		CEHOLDER E REPORT				ORM C/OH HEET PG 1
The C/OH Instruction	Guide explains how	to complete this form.	1 Filer ID (Ethics	s Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	Mark	William Howe (1	/	U MI SUFFIX	OFFICE Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		rvadalupes VACATX	777.53		N JAN	3 1 2024 V
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)50	2-9346	EXTEN	ISION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MRS) MR NICKNAME	Melinda		A SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX MEASE; APT / GUADA URE ST		TY:	STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(773)57	PHONE NIMBER	EXTEN	ISION		
9 REPORT TYPE	January 15 July 15	s0th day before	election E	Runoff Exceeded Modified Reporting Limit	treasurer a (Officehold	fter campaign ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 👌 [01 24	THROUGH	Month 01	Day Yea	
11 ELECTION	Month Day	Yu.,		Other Description		
12 OFFICE	None		13 OFFIC	y Tax A	ssessor/	Collector
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTION CEHOLDER THESE EXPENDITUR S AND OFFICEHOLDERS ARE REQ COMMITTEE NAME	RES MAY HAVE BEEN MAD	AL EXPENDITURES N DE WITHOUT THE CAN	MADE BY POLITICAL CO DIDATE'S OR OFFICEHO	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS	REASURER NAME			
	SPECIFIC	COMMIT CAMPAIGN T				
	- V.,	GO TO	PAGE 2			

-	E / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME ω	illiam Mark Howell 16	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 89591
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	S O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	* \$
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed	Please complete either option below:	date or Officeholder
20, to certify	which, witness my hand and seal of office.	
Signature of officer administra		Title of officer administering oath
(2) Unsworn Declarati	on	
My address is 703	liam Mark Howell, and my date of birth is	(zip code) (country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Mar L Howell	20 Filer ID (Ethics Cor	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE AT 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 CO	ONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD		\$ 25466
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 25466
10.	SCHEDULE HE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I. NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE KEINTEREST, CREDITS GAINS REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

