CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			14.5				
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer I	D (Ethics Co	emmission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MS			мі А	OFFICE USE ONLY		
NAME	NICKNAME	LAST			SUFFIX	Date Record F	OR RECORD
	LOVINGTON					IAN 1 5 0004	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY			STATE;	ZIP CODE	JAN 1 5 2024	
OFFICEHOLDER MAILING ADDRESS	100 NORTH 7TH #416 LAMESA TX 79331			ASHLE: DAWSON COUNTY	Y RODRIGUEZ ELECTION ADMINISTRATOR		
Change of Address							
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER		EXTENSIO	ON	Date Hand-delivered	or Dale Postmarked
PHONE	(806)	928-6064				Receipt #	Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST			МІ	Receipt #	Amount 2
NAME	MS	BRITTANY	*******	55.52.53.55.55	A raid contributation	Date Processed	4
	NICKNAME LAST SUFFIX LOVINGTON			Date Imaged			
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT	/ SUITE #;	CITY;		STATE;	ZIP CODE
ADDRESS (Residence or Business)	100 NORTH 7TH #416 LAMESA			TX	79331		
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION						
TREASURER PHONE	(806) 928-6064						
9 REPORT TYPE	X January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)				pointment		
	July 15	8th day before	election		eded Modified arting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year			Month	Day Year)
COVERED	10 05 2023 THROUGH 01/ 15 2024				4		
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day Year X Primary Runoff Other Description						
	03/ 05	2024 Gene	ral Sp	ecial	Description		
12 OFFICE	OFFICE HELD (if any)	1	13	OFFICE SC	DUGHT (if known)	
				TAX ASSESSOR			
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
	COMMITTEE ADDRESS						
Additional Pages	GENERAL						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS							
	1						
		GO T	O PAGE 2	2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME BRIT	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	7 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 800.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0	
	4. TOTAL POLITICAL EXPENDITURES	\$ 820.55	
CONTRIBUTION BALANCE	I 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0	
18 SIGNATURE s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information	
	uired to be reported by me under Title 15, Election Code.	s and correct and includes all information	
	paratic by reported by me and rate to, Election code.		
	0	* · · · · · · · · · · · · · · · · · · ·	
	_ Buttomy Fo	rungtan	
	V	ndidate or Officeholder	
	Please complete either option below	7:	
1444444			
AY PO MANEGO			
VANESS Notary ID	A MEDINA #125980590		
	ssion Expires		
January	26, 2027		
NOTANT STANIS DEAS			
	D 31	10th	
Sworn to and subscribed	before me by Brittany Laungen this the	day of annayay	
	which witness my hand and seal of office.	0	
Man Loos Mi	11.10.0	day of January.	
Vincular ITU	aura Vanissa Medina	NOTAKY	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath	
	OR		
/2) Upower Declaration			
(2) Unsworn Declaration	on		
My name is	, and my date of birth is		
My address is	·	<u> </u>	
	(street) (city) (s	tate) (zip code) (country)	
Executed in	County, State of, on the day of	, (, , , , , , , , , , , , , , , , , ,	
	county, state of, on the day of (month) (year)	
	-		
	Signature of Candid	ate/Officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics			commission Filers)	
	BRI	TTANY LOVINGTON			
21	SUBTOTAL AMOUNT				
15	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$800.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.		SCHEDULE E: LOANS	\$		
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$820.55		
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	\$		
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	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.					1 Total pages Schedule A1:
2 FILER NAME BRITTANY LOVINGTON					3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2023 8 Principal occup	5 Full name of contributor				7 Amount of contribution (\$) \$600.00
Date 12/05/2023		City;	State;	******	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Employer (See				oyer (See Instruc	tions)
Date	Full name of contributor Contributor address;	out-of-state PAI		Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)		Emple	pyer (See Instruct	ions)
Date	out-of-state PAC (ID#:		_	Amount of contribution (\$)	
	Contributor address;	City;		Zip Code	
Principal occupation / Job title (See Instructions)				oyer (See Instruct	ions)
	ATTACH ADDITI	ONAL COPIES (OF THIS S	CHEDULE AS N	EEDED
	If contributor is out-of-state PAC	, please see Instru	uction quid	le for additional re	eportina requirements.

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **BRITTANY LOVINGTON** 4 Date 5 Payee name 11/27/2023 SIGNS ON THE GO 6 Amount (\$) 7 Payee address; City; State; Zip Code \$590.00 304 COUTNY ROAD 7200 **LUBBOCK** TX 79404 8 (a) Category (See Calegories listed at the top of this schedule) (b) Description **PURPOSE** YARD SIGNS **ADVERTISING** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name **VISTA PRINT** 01/04/2024 Amount (\$) Payee address; City; State: Zip Code www.vistaprint.com \$69.05 Category (See Categories listed at the top of this schedule) Description **PURPOSE ADVERTISING BUISNESS CARDS EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. 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 01/11/2024 VISTA PRINT Amount (\$) Payee address; City; State; Zip Code \$161.50 www.vistaprint.com Category (See Categories listed at the top of this schedule) Description **PURPOSE ADVERTISING DOOR HANGERS** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH