

# 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 Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST <u>Glen</u> MI <u>D.</u> NICKNAME LAST <u>Praytor</u> SUFFIX	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>543 Looney Ln. Weatherford, Tx. 76087</u>	Date Received <u>JAN 12 '24 AM 10:50</u> <u>JKW</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(817) 994-2688</u>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <u>Glen</u> MI <u>D.</u> NICKNAME LAST <u>Praytor</u> SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>same</u>	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>( ) same</u>	Date Imaged	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <u>7 / 1 / 23</u> THROUGH <u>12 / 31 / 23</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>3 / 5 / 24</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Constable, Pet. 3, Parker County</u>	13 OFFICE SOUGHT (if known) <u>Constable, Pet. 3, Parker County</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME		<u>Glen D. Praytor</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	<u>670.00</u>	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>39,968.00</u>	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	<u>1,142.91</u>	
	4. TOTAL POLITICAL EXPENDITURES	\$	<u>8,516.57</u>	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>18,876.43</u>	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>- 0 -</u>	

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Glen D. Praytor*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY PUBLIC  
STATE OF TEXAS

TINA GARNER  
My Notary ID # 132607703  
Expires August 6, 2024

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Glen Praytor this the 12<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.

Tina Garner Tina Garner  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**OR**

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country).

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) (year).

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>Glen D. Praytor</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>22,973.</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>17,575.</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>- 0 -</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>- 0 -</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>8,516.57</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>- 0 -</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>- 0 -</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>5,000.<sup>00</sup></i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>- 0 -</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>- 0 -</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>- 0 -</i>

# 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: <b>7</b>
2 FILER NAME <b>Glen D. Praytor</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/17/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Donny Denman</b>	7 Amount of contribution (\$) <b>1,000.00</b>
6 Contributor address; City; State; Zip Code <b>1189 Lipan Tx.</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>8/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jim Zacherius</b>	Amount of contribution (\$) <b>1,000.00</b>
Contributor address; City; State; Zip Code <b>PO Box 3091 Wfad Tx. 76086</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>8/17/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jake Dekoker</b>	Amount of contribution (\$) <b>5,000.00</b>
Contributor address; City; State; Zip Code <b>777 Barnes Millsap Tx. 76066</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>10/19/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jerry &amp; Diane Osborn</b>	Amount of contribution (\$) <b>1,200.00</b>
Contributor address; City; State; Zip Code <b>PO Box 1394 Wford Tx. 76086</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**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 form.

1 Total pages Schedule A1:

2 FILER NAME

Glen D. Praytor

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/23

5 Full name of contributor

Kelly McClaskey

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

750.00

6 Contributor address;

City;

State;

Zip Code

PO Box 2378 Wford Tx. 76086

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/23

Full name of contributor

Larry Walden

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

475.00

Contributor address;

City;

State;

Zip Code

500 Barnes Rd. Millsap Tx. 76066

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor

Amy Jones

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

475.00

Contributor address;

City;

State;

Zip Code

900 Cinema Dr. #2204 Wford Tx. 76087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor

Tammy McBee

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,150.00

Contributor address;

City;

State;

Zip Code

1525 F.W. Hwy. Wford Tx. 76086

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.

# 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

Glen D. Praytor

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/23

5 Full name of contributor

Stacey McClaskey

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

1403 Silverado Dr. Wford Tx. 76087

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/23

Full name of contributor

Jim Zacharius

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

PO Box 3091 Wford Tx. 76086

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor

Kelly McClaskey

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

PO Box 2378 Wford Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor

Alias & Tammy Smith

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

375.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

506 Old Brack Rd. Wford Tx. 76088

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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

Glen D. Praytor

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/23

5 Full name of contributor

Anthony & Toybeth Bilbay

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

200.<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

6308 Horseshoe Bend Rd. Wford Tx. 76087

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/23

Full name of contributor

Craig & DiAnn Towson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

2130 F.W. Hwy. Wford Tx. 76084

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor

Jim & Mary Ann Boyd

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

200 Looney Ln. Wford Tx. 76087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor

Bobby Harter

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

5101 Bear Creek Rd Aledo Tx. 76008

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.

# 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

Glen D. Praytor

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/23

5 Full name of contributor

Tammy Smith

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

150.00

6 Contributor address; City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/23

Full name of contributor

Joseph Jingoli

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,000.

Contributor address; City; State; Zip Code

100 Lenox Dr. Lawrenceville NJ 08648

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/23

Full name of contributor

Mark & Dottie Worthington

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

750.00

Contributor address; City; State; Zip Code

701 Dean Rd. Wford Tx. 76087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/23

Full name of contributor

Dave Dieson

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code

109 Church St. Wford Tx. 76086

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.