If the requested inform	nation is not applicable. DO NOT include this page in the report.
	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder Politica	
1 Total pages Schedule F4	2 FILER NAME Mark Howell 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 25466
5 Date 12 Jan 24	6 Payee name Walmart
7 Amount (S) # 12 17	8 Payee address 400 Tiney Browning BLVD City: State: Zip Code Popt LAVACA TX 77979
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Diperiment Instead at the top of this schedule) Printing Expense (b) Description Paper (c) Check I fravel author of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit COH	Candidate / Officeholder name Office sought Office held
Date 25 Jan 24	Amnouncements Plus
Amount (\$) \$101 ⁷⁶	Payee address Virginia PORT LAVACA TX 77978 City: State: Zip Code
TYPE OF EXPENDITURE	Non-Political Non-Political
PURPOSE OF EXPENDITURE	Category (Sea Categories listed at the top of this schedule) Printing Business Cards Check if travel outside of Texas, Complete Schedule T. Check if Austin, Tx. officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense Advertising Expense Advertising Standard Advertising Standard Advertising Standard Advertising Standard Advertising Standard Advertising Constitutions District Standard Constitutions Cons		EXPENDITURE CATEGORIES FOR BOX 10(a)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 25 Jan 24 6 Payer name Amouncements Plus 7 Amount (5) 8 Payer address. 6 L7 N. Virginia Port LAVACA TX 779 79 9 EXPENDITURE (a) Category (See the log of this schedule) (b) Description Car Magnets (c) Over Machineter Schedule To Check if Austin. TX. officeholder living expense 10 Candidate / Officeholder name Office sought Car Magnets 11 Candidate / Officeholder name Office sought Office held Payer address City: State: Zip Code 12 Category (See this pres label at the log of this schedule) Date Payer address City: State: Zip Code Category (See this pres label at the log of this schedule)	Accounting/Banking Consulting Expense Contributions/Donations Made By	Fors Office Overhead/Rental Expense Food Bevertige Expense Food Bevertige Expense Folling Expe	it & Related Expense
5 Date 25 Jan 24 6 Payee name Amouncements Plus 7 Amount (5) 8 Payee address. 6 LT N. Virginia Port LAUACH TX 779 79 9 TYPE OF EXPENDITURE (a) Category (See See pure listed at the top of this schedule) (b) Description Advertising Car Magnets (c) Check Abased action of Texas Complete Schedule T. Check if Austin. TX. officiencider living expense 11 Camplete QNLY if direct expenditure to benefit with the control of the schedule of Texas Complete Schedule T. Check if Austin. TX. officiencider living expense 12 Date Payee name Payee address City: State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Late pers liabet at the top of this schedule) Description PURPOSE OF EXPENDITURE Category (See Late pers liabet at the top of this schedule) Description Category (See Late pers liabet at the top of this schedule) Description Category (See Late pers liabet at the top of this schedule) Check if Austin. TX. officiencider living expense Candidate: Officeholder name Office sought Office held		2 FILER NAME Howell 3 Filer ID (Ethics Com	nmission Filers)
7 Amount (5) 8 Payee address. 6 L7 N. Virginia PORT LANACA TX 779 79 9 TYPE OF EXPENDITURE (a) Category (Swelling perchated at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Sweet that Automorphise Schedule T. Check if Austin. TX. Officeholder living expense 11 Camplete QNLY if direct expenditure to benefit OH Date Payee name Payee address City: State: Zip Code TYPE OF EXPENDITURE Payee address Category (Swelling perchated at the top of this schedule) Date Payee address City: State: Zip Code TYPE OF EXPENDITURE OF EXPENDITURE Category (Swelling perchated at the top of this schedule) Category (Swelling perchated at the top of this schedule) Category (Swelling perchated at the top of this schedule) Category (Swelling at Description) Category (Swelling perchated at the top of this schedule) Category (Swelling at Description)	4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 14073	\$25466
# 140 73 Post LALACA TX 779 79 TYPE OF EXPENDITURE			
TYPE OF EXPENDITURE (a) Category (See Superpose based at time top of this schedule) PURPOSE OF EXPENDITURE (c) Office of Texas Complete Schedule T. Office holder living expense (c) Office sought Can Magnets Car Magnets Check if Austin, TX, officeholder living expense Office sought Office held Office held Office held Candidate / Officeholder name Office sought Office held Cartegory (See Late pare listed at the top of this schedule) Obscription Cartegory (See Late pare listed at the top of this schedule) Obscription Check if Austin, TX, officeholder living expense Candidate Office holder name Office sought Office held	27	8 Payee address. 617 N. Virginia Port LAVACA TX 77979	Zip Code
PURPOSE OF EXPENDITURE Column	TYPE OF		
Complete ONLY if direct expenditure to benefit UOH Date Payee name Amount (S) Payee address City: State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category: See Late preschated at the top of this schedule) Description Category: See Late preschated at the top of this schedule Check if Austin, TX, officeholder living expense Candidate - Office hold	PURPOSE OF	Advertising Car Magnets	xpense
Amount (\$) Payee address City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Category See Late preschated at the top of this schedule) Description Check if Austin, TX, officeholder living expense Candidate Office hold		Candidate / Officeholder name Office sought Office held	1
TYPE OF EXPENDITURE Political Category See Labe pares 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			
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PURPOSE OF EXPENDITURE Check if havelouiside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate - Office holder name Office sought Office held	expenditure to benefit WOH		Zip Code
Candidate Officeholder name Office sought Office held	Date Amount (\$)	Payee address City; State;	Zip Code
Continued in the contin	Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address City; State; Political Non-Political	Zip Code
expenditure to benefit C/OH	Date Amount (\$) TYPE OF EXPENDITURE PURPOSE OF	Payee address City; State; Political Non-Political Category See Late page listed at the top of this schedule) Description	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

5 7 6 4

SCHEDULE ${f G}$

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

ii the requested int	ormation is not applicable. DO NOT Inclu	ide tills page ill tile re	port.
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Maide I Candidate/Officeholder/Politic Credit Card Payment	Fees Off Food/Beverage Expense Print By Gift/Awards Memorals Expense Print	on Repayment/Reimbursement ice Overhead/Rental Expense Iling Expense nting Expense laries/Wages/Contract Labor w 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 3	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 of 1	Mark Howell		- The To (Ellies commission Thorap
4 Date 18 Jan 24	Eclipse Tinting F	Auto Glass	
6 Amount (\$) 556 25 Reimbursement from political contributions intended	PORT LAVACA TX	77979	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Category I had at the two of this schedul Printing Expense		igns (50)
	(c) Lineak if travel outside Linkas, Complete Schedule	Check if Austin	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit CACH	Candidate / Officehold-r name	Office sought	Office held
Date	Payee name		
18 Jan 24	LAVACA Lanes		
Amount (\$) Reimbursement from political contributions intended	Payee address. 100 Village Road PORT LAVACA TX	77979	State; Zip Code
PURPOSE OF EXPENDITURE	Advertising Check if travel outside I lexas. Complete Schedul	Electronic	Billboard Advertising
Complete ONLY if direct expenditure to benefit 0.70	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address:	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Category)s I — stat the top of this schedu	Description	
	Check if travel indonline Texas. Complete Schedule	Check if Austin	i, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Color	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	HIS SCHEDULE AS NEED	DED

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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Fees Office Overhead/Rental Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date 6 Payee name nents Plus -ginia ST Port LAVACA TX 77979 Hnnouncement 9 TYPE OF X Political Non-Political **EXPENDITURE** (b) Description 10 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: City; State: Zip Code TYPE OF Non-Political Political EXPENDITURE 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 Office sought Office held Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED