CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete th		ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR / WAW		МІ	OFFICE USE ONLY
NAME	NICKNAME GAST	ZA	SUFFIX	FILED FOR RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / S 2222 S.	3 5/2	LAMESA, TX 79331	FEB 0 5 2024 ASHLEY RODRIGUEZ DAWSON COUNTY ELECTION ADMINISTRATOR
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (804)332 - 94		EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST		MI	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST	J Za	SUFFIX	Date Imaged
	Ca	1 la		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEAS		Lamesa, T	STATE: ZIP CODE 79331
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(804) 332-		EXTENSION	
9 REPORT TYPE	January 15	h day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th	day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day 01 / 15 / 1	Year 24 THF	Month ROUGH 02	Day Year / 05 / 24
11 ELECTION	ELECTION DATE	110	ELECTION TYPE	
	Month Day Year	Primary F	Runoff Other	
	03 /05 / 24	General S	Description Special	
12 OFFICE	OFFICE HELD (if any)	1	3 OFFICE SOUGHT (if known	wer. Sheriff
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHOLDER. THESE	EXPENDITURES MAY HAVE	OR POLITICAL EXPENDITURES MA BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT INDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NA	AME		
Additional Pages	GENERAL COMMITTEE AL	DDRESS		
	SPECIFIC COMMITTEE CA	AMPAIGN TREASURER N	AME	
	COMMITTEE C.	AMPAIGN TREASURER A	ADDRESS	
		GO TO PAGE	2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4, 325. 00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,828.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 2769. 93
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information
	Signature of Ca	Parken ndidate or Officeholder
(1) Affidavit NOTARY STAMP/SEAL	TRINITY BATCHELOR Notary Public, State of Texas Notary ID#: 13331419-9 My Commission Expires 9-3-2025	
Sworn to and subscribed		5th day of February.
20 24 to certify	which, witness my hand and seal of office. Trinity BatcheloR	Motory
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of, on the day of(month	20(year)
	Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
140	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 4,325. °
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,828.79
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.63	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8,	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
113	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	1 Total pages Schedule A1.		
2 FILER NAME	WALLY GATZA		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
1-18-24	MATTHEW SNEll 6 Contributor address; City; 3108 CR W Ackerly	State; Zip Code TK 79713	# 2,500.
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Self-Employed	MA	
Date		C (ID#:)	Amount of contribution (\$)
	Ginger Wite		44 0.5
1-19-24	Contributor address; City;	State; Zip Code	\$ 125.00
	PO POR 1028 LAMA	FA TX 779331	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	
	Administrative	TOC) -	Smith UNIT
Date		(ID#:)	Amount of contribution (\$)
1-24-24	Kimberly Rhodas Contributor address; City; 711 Orchatol CT Algorquir	State; Zip Code IL 60102	# 100,00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	Unkapun	Urkiowa	
Date		(ID#:)	Amount of contribution (\$)
1 21/2.1	RAY Stephens		80
1-24-24	Contributor address; City;	State; Zip Code	A 1,000.
	P.O. BOK 500 LAMESA	灰 79231	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	UNENOUS	Upknows	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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	1 Total pages Schedule A1;		
2 FILER NAME	WAlly GATZA		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor □ out-of-state PAC Gilbert Arredordo 6 Contributor address; City; 5402 CK 1440 Lubboes		7 Amount of contribution (\$) # 500.	
8 Principal occur	Pation / Job title (See Instructions) Retired (Self-Employed)	9 Employer (See Instruct		
Date 2 - 3 - 24	Gran Beton Augo	State; Zip Code TK 79331	Amount of contribution (\$)	
Principal occup	Pation / Job title (See Instructions) OWNES - AUCO SALES	Employer (See Instruct	•	
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)	
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	_	(ID#:) State: Zip Code	Amount of contribution (\$)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)	

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 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 Legal Services 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

Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1;	2 FILER NAME WAlly GATTA 3 Filer ID (Ethics Commission Filers)
4 Date 1-22-24	5 Payee name AMESA Press Reporter
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$ 138,00	523 N. 157 ST LAMESA TX 79331
8	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF EXPENDITURE	ADVertisins Expense News Outper AD
	(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/OF	Candidate / Office holder name Office sought Office held WATLY GATZA Devisor Co Shesiff
Date	Payee name
1-29-24	DAL PASO MUSEUM
Amount (\$)	Payee address; City; State; Zip Code
d 150.00	308 S. 151 ST LAMESA TX 79531
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE MEET & GIZET COCATION EVENT EXPENSE
	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/OF	WALLY GLATER DAVISON CO Sheriff
Date	Payee name
1-26-24	Elite Sisn & Design
Amount (\$)	Payee address; City; State; Zip Code
64.95	5181 69th St Lubbock TX 79424
	Category (See Categories listed at the top of this schedule) Description
PURPOSE OF EXPENDITURE	ADVESTISING ERDENSE BUSINESS CARDS
	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 / Office holder name Office sought Office held
expenditure to belieff G/On	WHOLY CENTRAL Shorson Co Sheriff
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (caler a settlement of the settlement)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politica	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)
4 Date 1-29-74	David Baum - Billboards
6 Amount (\$) # 1, 800.	7 Payee address; City; State: Zip Code PO BOX 321 CANYON TX 79015
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVECTISING ERDENSE (b) Description (2) 10' x 20' Billboard ADS ON US 87 (North(South)
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Office hald Wally GATIA Office sought Office held Office held
Date	Payee name
2-2-24	Signs on the Go
Amount (\$)	Payee address; City; State; Zip Code
At 237. 84	304 CR 7200 Lubbock TX 79404
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description Cotoplast Sixts
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Office held Office held Office held
Date	Payee name
2-3-24	April MATTINEZ CATERING
Amount (\$)	Payee address; City; State; Zip Code
# 438. °°	1407 N. 10th ST CAMESA TX 79331
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / Bewertse Exp. Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Office held Office held Office held Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED