# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## Form C/OH

**COVER SHEET PG 1**

1. **Filer ID (Ethics Commission File)**
2. **Total pages filed:**

### 3 CANDIDATE / OFFICEHOLDER NAME

<table>
<thead>
<tr>
<th>MS / MRS / MR</th>
<th>FIRST</th>
<th>MI</th>
<th>LAST</th>
<th>SUFFIX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mr.</td>
<td></td>
<td>Carl</td>
<td>Wayne</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hinton</td>
</tr>
</tbody>
</table>

### 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

- **Change of Address**
- **ADDRESS / PO BOX:**
- **APT / SUITE #:**
- **CITY:** Mt. Pleasant, Tx.
- **STATE:** TX
- **ZIP CODE:** 75455

### 5 CANDIDATE / OFFICEHOLDER PHONE

<table>
<thead>
<tr>
<th>AREA CODE</th>
<th>PHONE NUMBER</th>
<th>EXTENSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(903)</td>
<td>305 - 8418</td>
<td></td>
</tr>
</tbody>
</table>

### 6 CAMPAIGN TREASURER NAME

<table>
<thead>
<tr>
<th>MS / MRS / MR</th>
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### 7 CAMPAIGN TREASURER ADDRESS

- **STREET ADDRESS:** Mt. Pleasant, Tx.
- **ZIP CODE:** 75455

### 8 CAMPAIGN TREASURER PHONE

<table>
<thead>
<tr>
<th>AREA CODE</th>
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### 9 REPORT TYPE

- **January 15**
- **30th day before election**
- **Runoff**
- **July 15**
- **8th day before election**
- **Exceeded Modified Reporting Limit**
- **15th day after campaign treasurer appointment (Officer/holder Only)**
- **Final Report (Attach C/OH - FR)**

### 10 PERIOD COVERED

- **Month:** 4
- **Day:** 5
- **Year:** 2024

### 11 ELECTION

- **ELECTION DATE:** 05/04/2024
- **ELECTION TYPE**
  - Primary
  - Runoff
  - Other Description
  - General
  - Special

### 12 OFFICE

- **OFFICE HELD (if any):**
- **OFFICE Sought (if known):** City Council place 5

### NOTICE FROM POLITICAL COMMITTEE(S)

- **This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate. These expenditures may have been made without the candidate's or officer/holder's knowledge or consent. Candidates and officer/holders are required to report this information only if they receive notice of such expenditures.**

### COMMITTEE TYPE

- **Committee Name**
- **Committee Address**
- **Committee Campaign Treasurer Name**
- **Committee Campaign Treasurer Address**

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**GO TO PAGE 2**

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**Forms provided by Texas Ethics Commission**

**www.ethics.state.tx.us**

**Revised 11/15/2022**
**CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

**C/OH NAME**

Carl Wayne Hinton

**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.** $ 0

4. **TOTAL POLITICAL EXPENDITURES** $ 43.29

**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 of Candidate or Officeholder]

Please complete either option below:

**NOTARY STAMP/SEAL**

TAMMY CHAPMAN
Notary Public, State of Texas
Comm. Expires 08-10-2024
Notary ID 10601011

Sworn to and subscribed before me by Carl Wayne Hinton this the 26th day of April 2024, to certify which, witness my hand and seal of office.

TAMMY CHAPMAN           TAMMY CHAPMAN
Notary                Title of officer administering oath

**20 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 __________, 2020.

[Signature of Candidate/Officeholder (Declarant)]

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<table>
<thead>
<tr>
<th>Schedule</th>
<th>Name of Schedule</th>
<th>Subtotal Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Schedule A1: Monetary Political Contributions</td>
<td>$</td>
</tr>
<tr>
<td>2.</td>
<td>Schedule A2: Non-Monetary (In-Kind) Political Contributions</td>
<td>$</td>
</tr>
<tr>
<td>3.</td>
<td>Schedule B: Pledged Contributions</td>
<td>$</td>
</tr>
<tr>
<td>4.</td>
<td>Schedule E: Loans</td>
<td>$</td>
</tr>
<tr>
<td>5.</td>
<td>Schedule F1: Political Expenditures Made from Political Contributions</td>
<td>$ 43.29</td>
</tr>
<tr>
<td>6.</td>
<td>Schedule F2: Unpaid Incurred Obligations</td>
<td>$</td>
</tr>
<tr>
<td>7.</td>
<td>Schedule F3: Purchase of Investments Made from Political Contributions</td>
<td>$</td>
</tr>
<tr>
<td>8.</td>
<td>Schedule F4: Expenditures Made by Credit Card</td>
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</tr>
<tr>
<td>9.</td>
<td>Schedule G: Political Expenditures Made from Personal Funds</td>
<td>$</td>
</tr>
<tr>
<td>10.</td>
<td>Schedule H: Payment Made from Political Contributions to a Business of C/OH</td>
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<tr>
<td>11.</td>
<td>Schedule I: Non-Political Expenditures Made from Political Contributions</td>
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</tr>
<tr>
<td>12.</td>
<td>Schedule K: Interest, Credits, Gains, Refunds, and Contributions Returned to Filer</td>
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</table>
POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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
Contribution/Donations Made By  Gifts/Awards/Memorials Expense  Printing Expense  Travel Out Of District
Candidate/Offic holder/Ballot 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.

<table>
<thead>
<tr>
<th>1</th>
<th>Total pages Schedule G:</th>
<th>2</th>
<th>FILER NAME</th>
<th>3</th>
<th>Filer ID (Ethics Commission Filers)</th>
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<tbody>
<tr>
<td></td>
<td></td>
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<td>Carl Wayne Hinton</td>
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</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Date</th>
<th>5</th>
<th>Payee name</th>
<th>6</th>
<th>Amount ($)</th>
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</thead>
<tbody>
<tr>
<td>4/24/24</td>
<td>staples</td>
<td>43.29</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>Payee address;</th>
<th>8</th>
<th>PURPOSE OF EXPENDITURE</th>
<th>(a) Category (See Categories listed at the top of this schedule)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td>Advertising</td>
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</table>

<table>
<thead>
<tr>
<th>(b) Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cards</td>
</tr>
</tbody>
</table>

Complete ONLY if direct expenditure to benefit C/OH

<table>
<thead>
<tr>
<th>9</th>
<th>Candidate / Officeholder name</th>
<th>10</th>
<th>Office sought</th>
<th>11</th>
<th>Office held</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carl Wayne Hinton</td>
<td>City Council place</td>
<td></td>
<td></td>
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</table>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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