CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Dan Mr. NAME Date Received NICKNAME LAST SUFFIX Mueller APT / SUITE #; STATE; ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE / P.O. Box 311, Schulenburg, Texas 78956 **OFFICEHOLDER** MAILING JUL 01 **2024 ADDRESS** Change of Address Tein B. Arf PHONE NUMBER **EXTENSION** AREA CODE Date Hartenny SeHEFNER Postmarked 5 CANDIDATE/ CO. ELECTIONS ADMINISTRATOR OFFICEHOLDER (979 639-1600 **PHONE** FAYETTE COUNTY, TEXAS Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Gene Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Kruppa STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN 6451 West State Loop 220, La Grange, Texas 78945 TREASURER **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN TREASURER 702-1333 PHONE (979 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Year COVERED 7 24 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Description Runoff Dav Year General Special 8 22 11 / 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE County Judge County Judge 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Dan Mueller			16 Filer	ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTE	TEES OF LOANS, OR	٧	\$	
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDIT	JRES		\$ 15.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAST DAY \$		\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING I		F THE	\$ 2,866.43	
	wear, or affirm, under penalty of perjury, that juired to be reported by me under Title 15, Elec		e and cor	rect and includes all information	
	Signature of Candidate or Officeholder				
				-	
	Dlasca compla	te either option belov	w.		
	Fiease comple	te entier option belov	•		
(4) A PP 3					
(1) Affidavit				į	
NOTARY STAMP/SEA					
				day of	
Sworn to and subscribed		this the		day of,	
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	ring oath Printed name of officer	administering oath		Title of officer administering oath	
	0	R			
(2) Unsworn Declaration	on				
Dan Muell	or	, and my date of birth is	Augus	t 8. 1955	
My name is Dan Muell My address is P.O. Box	311	Schulenburg T	x 7	8956	
My address is 1.0.20	(street)			zip code) (country)	
Executed in Fayette		on the 1st day of July (mont	h)	, 20 <mark>24</mark> (year)	
		Signature of Candi	date/Office	pholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Dan Mueller 20 Filer ID (Ethics Co			sion Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	1. SCHEDULE A1: 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 CONT	RIBUTIONS \$	15.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s \$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	RIBUTIONS \$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED \$		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel In District Travel Out Of District Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Dan Mueller 5 Payee name 4 Date Flatonia Argus, Inc. 01/16/2024 7 Payee address; City; State: Zip Code 6 Amount (\$) P.O. Box 468, Flatonia, Texas 78941 15.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Newspaper Ad Advertising Expense PURPOSE OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Payee address; City; State; Zip Code Amount (\$) Description Category (See Categories 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 Office sought Office held Candidate / Officeholder name

Complete <u>ONLY</u> if direct expenditure to benefit C/OH