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 Commissi	ion Filers) 2 Total pa	ges filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI Mr. Joe D NICKNAME LAST SUF Tolbert			OF	OFFICE USE ONLY		
NAME			FIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:	APT / SUITE #	CITY: STATE: ZIP (CODE JAI	JAN 6 8 2024		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		elivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Joe	MI D	Receipt # Date Process	Amount S		
	NICKNAME	NICKNAME LAST SUFFI Tolbert			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	NO PO BOX PLEASE). APT / S	SUITE #: CITY,	ST/	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15 July 15	30th day before	Land 	trea (Off	n day after campaign isurer appointment iceholder Only) al Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 7 - /	Day Year / 1 / 23	THROUGH	Month Day 12 / 31 /	Year 23		
11 ELECTION	ELECTION DA	Year Primary	Runoff Ot De	TION TYPE her escription			
12 OFFICE	BISD, Place		13 OFFICE SOUGHT	[(if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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 CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS				
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

JOE D. Tolbert 17 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEGGS. LOANS, OR GUARANTEES OF LOANS. OR ON GUARANTEES OF LOANS.) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEGGS. LOANS, OR GUARANTEES OF LOANS.) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY STATEMENT OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 1 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. Please complete either option below: Please complete either option below: OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD NOTARY STAMP / SEAL ON THE REPORTING PERIOD Please complete either option below: OBDOTAL Cartisle NOTARY STAMP / SEAL ON THE PROPERTY OF THE PROPERY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	46 CIOH NAME		T.					
PLEBGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE LEGETRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEBGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. 0.00 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 6 PREPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE STANDAY OF THE REPORTING PERIOD OUTSTANDING LOAN TOTALS 7. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE STANDAY OF THE REPORTING PERIOD 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. Please complete either option below: 10 Affidavit Please complete either option below: Deborah Carlisle Notary Public, State of Texas Notary Dio 10:6530-8 My Commission Exp. 11-20-2028 NOTARY STAMP / SEAL NOTARY STAMP / SEAL NOTARY STAMP / SEAL Deborah Carlisle Notary Deborah Carlisle Notary Deborah Carlisle Notary Printed name of officer administering oath Title of officer administering oath OIL OIL OIL Title of officer administering oath OIL OIL OIL Title of officer administering oath OIL OIL OIL OIL OIL OIL OIL OI	Joe D. Tolbert		16 Filer ID	(Ethics Com	mission Filers)			
CONTRIBUTION 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL EXPENDITURES 6. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 1 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. 1 Signature of Candidate or Officeholder Please complete either option below: 1 Affidavit 1 Notary Public, State of Texas Notary Texas Public, State of Te		PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	N ,	\$	0.00			
4. TOTAL POLITICAL EXPENDITURE: 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 375.00 CONTRIBUTION BALANCE 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY \$ 1,023.73 16 SIGNATURE 1 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. Please complete either option below: (1) Affidavit NOTARY STAMP / Sual-Notary Public, State of Texas Notary DI 065303-6 My Commission Exp. 11-20-2026 Swom to and subscribed before me by Joe D. Tolbert Swom to and subscribed before me by Deborah Carlisle Deborah Carlisle Notary Di 065303-6 My Commission Exp. 11-20-2026 Notary Deborah Carlisle Deborah Carlisle Notary Title 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 And my dateres is and my date of birth is And my dateres is				\$	0.00			
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 375.00 OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 1,023.73 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. Please complete either option below: Obborah Carlisle Notary Public, State of Texas Notary Deborah Carlisle Notary Title of officer administering oath OB (2) Unsworn Declaration My name is and my date of birth is My address is		3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00			
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1. 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. Please complete either option below: Please complete either option below: Obborah Carlisle Notary Public, State of Texas Notary Public, State of Texas Notary In 1065303-6 My Commission Exp. 11-20-2028 NOTARY STAMP / SEAL Swom to and subscribed before me by Deborah Carlisle Notary Deborah Carlisle Notary Deborah Carlisle Notary Deborah Carlisle Notary Deborah Carlisle Notary Deborah Carlisle Notary Title of officer administering oath OR (2) Unsworn Declaration My name is		4. TOTAL POLITICAL EXPENDITURES		\$	0.00			
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. Please complete either option below: Please complete either option below: Obsorah Carlisle Notary Public, State of Texas Notary ID 1065303-6 My Commission Exp. 11-20-2028 NOTARY STAMP / SEA Sworn to and subscribed before me by Joe D. Tolbert Sworn to and subscribed before me by Joe D. Tolbert Deborah Carlisle Notary Signature of officer administering oath Printed name of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is and my date of birth is			ST DAY	\$;	375.00			
Please complete either option below: Deborah Carlisle Notary Public, State of Texas Notary ID 1065303-8 My Commission Exp. 11-20-2028 Sworn to and subscribed before me by Joe D. Tolbert Sworn to and subscribed before me by Deborah Carlisle Deborah Carlisle Sworn to and subscribed office. Deborah Carlisle Notary Stander Deborah Carlisle This the Standary. Aday of Sanuary. Deborah Carlisle Notary Signature of officer administering oath Printed name of officer administering oath OR Title of officer administering oath My name is and my date of birth is My address is	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		OF THE	s 1,	023.73			
Please complete either option below: Please complete either option below: Deborah Carlisle Notary Public, State of Texas Notary ID 1065303-6 My Commission Exp. 11-20-2026 NOTARY STAMP/SEAL Sworn to and subscribed before me by Deborah Carlisle Total Total Deborah Carlisle Notary Deborah Carlisle Notary Signature of officer administering oath OR Title of officer administering oath OR My name is	18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is tru	ie and corre	ct and includ	les all information			
Please complete either option below: Deborah Carlisle	req	uired to be reported by me under Title 15, Election Code.						
Please complete either option below: Deborah Carlisle			1/11	7				
Please complete either option below: Deborah Carlisle	Signature of Condidate or Officeholder							
Deborah Carlisle Notary Public, State of Texas Notary ID 1065303-6 My Commission Exp. 11-20-2026 NOTARY STAMP/SEAL Sworn to and subscribed before me by		\(\begin{array}{cccccccccccccccccccccccccccccccccccc						
Deborah Carlisle Notary Public, State of Texas Notary ID 1065303-6 My Commission Exp. 11-20-2026 NOTARY STAMP/SEAL Sworn to and subscribed before me by								
Deborah Carlisle Notary Public, State of Texas Notary ID 1065303-6 My Commission Exp. 11-20-2026 NOTARY STAMP/SEAL Sworn to and subscribed before me by		Please complete either option belov	w:					
NOTARY STAMP / SEAL Sworm to and subscribed before me by 20 23, to certify which, witness my hand and seal of office. Deborah Carlisle Signature of officer administering oath Notary Notary Public, State of Texas Notary ID 1065303-6 My Commission Exp. 11-20-2026 My of				3				
NOTARY STAMP / SEAL Sworm to and subscribed before me by 20 23, to certify which, witness my hand and seal of office. Deborah Carlisle Signature of officer administering oath Notary Notary Public, State of Texas Notary ID 1065303-6 My Commission Exp. 11-20-2026 My of Sanuary day of Sanuary this the State of Texas Notary Deborah Carlisle Notary Title of officer administering oath OR (2) Unsworn Declaration My name is, and my date of birth is	7							
Notary ID 1065303-6 My Commission Exp. 11-20-2026 Sworn to and subscribed before me by Joe D. Tolbert this the State day of Sanuary. 20 23 to certify which, witness my hand and seal of office. Deborah Carlisle Notary Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is and my date of birth is	10 100 100							
Sworn to and subscribed before me by Joe D. Tolbert this the the thing the t	(1) Affidavit	Notary ID 1065303-6						
Sworn to and subscribed before me by Joe D. Tolbert this the the thing the t	1	NAME OF THE OWNER OWNER OF THE OWNER						
20 23, to certify which, witness my hand and seal of office.	NOTARY STAMP / SEAL			_				
Deborah Carlisle Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is, and my date of birth is My address is	Sworn to and subscribed	before me by JOE D. TOIDERT this the	SIL	day of 1	muary.			
Signature of officer administering oath OR (2) Unsworn Declaration My name is, and my date of birth is My address is	20 23 to certify	*		or a construction of				
OR (2) Unsworn Declaration My name is, and my date of birth is My address is								
(2) Unsworn Declaration My name is, and my date of birth is My address is,	Signature of officer administer		1	itle of officer a	idministering oath			
My name is, and my date of birth is My address is,	(2) However Pool and							
My address is	(2) Onsworn Declaration	911						
	My name is	, and my date of birth is	s		*			
THE THE PERSON AND TH	My address is							
			(state) (zi	ip code)	(country)			
Executed in County, State of on the day of, 20 (month) (year)	Executed in		th)	, 20 (year)				
Signature of Candidate/Officeholder (Declarant)		Signature of Cand	idate/Officeh	older (Decla	rant)			