CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					ORM C/OH HEET PG 1	
The C/OH Instruction Go	uide explains how to	complete this form.	1 Filer ID (Ethic	es Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR.	FIRST		MI A		USEONLY
NAME	NICKNAME ANL	Ruther		SUFFIX	Date Receives CO	SA COUNT
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS TPO BOX;	APT / SUITE #; Άια βί	CITY; STAT		FEE	2,6 2024
Change of Address	1054 0005	PHONE NUMBER	FYTE		1	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER			Date Hand delice	Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST Jolin		MI A		
TREASURER NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	Andh	Buthers	Carl		Date Imaged	
7 CAMPAIGN	STREET DORESS (N	O PO BOX PLEASE); APT	SUITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS			01	r I		71.11
(Residence or Business)	1012	Mory	10 160	Scrikn	<u>/x</u>	18064
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before	e election	Runoff		after campaign appointment der Only)
	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month CL /	Day Year / 2014	THROUGH	Month i 2	Day Ye	ear H
11 ELECTION	ELECTION DA	TE Year Primar	y Runoff	ELECTION TYP	E	
	03/05/		al Special	Description	<u> </u>	
12 OFFICE	OFFICE HELD (if any)		1.01	FICE SOUGHT (If know	Pct 4	
14 NOTICE FROM POLITICAL		E OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITU S AND OFFICEHOLDERS ARE REC				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRÉ	ss		
GO TO PAGE 2						

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) 100,00 TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS** TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY **BALANCE** OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **OUTSTANDING** \$ LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL this the ___ Sworn to and subscribed before me by _____ , to certify which, witness my hand and seal of office. Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath (2) Unsworn Declaration and my date of birth is $\underline{\lambda}$ My address is 10 (zip code) (country) (state) (street)

Forms provided by Texas Ethics Commission

Scriga _ County, State of Texas

www.ethics.state.tx.us

Revised 1/1/2024

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	20 Filer ID (Ethics Commission Filers)
John A. Rither Land	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTI	RIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 300 °C SOLITICAL CONTRIBUTIONS \$ 500,00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM P	POLITICAL CONTRIBUTIONS \$ 5CO.CC
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM	M POLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM P	ERSONAL FUNDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIE	BUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM	POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AN TO FILER	ID CONTRIBUTIONS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. FILER NAME Jack	
Date 5 Full name of contributor out-of-state PAC (ID#:	es Schedule A1:
Date 5 Full name of contributor out-of-state PAC (ID#:	Ethics Commission Filers)
Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date	of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	io. a
Date Full name of contributor out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor	
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Amount Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	of contribution (\$)
Date Full name of contributor	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:	t of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amoun Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	
Contributor address; City; State; Zip Code	nt of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consutting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printir Committee Legal Services Salari	Repayment/Reimbursement a Overhead/Rental Expense ig Expense ig Expense ies/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how	to complete this form.	<u> </u>			
1 Total pages Schedule F1:	2 FILER NAME John A. Ruthes	lero (3 Filer ID (Ethics Commission Filers)			
1 Date 2/24/24	5 Payee name A to scorn land him	e Stock Show	Αςς. State: Zip Code			
6 Amount (\$)	7 Payee address:	City;	Julio, Lip Oode			
8	(a) Category (See Categories listed at the top of this schedul	le) (b) Description	Me asinizita			
PURPOSE OF EXPENDITURE	Controlation/Under	Scholers	Alt crisinization Ships/ Furls for tiels.			
:	(c) Check if travel outside of Texas, Complete Schedule	T. Check if Aus	stin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE OF	Category (See Categories listed at the top of this schedu	Description				
EXPENDITURE	Check if travel outside of Texas. Complete Schedul	fe T. Check if Au	ustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
PURPOSE	Category (See Categories listed at the top of this sched	dule) Description				
OF EXPENDITURE			A CONTRACTOR OF THE PARTY OF TH			
	Check if travel outside of Texas. Complete Sched		Austin, TX, officeholder living expense office held			
Complete ONLY if direct expenditure to benefit C/	он 	Office sough				
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS I	NEEDED			

LOANS

SCHEDULE E

The In:	struction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
FILER NAME	A. Retheder	l	3 Filer ID (Ethics Commission Filers
	TEMIZED LOANS		\$ 300.00
Data of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
Date of loan 7/23/24	Schn A. Rether	Sext	300,00
ls lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?	8 Lender address; City;	ersonlar ix	11 Maturity date
Y (N)		· · · · · · · · · · · · · · · · · · ·	
Principal occupation	1 / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Collar	teral	15 Check if personal fun account (See Instruc	ds were deposited into political
none		account (see instruc	
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
	To Sudiants, see,		
not applicable			<u> </u>
Principal Occupati	on (See Instructions)	21 Employer (See Instructions)	
			Loan Amount (\$)
Date of loan	Name of lender	ite PAC (ID#:)	
			Interest rate
is lender	Lender address; City;	State; Zip Code	Interestrate
a financial Institution?			Maturity date
Y N			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	arerai	Check if personal fu account (See Instru	nds were deposited into political ctions)
none			Amount Guaranteed (\$)
GUARANTOR INFORMATION	Name of guarantor		
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS N	EEDED
lf le	ender is out-of-state PAC, please see	Instruction guide for additional	reporting requirements.
		w ethics state ty us	Revised 1/1/