# 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

Glen D Praytor

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/23

5 Full name of contributor

John Monerief

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

1,650.00

6 Contributor address;

City;

State;

Zip Code

Hwy. 171, Wford TX. 76087

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/23

Full name of contributor

Jason & Andrea Schrick

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

FM 113 Millsap, Tx. 76066

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor

Mike Ingram

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

475.00

Contributor address;

City;

State;

Zip Code

444 Quincy Ln. Wford Tx. 76087

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor

Shane Cartwright

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

600.00

Contributor address;

City;

State;

Zip Code

4590 Bear Creek Rd. Aledo, Tx. 76008

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.

# 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

Glen D. Praytor

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/23

5 Full name of contributor

Rick Nolan

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

420.00

6 Contributor address;

City;

State;

Zip Code

P.O. Box 2037 Wford Tx. 76087

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/23

Full name of contributor

Jim Faulconer

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

475.00

Contributor address;

City;

State;

Zip Code

P.O. Box F.W. Tx.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor

Ernie Pena

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1,800.00

Contributor address;

City;

State;

Zip Code

1181 F.W. Hwy. Wford Tx. 76086

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor

Daniel Taylor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

328.00

Contributor address;

City;

State;

Zip Code

Flying Jib Wford Tx.

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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	9
2 FILER NAME <i>Glen D. Praytor</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10/15/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teskey's</i>	8 Amount of Contribution \$ <i>1125.00</i>	9 In-kind contribution description <i>(3) Stevens 20 gauge Shotguns</i>
7 Contributor address; City; State; Zip Code <i>3001 W. I 20 Wford, Tx. 76087</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>10/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brad Graves</i>	Amount of Contribution \$ <i>475.00</i>	In-kind contribution description <i>Kerry Kelley Bite Craig Lewis Head St 11</i>
Contributor address; City; State; Zip Code		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Glen D. Praytor</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10/15/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Daniel Taylor</i>	8 Amount of Contribution \$ <i>800.00</i>	9 In-kind contribution description <i>2 Antique .22 Remington Rifles</i>
7 Contributor address; City; State; Zip Code <i>1572 Flying Jib Azle 76020</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>10/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee Jones</i>	Amount of Contribution \$ <i>400.00</i>	In-kind contribution description <i>Trump Coins</i>
Contributor address; City; State; Zip Code <i>P.O. Box 2031 Wford Tx. 76084</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:

2 FILER NAME

Glen D. Praytor

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

10/15/23

6 Full name of contributor

Jimmy Peyton

out-of-state PAC (ID#: \_\_\_\_\_)

7 Contributor address; City; State; Zip Code

113 Laser Dr. Wford Tx 76087

8 Amount of Contribution \$

450.00

9 In-kind contribution description

Smith & Wesson 10mm Pistol m&P

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

10/15/23

Full name of contributor

Kent Reiswig

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address; City; State; Zip Code

116 Cottongame Dr. Wford Tx 76088

Amount of Contribution \$

3,000.

In-kind contribution description

Savage Custom Rifle

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <i>Glen D. Praytor</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10/15/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Western Heritage</i>	8 Amount of Contribution \$ <i>650.00</i>	9 In-kind contribution description <i>Picture of Alamo</i>
7 Contributor address; City; State; Zip Code <i>1525 F.W. Hwy. W'ford Tx. 76086</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>10/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Trey Gilmore</i>	Amount of Contribution \$ <i>900.00</i>	In-kind contribution description <i>Luchesse Boots Gift Certificate</i>
Contributor address; City; State; Zip Code <i>208 Walden Rd. W'ford Tx - 76087</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:	
2 FILER NAME <i>Glen D. Praytor</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10/15/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kerry Kelley</i>	8 Amount of Contribution \$ <i>500.00</i>	9 In-kind contribution description <i>KK Bit Shank 8.5 custom engraved overlay</i>
7 Contributor address; City; State; Zip Code <i>4300 Granbury Hwy, Wford Tx. 76087</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>10/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kerry Kelley</i>	Amount of Contribution \$ <i>250.</i>	In-kind contribution description <i>250. Gift Certificate</i>
Contributor address; City; State; Zip Code <i>4300 Granbury Hwy. 76087</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:

2 FILER NAME

Glen D. Praytor

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

10/15/23

6 Full name of contributor

Chris Woodrum

out-of-state PAC (ID#: \_\_\_\_\_)

8 Amount of Contribution \$

450.00

9 In-kind contribution description

Springfield 9mm pistol espelite

7 Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

10/15/23

Full name of contributor

Kerry Kelley

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of Contribution \$

500.00

In-kind contribution description

KK Bit Shank 6.25" choice of custom overlay + Bit

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL)(See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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 A2:	
2 FILER NAME <i>Glen D. Praytor</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10/15/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark Ferguson</i>	8 Amount of Contribution \$ <i>375.00</i>	9 In-kind contribution description <i>Hitaachi 10" Miter Saw</i>
7 Contributor address; City; State; Zip Code <i>107 Blue Ribbon Trl. Wford Tx. 76087</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>10/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Teskey Gun Store</i>	Amount of Contribution \$ <i>500.00</i>	In-kind contribution description <i>Sig. 9mm Pistol</i>
Contributor address; City; State; Zip Code <i>3001 WI 26 76087</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>Glen D. Praytor</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>10/15/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry Lynch</i>	8 Amount of Contribution \$ <i>250.00</i>	9 In-kind contribution description <i>Martin Saddlery Headstalls</i>
7 Contributor address; City; State; Zip Code <i>F.W. Hwy. Wford, Tx 76086</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>10/15/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Harold Swain</i>	Amount of Contribution \$ <i>600.00</i>	In-kind contribution description <i>Blk. Powder Scott .35 Rifle</i>
Contributor address; City; State; Zip Code <i>707 Jones Rd. Wford Tx 76087</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:
2 FILER NAME <i>Glen D. Praytor</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$		
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brad Graves</i>	8 Amount of Contribution \$ <i>3250.00</i>
	7 Contributor address; City; State; Zip Code <i>PO Box 105 Wford Tx. 76084</i>	9 In-kind contribution description <i>Band &amp; Hold Em Tables</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ronnie &amp; Gail Campbell</i>	Amount of Contribution \$ <i>3,100.00</i>
	Contributor address; City; State; Zip Code <i>Wford Tx 76084</i>	In-kind contribution description <i>Food for Fundraiser</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| 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.

<b>1</b> Total pages Schedule F1: <i>1 of 3</i>	<b>2</b> FILER NAME <i>Glen D. Praytor</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>10/23</i>	<b>5</b> Payee name <i>Hanson Enterprises</i>	
<b>6</b> Amount (\$) <i>1,772.98</i>	<b>7</b> Payee address; <i>Wford Tx. 76086</i>	City; State; Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	<b>(b)</b> Description <i>cups &amp; clips for handouts</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10/23</i>	Payee name <i>Parker County Today</i>	
Amount (\$) <i>3300.00</i>	Payee address; <i>Wford, Tx. 76086</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Ad</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
Date <i>10/23</i>	Payee name <i>Chris Woodrum</i>	
Amount (\$) <i>250.00</i>	Payee address; <i>Wford Tx. 76088</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>	Description <i>Security for F.R.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| 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.

1 Total pages Schedule F1: <i>2 of 3</i>	2 FILER NAME <i>Glen D. Praytor</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12/23</i>	5 Payee name <i>Parker County Republican Party</i>	
6 Amount (\$) <i>375.00</i>	7 Payee address; City; State; Zip Code <i>S. Main St. Wford, Tx. 76086</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Filing Fees</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>10/23</i>	Payee name <i>ACDC</i>	
Amount (\$) <i>205.68</i>	Payee address; City; State; Zip Code <i>Harmony Wford Tx. 76087</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Hand-out cards</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <i>10/23</i>	Payee name <i>Deal Me In</i>	
Amount (\$) <i>270.00</i>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fundraising Expense</i>	Description <i>Down Payment for Texas Hold Em Tables</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| 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.

1 Total pages Schedule F1: <i>3 of 3</i>	2 FILER NAME <i>Glen D. Praytor</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/23</i>	5 Payee name <i>Tina Garner</i>	
6 Amount (\$) <i>1200.00</i>	7 Payee address; City; State; Zip Code <i>Wford, Tx. 76087</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fundraiser Expense</i>	(b) Description <i>Displays, Supplies + decorations for Fundraiser</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, 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	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <u>1</u>	<b>2</b> FILER NAME <u>Glen D. Praytor</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>8/23</u>	<b>5</b> Payee name <u>Glen Praytor Campaign</u>	
<b>6</b> Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <u>543 Looney Ln. Wford, Tx. 76087</u>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>	<b>(b)</b> Description <u>Ad + cups + clips for handouts</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
Date	Payee name	
Amount (\$) <input type="checkbox"/> 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
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\***

**1 C/OH NAME**

**2 Filer ID** (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**\*\* Complete A & B below *only* if you are not an officeholder. \*\***

**A. CAMPAIGN FUNDS**

Check 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.

**B. ASSETS**

Check 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 OFFICEHOLDER**

**\*\* Complete this section *only* 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