

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: <u>4</u>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <p style="font-size: 1.2em; margin: 0;">Gregory Patrick</p> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> <p style="font-size: 1.2em; margin: 0;">FIGUEROA</p>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <p style="font-size: 1.2em; margin: 0;">72 Tangle Drive Tool TX 75143</p>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <p style="font-size: 1.2em; margin: 0;">(214) 616 9948</p>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <p style="font-size: 1.2em; margin: 0;">Same</p> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Processed	
8 CAMPAIGN TREASURER PHONE		Date Imaged	
<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> <p style="font-size: 1.2em; margin: 0;">Same</p>			
<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div> <p style="font-size: 1.2em; margin: 0;">() Same</p>			
9 REPORT TYPE <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>			
10 PERIOD COVERED <div style="display: flex; justify-content: space-between;"> <div> Month Day Year <u>8</u> / <u>15</u> / <u>24</u> </div> <div>THROUGH</div> <div> Month Day Year <u>9</u> / <u>26</u> / <u>24</u> </div> </div>			
11 ELECTION <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <u>11</u> / <u>5</u> / <u>24</u> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>			
12 OFFICE		13 OFFICE SOUGHT (if known)	
<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any)</div> <div>City Council member</div> </div>		<div style="display: flex; justify-content: space-between;"> <div>City Council member</div> </div>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> Additional Pages </div> <div style="width: 80%;"> 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. </div> </div>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div style="width: 80%;"> <div>COMMITTEE TYPE</div> <div>COMMITTEE NAME</div> <div>COMMITTEE ADDRESS</div> <div>COMMITTEE CAMPAIGN TREASURER NAME</div> <div>COMMITTEE CAMPAIGN TREASURER ADDRESS</div> </div> </div>			

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AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

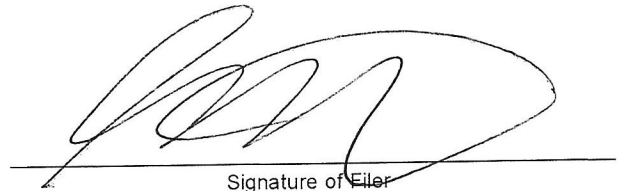
Filer name <u>Gregory P. Fickens</u>	Filer ID # <u></u>
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OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 30 DAY report due on 10/7/24.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit


Signature of Filer

NOTARY STAMP/SEAL

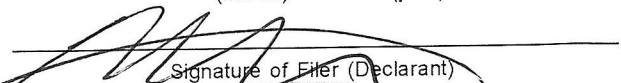
Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Gregory P. Fickens, and my date of birth is 5/1/68.
My address is 77 Tangle Drive, Tul, TX 75143 USA
(Street) (city) (state) (zip code) (country)
Executed in Henderson County, State of TEXAS, on the 30 day of Sept., 20 24
(month) (year)


Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <u>1</u>		2 FILER NAME <u>Gregory P. Figueroa</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9/20/24</u>		5 Payee name <u>J+L MARKETING</u>			
6 Amount (\$) <u>\$2450</u> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <u>9400 Brynson Pkwy</u> <u>Louisville KY 40220</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description <u>MAILERS</u>		
	<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 Office sought Office held <u>Gregory P. Figueroa</u> <u>City Council member</u>					
Date <u>9/25/24</u>		Payee name <u>ACE BARNES + SPECIALTY</u>			
Amount (\$) <u>2650</u> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>1605 Rocky Ridge</u> <u>Atlanta TX 75751</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <u>SIGNS</u>		
	<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 <u>Gregory P. Figueroa</u> <u>City Council member</u>					
Date <u>9/17/24</u>		Payee name <u>FIG'S BACKYARD</u>			
Amount (\$) <u>\$3000</u> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>705 RYAN WAY</u> <u>7001 TX 75143</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description <u>FOOD</u>		
	<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 <u>Gregory P. Figueroa</u> <u>City Council member</u>					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SUBTOTALS - SC C/OH

FORM SC C/OH
COVER SHEET PG 3

19. CANDIDATE NAME
Gregory R. Figueroa

20. Filer ID (Ethics Commission Filers)

21. SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 8100
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 8100
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$