

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Justin PAINTER		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)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,220.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,053.83
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,933.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Ø

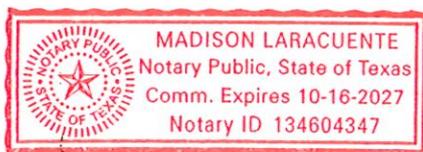
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Justin painter this the 13th day of January, 2024, to certify which, witness my hand and seal of office.
Madison Laracuenta Madison Laracuenta notary
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 <i>Justin Painter</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$14,220.97
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	\$7,198.07
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	\$1,407.79
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$7,447.97
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: 6
2 FILER NAME Justin PAINTER		3 Filer ID (Ethics Commission Filers)
4 Date 07/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray or Yolanda meek	7 Amount of contribution (\$) \$500
6 Contributor address; City; State; Zip Code 3605 Tanner Dr. Midland TX 79703		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 8/9/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Norma Keeton	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 2662 Fairwood Dr. New Braunfels TX 78132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Harrison	Amount of contribution (\$) \$1,000
Contributor address; City; State; Zip Code 2707 N. Big Springs Midland TX 79705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 8/8/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Strickland Jr.	Amount of contribution (\$) \$200
Contributor address; City; State; Zip Code 409 Bobwhite Ln New Braunfels TX 78132		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 6
2 FILER NAME Justin PAINTER		3 Filer ID (Ethics Commission Filers)
4 Date 8/16/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alan Thompson	7 Amount of contribution (\$) \$2,500
6 Contributor address; City; State; Zip Code 10521 E CR 109 midland TX 79706		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 8/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tallian Thompson	Amount of contribution (\$) \$2,000
Contributor address; City; State; Zip Code PO Box 177 Dennis TX 76439		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 10/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 10/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	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: 6
2 FILER NAME Justin PAINTER		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin PAINTER	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date 10/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 10/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 10/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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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: 6
2 FILER NAME Justin PAINTER		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin PAINTER	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin PAINTER	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin PAINTER	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/17/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justin PAINTER	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:

6

2 FILER NAME

Justin Painter

3 Filer ID (Ethics Commission Filers)

4 Date

10/19/23

5 Full name of contributor out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$40

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/23

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$60

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/19/23

Full name of contributor out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$60

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/18/23

Full name of contributor out-of-state PAC (ID#: _____)

