CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / 441 OFFICE USE ONLY **OFFICEHOLDER** Edward G Mr. NAME Date Received NICKNAME SHEER APT SUITE F 4 CANDIDATE / ADDRESS (PO BOY: STATE-ZIP CODE CITY **OFFICEHOLDER** MAILING **ADDRESS** 75087 Rockwall TX Change of Address EXTENSION 5 CANDIDATE/ AREA CODE PHONE NUMBER Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (817) 944-4350 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN TREASURER W Jerry Date Processed NAME SUFFIX Date Imaged 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE): CITY: STATE: ZIP CODE TREASURER **ADDRESS** 75098 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 817) 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED 02/15/2024 2024 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Month Day Year Description General 04 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Board of Trustees 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	and G. Conger	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ 2.115.57
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD.	*
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,500.00
(1) Affidavit	Please complete either option below:	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by this the	day of
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
SHOOM SHOW	OR CONTRACTOR OF	
My name is Solution My address is Executed in	(street) (street) (state) (city) (state) (character) (state) (character) (state)	(2) 59 15087 USA (zip code) (country) 2024. (year)
	Signature of Candidate/	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Edward G. Conger	mmission Filers)			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2,	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	4. SCHEDULE E: LOANS				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS				
7.	7. 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 FUN	\$ 2,115,57			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$			

EG (Revised 1/1/2024

LOANS

SCHEDULE E

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

ii aio requeste	a information is not applicable, 20 No	or include this page in the re	port.
The	1 Total pages Schedule E:		
Edward	1 G. Conger		3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS		\$
3-11-2024	7 Name of lender	e PAC (ID8:)	9 Loan Amount (\$)
Is lender a financial Institution?	Edward G. Conger City:	State; Zip Code	10 Interest rate
Y N	on / Job title (See Instructions)	Rockwall TX 75087	11 Maturity date
Superinte 4 Description of Coll	ndent	International Les	dership of Texas
none		Check if personal fun account (See Instruc	ds were deposited into political tions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan 3 - 25-2024	Name of lender out-of-state	e PAC (ID#:)	Loan Amount (\$) 2,500.00
3-25-2024 Edward G. Conger Is lender address; City; State; Zip Code			Interest rate
Institution? Y N		Rockwell TX 75687	Maturity date
Supersiden		Employer (See Instructions) International L	eadership of Texas
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	ion (See Instructions)	Employer (See Instructions)	
Principal Occupati		Employer (See Instructions) PIES OF THIS SCHEDULE AS NEI	EDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credt Card Payment	Event Expense Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	Edward G. Conger		3 Fiter ID (Ethics Commission Filers)
4 Date 3-11-2024	USSA Bank		
6 Amount (\$) 20.00 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	(b) Description Expadited m	ail fea
	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if Austin	TX, officeholder living expense
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Edward G. Conger	Board of Trusters	Office held
3-14-2024	The Home Depot		
Amount (\$) 430.94 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule) Description	
	Check if travel outside of Texas. Complete Sched	fule T. Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name OH Edward G. Longer B	ound of Trustes -	Place 3
3-15-2024	The Home Dept		1.17.00/11
Amount (\$) /00,94 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	dule} Description	
	Check if travel outside of Texas. Complete Schedu	ule T. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Edward G. Conger	Office sought	Office held

Revised 1/1/2024

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

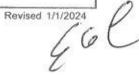
EXPENDITURE C	CATEGORIES FOR BOX 8(a)	
Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	_	3 Filer ID (Ethics Commission Filers)
5 Payee name Recetrae		
7 Payee address;	City:	State; Zip Code
(a) Category (See Categories listed at the top of	of this schedule) (b) Description	
(c) Check if travel outside of Texas. Comp	plete Schedule T. Check if Austin	, TX, officeholder living expense
Edward G. Conger	Office sought Board of Trust	Office held
Payee name		
The Home Depoi	⊬	
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of	of this schedule) Description	
Check if travel outside of Texas. Comp	olete Schedule T. Check if Austin	, TX, officeholder living expense
Candidate / Officeholder name Edword G. Conger	- Board of Tru	stees - Place 3
Payee name Lone Stor Food S	tore	
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of	(this schedule) Description	
Check if travel outside of Texas. Compl	lete Schedule T, Check if Austin,	TX, officeholder living expense
Candidate / Officeholder name	Boord of Trus	Office held
	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide of Payee name Fedward G. Conger (a) Category (See Categories listed at the top of Candidate / Officeholder name Fedward G. Conger Payee name The Home Depo Payee address; Category (See Categories listed at the top of Candidate / Officeholder name Fedward G. Conger Payee name The Home Depo Payee address; Category (See Categories listed at the top of Candidate / Officeholder name Fedward G. Conger Category (See Categories listed at the top of Candidate / Officeholder name Fedward G. Conger Category (See Categories listed at the top of Check if travel outside of Texas. Comp	Special Expense Food Beverage Expense Gilf/Awards/Memorials Expense Food/Beverage Expense Gilf/Awards/Memorials Expense Legal Services The Instruction Guide explains how to complete this form. 2 FILER NAME Edward G. Conger 5 Payee name Recefrac 7 Payee address; City: (a) Category (See Categories issted at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Office holder name The Home Depot Payee address; City: 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) Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Office holder name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin Candidate / Office holder name Lance Share Food Share Payee name Lance Share Food Share Payee address; City: Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin Category (See Categories listed at the top of this schedule) Check if ravel outside of Texas. Complete Schedule T. Check if Austin

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CAT	TEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Foes Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor	Solicitation/Fundraisin Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NAM				3 Filer ID (Ethics	Commission Filers)
4 Date 3-18-2024	5 Payee nam	ord G. Conger Veven				
6 Amount (\$) 50.03 Reimbursement from political contributions intended	7 Payee addr			City;	State;	Zip Gode
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of thi	s schedule)	(b) Description		
	(c) Ch	eck if travel outside of Texas, Complete	Schedule T.	Check if Auslin	TX. officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		d G. Conger		Office sought and of Truster		Office held
Date	Payee name)				
3-19-2024	Ento	rarise				
Amount (\$) S41.00 Reimbursement from political contributions intended	Payee addr	The state of the s		City;	State;	Zip Code
PURPOSE OF EXPENDITURE		See Categories listed at the top of this		Description		
		eck if travel outside of Texas. Complete	Schedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		e / Officeholder name	B	office sought and of Tru	stees - Place	Office held
3-20-2024	Payee name	blicanw				
Amount (\$) (\$0.66 Reimbursement from political contributions intended	Payee addre			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the top of this	schedule)	Description		
	Che	ck if travel outside of Texas. Complete S	Schedule T.	Check if Austin,	TX, officeholder living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Edwa	ord G. Conger		office sought rd of Trustee		Office held
	Silvery Control	ADDITIONAL COPIES	OF THIS SC	HEDULE AS NEED!	ED .	



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Event Expense Fees Food/Beverage Expense Gitt/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)
2 FILER NAME Edward Co Comment		3 Filer ID (Ethics Commission Filers)
5 Payee name Harland Clocke		
7 Payee address;	City:	State; Zip Code
(a) Category (See Categories listed at the top of this school	(b) Description	
(c) Check if travel outside of Texas. Complete Sched	Jule T. Check if Austin.	TX, officeholder living expense
Candidate / Officeholder name Edward G. Conger Bear	d of Trustee - P	Office held
Payee name WiX.Com		
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of this sche	dule) Description	
Check if travel outside of Texas. Complete Sched	ule T. Check if Auslin.	TX, officeholder living expense
Candidate / Officeholder name Edword G. Conger	Boord of Trust	Office held
Payee name		
Payee address;	City;	State; Zip Code
Category (See Categories listed at the top of this school	dule) Description	
Check if travel outside of Texas. Complete Schedu	de T. Check if Austin,	TX, officeholder living expense
Candidate / Officeholder name	ord of Trustees-	Office held
	Event Expense Fees Food/Beverage Expense Gilt/Awards/Memonals Expense Legal Services The Instruction Guide explains 2 FILER NAME	Event Expense Fees Fees Gild Avards/Mamorials Expense The Instruction Guide explains how to complete this form. 2 FILER NAME Edward G.Conger 5 Payee name Harland Clarke 7 Payee address; City: (a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if vavel outside of Texas Complete Schedule T Check if Auslin. Payee address; City: Category (See Categories listed at the top of this schedule) Payee address; City: 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) 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) 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) 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) Category (See Categories listed at the top of this schedule) Check if Auslin, Check if Auslin,