CANDIDAT CAMPAIGN	E / OFFICE NFINANCE	EHOLDER REPORT		COVER SHEET PG 1
The C/OH Instruction G	uide explains how to o	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. NICKNAME Andy	FIRST John LAST Rutherford	MI A SUFFIX	SERICE USE ONLY DESCRIPTION FEB 0.5 2024
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 1012 Maia St.	APT / SUITE #, Plea	city; state; zip code asanton, Tx 78064	ELECTIONS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	John LAST Rutherford	A.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO. 1012 Maia St.	PO BOX PLEASE); APT I	SUITE #. CITY; Pleasanton,	STATE; ZIP CODE TX 78064
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before	Fycograd Modifier	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year / 15 / 2024	THROUGH 02	2 / 04 / 2024
11 ELECTION	Month Day 03 / 05	Year Prima 2024 Gene	ral Special	ion
12 OFFICE	OFFICE HELD (if any)			y Constable Pct. 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES	AND OFFICEHOLDERS ARE RE	ONS ACCEPTED OR POLITICAL EXPENDITUR URES MAY HAVE BEEN MADE WITHOUT THE COURED TO REPORT THIS INFORMATION ON	RES MADE BY POLITICAL COMMITTEES TO SUPPORT E CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR LY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN		
			TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

6 C/OH NAME Joh	n "Andy" Ruth	nerford		16 Filer ID (Ett	nics Commission Filers)
7 CONTRIBUTION TOTALS	PLE	AL UNITEMIZED POLITICAL CONT DGES, LOANS, OR GUARANTEES NTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$ _{0.}	00
	2. TOT	AL POLITICAL CONTRIBUTION MER THAN PLEDGES, LOANS, OR O	S GUARANTEES OF LOANS)	^{\$} 0.	00
EXPENDITURE TOTALS	3. тот	AL UNITEMIZED POLITICAL EXPE	NDITURE.	\$ ₀ .	00
	4. TO	AL POLITICAL EXPENDITURES		\$ 0.	00
CONTRIBUTION BALANCE	5. TOT OF	AL POLITICAL CONTRIBUTIONS M	AINTAINED AS OF THE LA	ST DAY \$3	02.71
OUTSTANDING LOAN TOTALS	6. TOT	TAL PRINCIPAL AMOUNT OF ALL OF T DAY OF THE REPORTING PERIO	UTSTANDING LOANS AS C	S \$	
18 SIGNATURE	I swear, or affirm, required to be repo	under penalty of perjury, that the orted by me under Title 15, Election	accompanying report is tro Code.	le and correct a	ind includes all information
			Signature of C	andidate or Off	iceholder
		Please complete	either option belo	w:	
(1) Affidavit					
NOTARY STAMP/S	SEAL				
Sworn to and subscrit	bed before me by		this th	e da	y of
20, to ce	ertify which, witness	my hand and seal of office.			
Signature of officer admi	nistering oath	Printed name of officer ad	ministering oath	Title	of officer administering oath
		OR			
(2) Unsworn Decla	ration				_
My name is <u>John</u>	Airliew		, and my date of birth	is 12 5	me 1988
My address is 1012			. Pleasanten,		code) (country)
Executed in <u>Ata Sa</u>	<u>Cosca</u> Co	(street) unty, State of <u>Texaら</u> , o	n the 4 rln day of Fe		20 <u>24</u> . (year)
			Signature of Ca		lder (Declarant)
			~	·	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	mission Filers)			
John "Andy" Rutherford				
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 8: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS	SCHEDULE E: LOANS			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$		
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB	UTIONS RETURNED	\$		

CANDIDAT CAMPAIGN				FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST John	A	OFFICE USE ONLY
NAME	NICKNAME Andy	Rutherford	SUFFIX CITY: STATE; ZIP CODE	Date Received SA COUNTY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1012 Maia St.		city; state; zip code santon, Tx 78064	JAN 1 6 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Han College Translated Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST John	MI A SUFFIX	Date Processed
	Andy	Rutherford		Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO. 1012 Maia St.	O PO BOX PLEASE); APT / S	suite#, city; Pleasanton	STATE; ZIP CODE TX. 78064
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e	Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 07	Day Year 16 / 2023	THROUGH 01	
11 ELECTION	Month Day 03 / 05	Year Primar	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If kn Atascosa County	Constable Pct. 4
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REC COMMITTEE NAME	NS ACCEPTED OR POLITICAL EXPENDITURE RES MAY HAVE BEEN MADE WITHOUT THE COURED TO REPORT THIS INFORMATION ONLY	S MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS	REASURER NAME	
	Parecirio	COMMITTEE CAMPAIGN		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

