

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: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR.	FIRST DANIEL	MI E.
	NICKNAME	LAST SAYRE	SUFFIX II
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; 704 CAHU LOOP	APT / SUITE #; TOOL	STATE; ZIP CODE TX 75143
	AREA CODE (682)	PHONE NUMBER 309 1863	EXTENSION
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR MR.	FIRST DANIEL	MI E
	NICKNAME	LAST SAYRE	SUFFIX II
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); 704 CAHU LOOP	APT / SUITE #; TOOL	CITY; STATE; ZIP CODE TX 75143
	AREA CODE (682)	PHONE NUMBER 309 1863	EXTENSION
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
8 CAMPAIGN TREASURER PHONE	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
9 REPORT TYPE	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
10 PERIOD COVERED	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
11 ELECTION	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
12 OFFICE	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
13 OFFICE SOUGHT (if known)	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
14 NOTICE FROM POLITICAL COMMITTEE(S)	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
	Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024		
Date Received 09/24/2024 Date Hand-delivered or Date Postmarked 09/24/2024 Receipt # Amount \$ Date Processed 09/24/2024 Date Imaged 09/24/2024			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 714⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 714⁰⁰

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

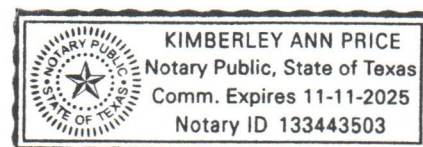
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Daniel Sayre this the 24th day of September

20 24 to certify which, witness my hand and seal of office.

[Signature] Kimberley Price City Secretary
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 DANIEL E. SAYRE II		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 714
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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:	2 FILER NAME <i>MR. DANIEL E. SAYRE II</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09-24-24</i>	5 Payee name <i>ACE BANNER & SPECIALTY PRINTING</i>	
6 Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>1605 ROCKY RIDGE ROAD ATHENS TX 75751</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	
	(b) Description <i>POLITICAL SIGNS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name: <i>MR. DANIEL SAYRE</i> Office sought: <i>COUNCILMAN</i> Office held: <i>COUNCILMAN</i>	

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)
	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)
	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

MR DANIEL E. SAYRE II

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section *only* if you are an officeholder --

☒

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder