

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: 7				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Mary	MI H	OFFICE USE ONLY Date Received JAN 12 2024 <i>Amease Bentz</i> <hr/> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged			
	NICKNAME Mary Helen	LAST Bowers	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE				
	2901 Delano Ave. Midland, TX 79701						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (432)	PHONE NUMBER 638-8084	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Karen	MI S.				
	NICKNAME	LAST	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE				
2900 Ann Dr. Midland, TX 79705							
8 CAMPAIGN TREASURER PHONE	AREA CODE (432)	PHONE NUMBER 352-4734	EXTENSION				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month 8	Day 1	Year 23	THROUGH	Month 12	Day 31	Year 23
11 ELECTION	ELECTION DATE Month Day Year 3 / 5 / 24		ELECTION TYPE <input checked="" type="checkbox"/> Primary Runoff Other Description <input type="checkbox"/> General Special _____				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Midland County Tax Assessor/Collector				
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.						
	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

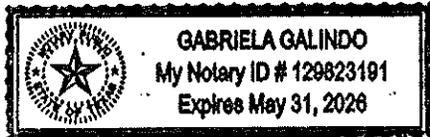
15 C/OH NAME Mary Helen Bowers		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,145.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 93.47
	4. TOTAL POLITICAL EXPENDITURES	\$ 843.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,145.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Mary Helen Bowers
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mary Helen Bowers this the 11 day of January

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

Gabriela Galindo Gabriela Galindo
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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,145.00
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	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 843.47
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Mary Helen Bowers		3 Filer ID (Ethics Commission Filers)
4 Date 09/07/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kathy Young 6 Contributor address; City; State; Zip Code 11901 W. CR 58 Midland, TX 79707	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/07/2023	Full name of contributor out-of-state PAC (ID#: _____) Jimmy Smith Contributor address; City; State; Zip Code 6210 Beretta Ct. Grandbury, TX 76049	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Jimmy Smith, CCIM
Date 09/29/2023	Full name of contributor out-of-state PAC (ID#: _____) Paul Thompson Contributor address; City; State; Zip Code PO Box 4131 Midland, TX 79704	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) Sheriff Deputy		Employer (See Instructions) Midland County
Date 11/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Robert R. Donnelly Contributor address; City; State; Zip Code PO Box 3488 Midland, TX 79702	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Landman		Employer (See Instructions) Eastland Oil Company

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Mary Helen Bowers		3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2023	5 Full name of contributor out-of-state PAC (ID#: _____) JoAnn Sulak 6 Contributor address; City; State; Zip Code 3008 Moss Ave. Midland, TX 79705	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Janis H Chapman Contributor address; City; State; Zip Code 2706 N Pecos Apt. B Midland, TX 79705	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Roy L. Smith Contributor address; City; State; Zip Code 3709 S Cnty Rd. 1096 Midland, TX 79706	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) True-Lite Christian Fellowship
Date 11/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Judy M Calloway Contributor address; City; State; Zip Code 1306 Bonham Odessa, TX 79761	Amount of contribution (\$) 75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Mary Helen Bowers		3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Suzanne Rosemann	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 6838 Tin Trail Midland, TX 79705		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Leann Brenner	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 620 Helen Greathouse Cir. Midland, TX 79707		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/12/2023	Full name of contributor out-of-state PAC (ID#: _____) Susannah Donaldson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PO Box 51990 Midland, TX 79710		
Principal occupation / Job title (See Instructions) Land Tech		Employer (See Instructions) Purvis Operating Co.
Date 12/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Ellen Ramsey	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 2113 Ironwood Dr. Midland, TX 79707		
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Ramsey Petroleum, LP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 1	2 FILER NAME Mary Helen Bowers	3 Filer ID (Ethics Commission Filers)
4 Date 11/11/23	5 Payee name Midland County Republican Party	
6 Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 407 E. Illinois Ave. Midland TX 79701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees to be on the Ballot
	(c) <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
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
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

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