		ATE / OFFICE CEREPORT	EHOLDER		RM JC/OH HEET PG 1
The JC/OH Instruction	n Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed: 1
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	GARETH LAST DEPHAM	MI E .	OFFICE Date Received	USEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOY AREA CODE (321)	C; APT / SUITE #; C	STATE: ZIP CODE TX 19359 EXTENSION	Patricia Roberso Gaines BY Date Hand-delivered	m, Elections Adminis rations County, Texas DEPUT or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	BREADA LAST FLENING	SUFFIX	Receipt # Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS POBOX	-	TX 79:359	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	759 - 6512.	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before elec		15th day aftr treasurer ap (Officeholder	pointment
10 PERIOD COVERED	Month	Day Year / 2.1 / 202.2	THROUGH $\frac{Month}{2}$	Day Year	22
11 ELECTION	Month Day	Year Primary 2022 General	Runoff Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known	יסנת לתי	F
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	CCEPTED OR POLITICAL EXPENDITURES M MAY HAVE BEEN MADE WITHOUT THE CANE ED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
		GO TO F	PAGE 2		

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	GARETH DENHAM	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	\$ 0					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0				
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>C</i>				
	4. TOTAL POLITICAL EXPENDITURES					
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 5				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
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.						
		~~				
	Signature of Car	ndidate/Officeholder				
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Swom to and subscribed	before me by this the _	, day of,				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration	on					
My name is GAR.	THE DENHAM and my date of birth is	Nov 4, 1964				
My address is Po Ou	X 1325 SEAGRANES T	× 79359 USA				
Executed in GAINE	County, State of TEXAS , on the 2.2 day of FEBR (month)) (year)				
	Signature of Candida	ate/Officeholder (Declarant)				

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

19	FILER NAME GARETH DENHAM	r 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 CONTRIBUTION	ons \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBU	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2427 ⁶⁰ \$ 625.
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s 625.
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	S OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ions \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RET	TURNED \$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPENDITURE CATEG	ORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)			
	The Instruction Guide explains	s how to complete this form.				
1 Total pages Schedule F4:	2 FILERNAME GARETH DE	EriHAM	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 0			
5 Date /21 /22	6 Payee name 14 ELLA GRAPHS					
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
5.31	1303 MAIN ST	JEMINOL	E TX 79360			
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of this so	chedule) (b) Description				
PURPOSE OF EXPENDITURE	PRINTING EXPONSE BANNORS					
	(c) Check if travel outside of Texas. Complete Sc	hedule T. Check if Au	stin, TX, officeholder living expense			
11	Candidate / Officeholder name	Office sought	Office held			
Complete ONLY if direct expenditure to benefit C/OH	GARETH DENHAM GAINES COUNTY DUDGE					
Date \\2\/2\	Payee name C + > HARDWA	RE				
Amount (\$)	Payee address;	City;	State; Zip Code			
19,00	PO BUX 754	58ACKA	ED TX 79359			
TYPE OF EXPENDITURE	Political	Non-Political				
	Category (See Categories listed at the top of this so					
PURPOSE OF Expenditure	ADJERTISHH EXPANSE	2162	516N HARDWARE			
	Check if travel outside of Texas. Complete Sc	chedule T. Check if Au	stin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name GARETH DENHAM	Office sought	390C LIM			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

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

	EXPENDIT	URE CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			Office Over Polling Exp Printing Exp		Travel In District Travel Out Of Distri	pment & Related Expense	
	The Instruction	n Guide explains	s how to co	omplete this form.			
1 Total pages Schedule F4:	2 FILER NAME GA	RETH	DE	NHAM	3 Filer ID (Ethics	Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES	CHARGED T	TOACR	EDIT CARD	\$ 0)	
5 Date /26	6 Payee name HELLA G	RAPHS.) .				
7 Amount (\$)	8 Payee address;			City;	State;	Zip Code	
451.5	1363 MA	417 5	`	SEMIN	DIE TX	79:360	
9 TYPE OF EXPENDITURE	Political		Non-Pol	itical			
10	(a) Category (See Categories liste	at the top of this s	chedule)	(b) Description			
PURPOSE OF Expenditure	PRINTING EXPOSE BAN			BANNE	rappy 2 2UCKBR2		
	(c) Check if travel outside	of Texas. Complete So	chedule T.	Check if Aus	stin, TX, officeholder livir	ng expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehol			Fice sought	Tuce?	DD (Z	
Date 1/2.5	Payee name SEMINOU	e Se	771	JEC_			
Amount (\$)	Payee address;			City;	State;	Zip Code	
1926.	DO BOX 1200	د	<	SEMINALE	TX	79360	
TYPE OF EXPENDITURE	Political		Non-Pol	itical			
PURPOSE OF EXPENDITURE	Category (See Categories liste		chedule)	Description NEUSPA	per pri	NT ADS	
	Check if travel outside	of Texas. Complete So	chedule T.	Check if Aus	stin, TX, officeholder livii	ng expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehol	MHAM		FINES CO	officer of the contract of the	79Œ	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Relate

Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica	ly Gift/Awards/Memorials Expense Printing	Expense g Expense s/Wages/Contract Labor	Travel In District Travel Out Of Distri	ct lory not listed above)
	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule F4:	2 FILERNAME GARETH DENHAM	^	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A C	CREDIT CARD	\$ 0	2
5 Date 2/10/22	6 Payeu name HEZLA GRAPHS			
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code
26.26	1303 MAIN ST	SEMINO	ILE TX	79360
9 TYPE OF EXPENDITURE	Political Non-	-Political		
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PRINTING	3770	KERS	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livin	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name GARETH DENHAM	Office sought GAIHS C	ろうてる。	
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
TYPE OF EXPENDITURE	Political Non-	-Political		
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ıstin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office h	neld
<i>y</i> n	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 Office Overhead/Rental Expense Accounting/Banking Fees Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) GARETH DENHAM 4 Date 5 Pavee name FLUHMAN CUTOWR 7 Payee address; 6 Amount (\$) City: State: Zip Code SOS S. ARTHUR ST. AMARILLO TX Reimbursement from political contributions intended (b) Description (b) LLZLARED) (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE AD JORETISHLE EXPOSE OF **EXPENDITURE** Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Complete ONLY if direct Civilia GAINES JUSE GARETH DENHAM expenditure to benefit C/OH Date Payee name Amount (\$) Pavee address: City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) City; State: Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED