CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

- Aller	3)		
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Carl NICKNAME LAST Bowen	R	OFFICE USE ONLY Date Received 117/24@1010an Mukakkk
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	·MukaAh
Change of Address	P.O. Box 742	Cuero Tx 77954	
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 550-8889	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mr Henry NICKNAME LAST Luddeke	E. SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / 122 Luddeke Ln AREA CODE PHONE NUMBER (361) 484-4781	SUITE #; CITY; STATE: Cuero Tx EXTENSION	77954
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 15 2023	THROUGH 01 /	Day Year 15 / 2024
11 ELECTION	ELECTION DATE Month Day Year 03 ∕ 04 ∕ 2024 ☐ General	Description	· · · · · · · · · · · · · · · · · · ·
12 OFFICE	OFFICE HELD (if any) Sheriff	13 OFFICE SOUGHT (if know	n)
	go то	O PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Carl R. E	Bowen	1	5 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANE	IOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDIT DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WI DINSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THI URES.	THOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
		COMMITTEE ADDRESS	•
	SPECIFIC		
	*	COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	in the second
17 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZES	AN SED \$
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST PORTING PERIOD	DAY \$ 734.98
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TAY OF THE REPORTING PERIOD	THE \$
18 AFFIDAVIT			
			perjury, that the accompanying report is formation required to be reported by me
		Signature of Can	ndidate or Officeholder
AFFIX NOTARY STA	MP/SEALABOVE		
			41
Sworn to and subs	cribed before me,	by the said Afficant	, this the
day of Januar	, 20 <u>24</u>	to certify which, witness my hand and seal of office	KIMBERLY JALUFKA NOTARY PUBLIC STATE OF TEXAS
Kimbel 9	aluffe	Kimberly Jalufka	ID#128807656
Signature of officer	administering oath	Printed name of officer administering oath	MXIE SPORTESPIRAMINISTERING TO AN

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19. F	NER NA	AME R. Bowen	20 Filer ID (Ethics Co	mmission Filers)
21 SC NA	CHEE	ILE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	V	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,679.43
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS	1	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$ 6,944.45
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$ 7
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$			
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$
0.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			\$
		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$			\$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

, i .	· · · · · · · · · · · · · · · · · · ·		
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State; Zip Cod	le	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	de	Amount of In-kind contribution Contribution \$ description
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL) (See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
		4	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHED	JLE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Carl R. Bowen 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#:__ McMahan Services \$5,000.00 11-01-2023 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Oil Field Service Owner Full name of contributor out-of-state PAC (ID#:_ Date Amount of contribution (\$) Jay Bramlette 01-08-2024 \$100.00 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Retired Full name of contributor Date out-of-state PAC (ID#:_ Amount of contribution (\$) City; State; Zip Code Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) out-of-state PAC (ID#:_ Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

