/15/2024	200	om				
Amount (\$)	Payee ad		O TOTAL CONTRACTOR OF THE PROPERTY OF THE PROP	City;	State;	Zip Code
Reimbursement from political contributions intended		900 D0000007*				
	Categor	y (See Categories listed at the top of this	schedule) De:	scription	The state of the s	
PURPOSE OF		75.				
EXPENDITURE		Check if travel outside of Texas. Complete 5	ichedule T.	Check if Austin	, TX. officeholder liv	ring expense
	Candi	date / Officeholder name	Office s			Office held
Complete ONLY if direct expenditure to benefit C/OH		word G. Conger			refers- Pi	ace 3
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
						D-1 1/4/0004

#### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Or Food/Beverage Expense Polling E Printing S	Expense Travel In District Expense Travel Out Of District  Wages/Contract Labor Other (enter a category not listed above)	Transportation Equipment & Related Expense Travel In District Travel Out Of District	
1 Total pages Schedule G:	2 FILER NAME Edward G. Coneer	3 Filer ID (Ethics Commission Filers)		
4 Date 4 /15/2024	5 Payee name The Home Depot			
6 Amount (\$)    34 84     political contributions intended	7 Payee address;	City; State; Zip Code		
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Edword G. Conger	Office sought Office held  Board of Trustes - Place 3		
Date	Payee name			
4/15/2024	The Home Depot			
Amount (\$)  145.60  Reimbursement from political contributions intended	Payee address;	City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXTENDITOR	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/G	Candidate / Officeholder name  DH Edword G. Conger	Office sought Office held Board of Trustees - Place 3		
Date 412212024	Payee name The Home Depot			
Amount (\$)  38.34  Reimbursement from political contributions intended	Payee address;	City; State; Zip Code		
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, TX, afficeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/OH	Edward G. Conger	Boord at Tructers - Place 3		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees   Of	fice Overhead/Rental Expense Illing Expense inting Expense Ilaries/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 G:	2 FILER NAME Edward G. Conger		3 Filer ID (Ethics Commission Filers)	
4 Date 4)24/2024	Valentine Direct Mark	ceting		
Amount (\$)  3.L27.56  Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule	(b) Description		
EXPENDITORE	(c) Check if travel outside of Texas, Complete Scheduli	T. Check if Austin, T	X, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Edward G. Conger	Office sought  Board of To	nustes - Place 3	
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description		
	Check if Iravel outside of Texas, Complete Schedul	eT. Chack if Austin, 1	X, 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				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description		
	Check if travel outside of Texas. Complete Schedu	le 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	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDE	D	