# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how	v to complete this form.	1 Filer ID (Ethics Comm	mission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Gavin	<i>L</i> .	МІ	OFFICE	USEONLY
IVAIVIE	NICKNAME	LAST //		SUFFIX	Date Received	
		Massingill			01/15/2	024
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	X; APT / STUPFE #; (	CITY; STATE; 2	ZIP CODE	01/15/21 AWayn	
MAILING ADDRESS			Λ.,		Anlayer	$\pi$ $\Lambda$
Change of Address			Rolling wood 7	1.78746		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered	d or Date Postmarked
PHONE				127	Receipt #	I Amount 0
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		И	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	11101111	Messingill		JOTTIA	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); VAPT / S	UITE #; CITY;		STATE;	ZIP CODE
ADDRESS	7	0 11		70-41		
(Residence or Business)	ADEA CODE	5.5		78746		
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER						
PHONE						
9 REPORT TYPE	January 15	30th day before e	election Runoff		15th day af treasurer a (Officeholde	
	July 15	8th day before ele	ection Exceede Reportin	ed Modified ag Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	r
	07 01 2023 THROUGH 12 31 2023					
11 ELECTION	ELECTION DA			ECTION TYPE		
Month Day Year Primary Runoff Other Description						
	11/05/	2024 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOU	GHT (if known)	)	
		Mayor				
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS OF A CENTRIBUTIONS OF A CENTRIBUTION OF A CENTRIBUTION OF THE CONTRIBUTION O	MAY HAVE BEEN MADE WITH	OUT THE CAND	IDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME					
	GENERAL COMMITTEE ADDRESS					
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME					
	SPECIFIC	TO THE COMPANY INC.	NOVICE TAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
		GO TO	PAGE 2			
I		00 10				

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	ouin Massingill	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ Ø			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6			
	4. TOTAL POLITICAL EXPENDITURES	\$ 6			
CONTRIBUTION BALANCE	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD</li> </ol>	ST DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLAST DAY OF THE REPORTING PERIOD	F THE \$			
l .	vear, or affirm, under penalty of perjury, that the accompanying report is truured to be reported by me under Title 15, Election Code.	e and correct and includes all information			
Signature of Candidate or Officeholder					
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed		, day of,			
20 to certify which, witness my hand and seal of office.					
Signature of officer administer	Times halls of officer administrating sauti	Title of officer administering oath			
(2) Unsworn Declaration					
My name is	(street)  (street)  (city)  (county, State of Texas, on the 15th day of Texas	state) (zip code) (country)  20 24 (year)  date/Officeholder (Declarant)			

## **SUBTOTALS - C/OH**

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

19	19 FILER NAME  Gavin Massing   20 Filer ID (Ethics Con				
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL	
1.		SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		s A	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ Ø	
4.		SCHEDULE E: LOANS		\$ 6	
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$ 6	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 6	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$ 0	
		_			

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)			
	6 Contributor address; City;	State; Zip Code				
8 Principal occi	 pation / Job title (See Instructions)	9 Employer (See Instruc	tions)			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occu	 pation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occu	ions)					
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)			
	Contributor address; City;	State; Zip Code				
Principal occu	Dation / Job title (See Instructions)	Employer (See Instruct	ions)			
WHATCH						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

# 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.			n.		1 Total pages Schedule A2:		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE			BUTI	IONS	\$		
5	Date	6 Full name of contributor □ out-of-state PAC (ID#:		)	8 Amount of Contribution \$	9 In-kind contribution description	
		7 Contributor address; City; State;	Zip C	Code	Check if travel outsi	de of Texas. Complete Schedule T.	
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11	Employe	er (FOR NON-JUDICI	AL)(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		)	Amount of Contribution \$	In-kind contribution description	
		Contributor address; City; State;	Zip (	Code	Check if travel outside	de 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 T				ı requiremente	