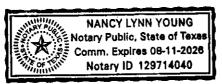
C/OH NAME John	6 Filer ID (Ethics Commission Filers)		
7 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$300.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$2,600.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ _{534.37}
•	4.	TOTAL POLITICAL EXPENDITURES	\$ 3,228.32
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$302.71
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	*400.00

required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEA	~ ^ \		. ^ .	٠	,	
Sworn to and subscribed	before me by John And	rew Aut	ther tixodis	the 5	day of	anuairy
20 24 , to certify	which, witness my hand and seal of office NANCY	LYNN >			Title of office	tory radministering oa
Signature of officer administ	ering oath Printed name of		y catti			
		OR				
(2) Unsworn Declarat	ion					
My name is		, an	d my date of bi	rth is		
My address is				<i></i>		
	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of	month)	, 20 (year)	<u>.</u> .
		 	Signature of (Candidate/Of	ficeholder (Dec	clarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Con					
	John "Andy" Rutherford					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$2,600.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS	\$400.00				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$2,720.35			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$			
	· · · · · · · · · · · · · · · · · · ·					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

FILER NAME			3 Filer ID (Ethics Commission Filers)	
Date 1/03/2023	Full name of contributor out-of-state PAC (ID#:) Gregory DiCaro		7 Amount of contribution (\$) 300.00	
	6 Contributor address; City;	State; Zip Code		
	P.O. Box 367 Pleasa	nton, Tx 78064		
Principal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date 11/14/2023	Full name of contributor	PAC (ID#:)	Amount of contribution (\$) 200.00	
	Contributor address; City;	State; Zip Code		
	57 Pulliam Dr. Pleasanto	on, Tx 78064		
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)	
Date 11/14/2023	Full name of contributor	PAC (ID#:)	Amount of contribution (\$) 2,000.00	
	Contributor address; City;	State; Zip Code		
	2737 CR 424 Pleasar	nton, Tx 78064		
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	uctions)	
Date 12/29/2023	Full name of contributor	e PAC (ID#:	Amount of contribution (\$) 100.00	
	Contributor address; City;	State; Zip Code		
	P.O. Box 7916 Horsesho	e Bay, Tx 78657		
Principal occ	cupation / Job title (See Instructions)	Employer (See Instr	uctions)	

LOANS			SCHEDULE E	
If the requested	information is not applicable, DO NO	OT include this page in the re	port.	
The	1 Total pages Schedule E:			
FILER NAME			3 Filer ID (Ethics Commission Filers)	
ohn "Andy" Ruth	erford			
TOTAL OF UN	IITEMIZED LOANS		\$	
Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)	
2/29/2023	John A. Rutherford		400.00	
Is lender a financial	8 Lender address; City; 1012 Maia St Pleasantoi	State; Zip Code n. Tx 78064	10 Interest rate	
Institution?	10/2 10/0	•••	11 Maturity date	
2 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	1	
Deputy	•	Atascosa County Sher	Atascosa County Sheriff's Office	
4 Description of Coll	ateral	15	nds were deposited into political	
Inone GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
not applicable	18 Guarantor address; City;	State; Zip Code	•	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	be PAC (ID#:)	Loan Amount (\$)	
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate	
Institution?			Maturity date	
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)		
✓ none	1		Amount Guaranteed (\$)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupat	tion (See Instructions)	Employer (See Instructions)		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

			<u>-</u>
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how 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 F1:	2 FILER NAME John A. Rutherford		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2023	5 Payee name Pleasanton Express News		
6 Amount (\$) 46.00	7 Payee address;	city; n, Tx 78064	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this so Advertising Expense	(b) Description Political Ad	
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	 tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10/04/2023	Pleasanton Express News		
Amount (\$) 46.00	Payee address; 114 E Goodwin St, Pleasant	city; on, Tx 78064	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol Advertising Expense	Political Ad	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	tin, 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		
11/11/2024	Atascosa County Republican Part	у	
Amount (\$) 375.00	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol Other	Description Filing Fee	•
	Check if travel outside of Texas. Complete Sch	neduleT. Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested in	formation is not applicable, DO NOT in	clude this page in the re	eport.
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	Fees Food/Beverage Expense By Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how 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 F1	2 FILER NAME John A. Rutherford		3 Filer ID (Ethics Commission Filers)
4 Date 12/07/2023	5 Payee name Pleasanton Express News		
6 Amount (\$) 737.85	7 Payee address;	rn, Tx 78064	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sci Advertising Expense	(b) Description Political Ad	
<u> </u>	(C) Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date 12/21/2023	Payee name Next Level Signs		
Amount (\$) 866.00	Payee address; 3385 TX-97,	Pleasanton, Tx	State; Zip Code 78064
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advertising Expense	Political Signs	
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name ਜੋ	Office sought	Office held
Date	Payee name		
01/10/2024	Next Level Signs		
Amount (\$) 649.50	Payee address;	City;	State; Zip Code
	3385 Tx-97, Pleasanton, T		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advertising Expense	Political Signs	
	Check if travel outside of Texas. Complete Sched	dule 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	F THIS SCHEDULE AS NEED	DED