TOTAL OF UNITEMIZED PLEDGES \$ TOTAL OF UNITEMIZED PLEDGES \$ Amount of Pledge \$ 9 In-kind contribution description 7 Pledgor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of Pledge \$ In-kind contribution description Finding of Pledgor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of Pledge \$ In-kind contribution description Funcipal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (ID#: Amount of Pledge \$ In-kind contribution description Funcipal occupation / Job title (See Instructions) Employer (See Instructions) Finding of Pledge \$ In-kind contribution description Finding occupation / Job title (See Instructions) Finding of Pledge \$ In-kind contribution description Finding occupation / Job title (See Instructions) Finding occupation / Job title (See Instructions) Finding occupation / Job title (See Instructions) Finding of Pledge \$ In-kind contribution description Finding occupation / Job title (See Instructions)	The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule B:
TOTAL OF UNITEMIZED PLEDGES Date 6 Full name of pledgor out-of-state PAC (IDF: State; Zip Code Check if travel outside of Texas. Complete Schedule 7 Pledgor address; City; State; Zip Code Amount of Pledge \$ Other in the contribution of Pledge \$ Principal occupation / Job title (See Instructions) I1 Employer (See Instructions) Date Full name of pledgor out-of-state PAC (IDF: Amount of Pledge \$ Other in the contribution of Pledge \$ Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (IDF: Amount of Pledge \$ In-kind contribution description Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (IDF: Amount of Pledge \$ In-kind contribution description Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of pledgor out-of-state PAC (IDF: Amount of Pledge \$ In-kind contribution description Principal occupation / Job title (See Instructions) Other instructions Other instructions Date Full name of pledgor out-of-state PAC (IDF: In-kind contribution description Other instructions In-kind contribution Principal occupation / Job title (See Instructions) Other instructions In-kind contribution In	7 1110	s mistraction dates suprime	3 Filer ID (Ethics Commission Filers)
Date 6 Full name of piedgor	FILER NAME		9
Date 6 Full name of pledgor			
To Pledgor address: City: State: Zip Code Check if travel outside of Texas. Complete Schedule	TOTAL O	F UNITEMIZED PLEDGES	
Check if travel outside of Texas. Complete Schedule Check if travel outside of Texas. Complete Schedule	Date	6 Full name of pledgor ut-of-state PAC (ID#:	
Principal occupation / Job title (See Instructions)		7 Pledgor address; City; State; Zip Code	
Date		:	Check if travel outside of Texas. Complete Schedule T.
Date Full name of pledgor out-of-state PAC (ID#: Zip Code Check if travel outside of Texas. Complete Schedule Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) In-kind contribution description Pledge \$ In-kind contribution In-kind contribution Pledge \$ In-kind contribution	a Dringing of	cupation / Job title (See Instructions) 11 Employer (See	e Instructions)
Date Full name of pledgor out-of-state PAC (ID#: Of Pledge \$ description) Principal oc	cupation, 555 and (
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Pledge \$ In-kind contribution description Pledgor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Pledge \$ In-kind contribution description Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Pledgor address; City; State; Zip Code One-kind contribution description	Date	Full name of pledgor	/ / / / / / / / / / / / / / / / / / /
Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Pledge \$ In-kind contribution description Pledge address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Full name of pledgor out-of-state PAC (ID#: Amount of Pledge \$ In-kind contribution description Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Full name of pledgor out-of-state PAC (ID#: Amount of Pledge \$ In-kind contribution description Pledgor address; City; State; Zip Code			
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Date Full name of pledgor			
Pledger address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Participal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Pledge \$ description In-kind contribution description Pledge address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule	Principal oc	cupation / Job title (See Instructions)	ee Instructions)
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Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Pledge \$ Instruction In-kind contribution description Pledgor address; City; State; Zip Code			Check if travel outside of Texas, Complete Schedule
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Pledger address; City; State; Zip Code Check if travel outside of Texas. Complete Schedul	Principal o	ccupation / Job title (See Instructions)	lee manacione,
Check if travel outside of Texas. Complete Schedul	Date	Full name of pledgor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Check if travel outside of Texas. Complete Schedul			
(C. Leawations)		Pledgor address; City; State; Zip Code	
(C. Leawations)			Check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (See Instructions)		Employer (S	
	Principal o	ccupation / Job title (See Instructions)	

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED LOANS \$ 9 Loan Amount (\$) Date of loan 7 Name of lender out-of-state PAC (ID#: 10 Interest rate Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Loan Amount (\$) Name of lender out-of-state PAC (ID#:_ Interest rate Is lender City; State; Zip Code Lender address; a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Amount Guaranteed (\$) Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 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

The Instruction Guide explains how to	complete this form.	
2 FILER NAME Carl R. Bowen		3 Filer ID (Ethics Commission Filers)
5 Payee name Thrive Fuel Marketing		· /
7 Payee address; City; State; Zip Code		
140 E. Main St Cuero Tx 7	7954	
(a) Category (See Categories listed at the top of this schedule) Advertising Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense
Candidate / Officeholder name Carl R. Bowen	Office sought	Office held Sheriff
Payee name		
DeWitt County Republican Party		
Payee address; City; State; Zip Code		*
115 N Gonzales Cuero Tx. 77954		
Category (See Categories listed at the top of this schedule) Filing Fee		tside of Texas. Complete Schedule T. , TX, officeholder living expense
Candidate / Officeholder name Carl R. Bowen	Office sought	Office held Sheriff
Payee name		
Thrive Fuel Marketing		
Payee address; City; State; Zip Code		
140 E. Main St Cuero Tx 77	954	
Category (See Categories listed at the top of this schedule) Advertising Expense	Check if Austin,	tside of Texas. Complete Schedule T. , TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
	2 FILER NAME Carl R. Bowen 5 Payee name Thrive Fuel Marketing 7 Payee address; City; State; Zip Code 140 E. Main St Cuero Tx 7 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Carl R. Bowen Payee name DeWitt County Republican Party Payee address; City; State; Zip Code 115 N Gonzales Cuero Tx. 77954 Category (See Categories listed at the top of this schedule) Filing Fee Candidate / Officeholder name Carl R. Bowen Payee name Thrive Fuel Marketing Payee address; City; State; Zip Code 140 E. Main St Cuero Tx 77 Category (See Categories listed at the top of this schedule) Advertising Expense	Carl R. Bowen 5 Payee name Thrive Fuel Marketing 7 Payee address; City; State; Zip Code 140 E. Main St Cuero Tx 77954 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Candidate / Officeholder name Carl R. Bowen Payee name DeWitt County Republican Party Payee address; City; State; Zip Code 115 N Gonzales Cuero Tx. 77954 Category (See Categories listed at the top of this schedule) Filling Fee Candidate / Officeholder name Check if Austin Payee name Thrive Fuel Marketing Payee address; City; State; Zip Code 140 E. Main St Cuero Tx 77954 Category (See Categories listed at the top of this schedule) Payee address; City; State; Zip Code 140 E. Main St Cuero Tx 77954 Category (See Categories listed at the top of this schedule) Pescription Check if Austin Check if Austin Check if Austin

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Total pages Schedule F1:	The Instruction Guide explains how to		3 Filer ID (Ethics Commission Filers)
3	Carl R. Bowen		9 (100 12 (2000 2000)
Date	5 Payee name		
12-04-2023	The Cuero Record		
Amount (\$)	7 Payee address; City; State; Zip Code	•	1
\$421.30	119 E. Main St Cuero Tx 7	7954	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel out	side of Texas. Complete Schedule T.
OF	Advertising Expense	Check if Austin,	TX, officeholder living expense
EXPENDITURE	rayonamy Expones		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Carl R. Bowen		Sheriff
Date	Payee name		
12-15-2023	Braden Garoni		
Amount (\$)	Payee address; City; State; Zip Code		
\$150.00	906 W. Heaton Cuero Tx. 77954		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE		Check if travel outs	side of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Evenes	Check if Austin,	TX, officeholder living expense
EXPENDITORE	Advertising Expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OI	Carl R. Bowen		Sheriff
D. A.	Payee name		
Date	rayee name		
12-19-2023	Gene Brister		
Amount (\$)	Payee address; City; State; Zip Code		
	2996 FM 884. Yorktown Tx. 78164		
\$805.00	2996 FM 884. Yorktown Tx. 78164		
\$805.00	Category (See Categories listed at the top of this schedule)	Description	
\$805.00			side of Texas. Complete Schedule T.
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Check if travel out	side of Texas. Complete Schedule T. TX, officeholder living expense
PURPOSE		Check if travel out	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Check if travel out	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Check if travel out	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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)

Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
3	Carl R. Bowen		
Date	5 Payee name		
12-05-2023	Yoakum Hearld Times		
Amount (\$)	7 Payee address; City; State; Zip Code		•
· · · · · · · · · · · · · · · · · · ·	Trayer address, Sity, State, Elpester		
\$253.15	P.O. Box 798 Yoakum Tx. 77995		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		Check if travel of	outside of Texas. Complete Schedule T.
OF	Advertising Expense	Check if Aust	in, TX, officeholder living expense
EXPENDITURE	Advertising Expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Carl R. Bowen	Office sought	Office held Sheriff
Date	Payee name		
			Ť
Amount (\$)	Payee address; City; State; Zip Code		
		T	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF EXPENDITURE		Check if Austin	n, TX, officeholder living expense
EAT ENDITORIE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
Amount (4)	Payee address; City; State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			utside of Texas. Complete Schedule T.
OF			n, TX, officeholder living expense
EXPENDITURE			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct		Office sought	Office field
expenditure to benefit C/OH			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 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 compl	ete this form.
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS	\$
5 Date	6 Payee name	, T
7 Amount (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office	sought Office held
Date	Payee name	4
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	Political Non-Political	*.
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, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office	sought Office held
		<i>r</i> .
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	- T
		4.
	ATTACH ADDITIONAL COPIES OF THIS SCHE	EDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

			1
	EXPENDITURE CATE	GORIES FOR BOX 10(a)	<i>*</i>
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explai	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	MIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		1
7 Amount (\$)	8 Payee address; City; State;	Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political	· ,
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	Checki	on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State;	Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of th	Check if	on f travel outside of Texas. Complete Schedule T. if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
		•	
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Accounting/Banking Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Consulting Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Total pages Schedule G: 2 FILER NAME 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) City; State; Zip Code Reimbursement from political contributions intended (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Date Payee name Amount (\$) City; State; Zip Code Payee address; Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **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 Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilt/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)

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule H: 4 Date Business name City; State; Zip Code 6 Amount (\$) Business address; (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense EXPENDITURE Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date Business address; City; State; Zip Code Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Business name City; State; Zip Code Amount (\$) Business address: Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. PURPOSE Check if Austin, TX, officeholder living expense **EXPENDITURE** Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to con	pplete this form.
1 Total pages Schedule I	: 2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	•
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
		•

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	· ·
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received	8 Amount (\$	·)
	6 Address of person from whom amount is received; City; State;	Zip Code	
	7 Purpose for which amount is received Check if p	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$	5)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (S	\$)
	Address of person from whom amount is received; City; State;	Zip Code	
	Purpose for which amount is received Check if p	olitical contribution returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instru	iction Guide explains	how to complete th	nis form.	1 Total pages Schedule T:		
2 FILER NAME	7			3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor /	Corporation or Labor C	Organization / Pledgor	Payee			
5 Contribution / Expend Schedule A2 Schedule F2	iture reported on: Schedule B Schedule F4	Schedule B(J) Schedule G	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling					
	8 Departure city or name of departure location					
	9 Destination city or	name of destination lo	cation			
10 Means of transportati	on 11 Purpo	ose of travel (including	name of conference, s	seminar, or other event)		
Name of Contributor /	Corporation or Labor C	Organization / Pledgor	/ Payee			
Contribution / Expend	iture reported on:	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling					
	Departure city or name of departure location					
	Destination city or	name of destination lo	cation			
Means of transportati	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor /	Corporation or Labor C	Organization / Pledgor	Payee			
Contribution / Expend	iture reported on:					
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of person(s) traveling				
	Departure city or n	ame of departure loca	tion			
	Destination city or	name of destination lo	cation			
Means of transportati	Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
	ATTACH AI	DDITIONAL COPIES	OF THIS SCHEDUL	E AS NEEDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_	- 1º	
		The Instruction Guide explains how to complete this form. Complete only if "Report Type" on page 1 is marked "Final Report"
1	C/OH I	NAME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	ing a re	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that designate port as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign utions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER Inplete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	В.	ASSETS
	Chec	k only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ··
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder