

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: **4**

| | | | | |
|---------------------------------|----------------------------|------------------------|-----------------|-----------------|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Martin | MI W. | OFFICE USE ONLY |
| | NICKNAME Marty | LAST Boyd | SUFFIX | |

| | | | | | |
|---|--|----------------|------------------------------|------------------------|----------|
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; P.O. Box 391 | APT / SUITE #; | CITY; Bronte Texas | STATE; 76733 | ZIP CODE |
|---|--|----------------|------------------------------|------------------------|----------|

| | | | |
|----------------------------------|---------------------------|---------------------------------|-----------|
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (325) | PHONE NUMBER 473-2200 | EXTENSION |
|----------------------------------|---------------------------|---------------------------------|-----------|

| | | | |
|---------------------------|------------------------------|-------------------------|-----------------|
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Melissa | MI G. |
| | NICKNAME Missy | LAST Boyd | SUFFIX |

| | | | | | |
|---|--|----------------|------------------------|------------------------|--------------------------|
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 105 Brairwood | APT / SUITE #; | CITY; Bronte | STATE; Texas | ZIP CODE 76733 |
|---|--|----------------|------------------------|------------------------|--------------------------|

| | | | |
|----------------------------|---------------------------|---------------------------------|-----------|
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (325) | PHONE NUMBER 234-1824 | EXTENSION |
|----------------------------|---------------------------|---------------------------------|-----------|

| | | | | |
|---------------|---|---|--|--|
| 9 REPORT TYPE | <input 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 checked="" 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 01 | Day 01 | Year 24 | THROUGH | Month 07 | Day 15 | Year 24 |
|-------------------|--------------------|------------------|-------------------|---------|--------------------|------------------|-------------------|

| | | | | |
|-------------|--------------------|------------------|-------------------|--|
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | | |
| | Month 11 | Day 05 | Year 24 | <input checked="" type="checkbox"/> General <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description |

| | | |
|-----------|----------------------|-----------------------------|
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) |
|-----------|----------------------|-----------------------------|

| | | | |
|---|---|--------------------------------------|--|
| 14 NOTICE FROM POLITICAL COMMITTEE(S) 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 | COMMITTEE NAME | |
| | GENERAL | COMMITTEE ADDRESS | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

Reset Form

Reset Page

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|---------------------------------------|---|--|
| 15 C/OH NAME <i>Martin W. Boyd</i> | | 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) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>159.00</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY 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.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Martin W. Boyd* this the *15* day of *July*, 20*24*, to certify which, witness my hand and seal of office.

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>Martin W. Boyd</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 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 FUNDS | \$ <i>159.00</i> |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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 | 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 G: 1 | 2 FILER NAME Martin W. Boyd | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|---------------------------------------|---------------------------------------|

| | |
|--------------------------|---|
| 4 Date 2/29/24 | 5 Payee name Observer / Enterprises |
|--------------------------|---|

| | |
|--|--|
| 6 Amount (\$) \$159.00 <small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code P.O. Box 1329 Robert Lee, Texas 76945 |
|--|--|

| | | |
|--------------------------|---|---------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description CAMPAIGN AD |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code |
|---|--------------------------------------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|---|--------------------------------------|
| Amount (\$) <small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code |
|---|--------------------------------------|

| | | |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|--|-------------------------------|---------------|-------------|
| 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