Jeff Haile

Contributor address; City; State; Zip Code
2615 Boeing Dr. midland TX 79705

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 6
2 FILER NAME Justin Painter		3 Filer ID (Ethics Commission Filers)
4 Date 12/13/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jer. Drozd	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 911 Princeton Ave Midland TX 79401		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12/28/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code Jennifer Painter 1502 Washita Midland TX 79705	Amount of contribution (\$) \$5,910.97
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 | 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 F1:	2 FILER NAME <i>Justin Painter</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11-1-23</i>	5 Payee name <i>A-1 Sign Engravers Inc</i>
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6 Amount (\$) <i>\$2,000</i>	7 Payee address: <i>Po Box 2641</i>	City: <i>midland</i>	State: <i>TX</i>	Zip Code <i>79702</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Signs /stands</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>11-2-23</i>	Payee name <i>A-1 Sign Engravers INC</i>
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Amount (\$) <i>\$670.37</i>	Payee address: <i>Po Box 2641</i>	City: <i>midland</i>	State: <i>TX</i>	Zip Code <i>79702</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>12-6-23</i>	Payee name <i>Century Graphics & sign</i>
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Amount (\$) <i>\$4,000</i>	Payee address: <i>501 west Industrial Ave</i>	City: <i>midland</i>	State: <i>TX</i>	Zip Code <i>79701</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Sign stands</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 F1:	2 FILER NAME <i>Justin Painter</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-10-24</i>	5 Payee name <i>A-1 Signs Engravers INC</i>	
6 Amount (\$) <i>527.70</i>	7 Payee address; <i>PO Box 2641</i>	City; State; Zip Code <i>midland TX 79702</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Signs</i>
	(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 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 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 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 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME Justin Painter	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 8/15/23	6 Payee name Basin Graphics	
7 Amount (\$) 920.13	8 Payee address; 4411 W. Illinois Ste A8	City; State; Zip Code Midland TX 79703
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Yard Signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9-4-23	Payee name FedEx Office	
Amount (\$) 487.66	Payee address; 4612 Billingsley Blvd	City; State; Zip Code Midland TX 79705
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Flyers
	(c) <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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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: 5	2 FILER NAME Justin Painter	3 Filer ID (Ethics Commission Filers)
4 Date 8-15-23	5 Payee name Basin Graphics	
6 Amount (\$) 920.13 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4411 W. ILLINOIS STE A8 midland TX 79703	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	<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 8/28/23	Payee name Sign AA ETC	
Amount (\$) 332.80 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 181 Sagamore Parkway Lafayette IN 47905 South Suite B	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Backdrop
	<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 9-4-23	Payee name FedEx Office	
Amount (\$) 487.66 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4612 Billingsley Blvd midland TX 79705	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Business Cards / Flyers
	<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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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: <p style="text-align:center">5</p>	2 FILER NAME <p style="text-align:center">Justin Painter</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">10-22-23</p>	5 Payee name <p style="text-align:center">Lowe's</p>	
6 Amount (\$) <p style="text-align:center">94.18</p> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <p style="text-align:center">3313 North Loop 250 W</p>	City; State; Zip Code <p style="text-align:center">Midland TX 79707</p>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">Other</p>	(b) Description <p style="text-align:center">Sand bags/Ratchet straps</p>
	<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 <p style="text-align:center">11-1-23</p>	Payee name <p style="text-align:center">U-haul Moving & Storage</p>	
Amount (\$) <p style="text-align:center">47.25</p> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <p style="text-align:center">2803 W. Wall St</p>	City; State; Zip Code <p style="text-align:center">Midland TX 79701</p>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Other</p>	Description <p style="text-align:center">Trailer Rental</p>
	<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 <p style="text-align:center">12-6-23</p>	Payee name <p style="text-align:center">Century Graphics & Sign</p>	
Amount (\$) <p style="text-align:center">688.52</p> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <p style="text-align:center">501 West Industrial Ave</p>	City; State; Zip Code <p style="text-align:center">Midland TX 79701</p>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">Advertising</p>	Description <p style="text-align:center">Sign Frames</p>
	<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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 5	2 FILER NAME Justin Painter	3 Filer ID (Ethics Commission Filers)
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4 Date 10-28-23	5 Payee name LOWES
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6 Amount (\$) 39.35 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 3315 North Loop 250 W	City: Midland	State: TX	Zip Code 79707
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Sand Bags
	<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
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Date 11-17-23	Payee name United States Postal Service
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Amount (\$) 113.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 612 Veterans Airpark LN	City: Midland	State: TX	Zip Code 79705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description mailbox
	<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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Date 11-19-23	Payee name M & K Sales
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Amount (\$) 62.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 710 Telford Ave	City: Rails	State: TX	Zip Code 79357
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Garshow
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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			

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1 Total pages Schedule G: 5	2 FILER NAME Justin Painter	3 Filer ID (Ethics Commission Filers)
4 Date 11-19-23	5 Payee name Silver Spur Trade Shows INC	
6 Amount (\$) 65.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; PO Box 208 Ralls	City; State; Zip Code TX 79357
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Gun show
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-6-24	Payee name Tractor Supply CO	
Amount (\$) 32.46 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 6403 N State Highway 349	City; State; Zip Code midland TX 79705
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Ratchet Straps
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/26/23	Payee name Lamor Advertising	
Amount (\$) 2,060.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2908 S. Comy Road 1250	City; State; Zip Code midland TX 79706
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Billboard
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 5		2 FILER NAME Justin Painter		3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/23		5 Payee name AMAR Advertising			
6 Amount (\$) 2,060.00 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: 2908 S. County Road 1250		City: Midland	State: TX Zip Code 79706
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description B: Billboard		
	<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 11-11-23		Payee name American Legion			
Amount (\$) 35 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 501 Veterans Airport Ln		City: Midland	State: TX Zip Code 79705
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses		Description Christmas Market		
	<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 9/6/23		Payee name Hilton - Double Tree by Hilton Hotel Midland Plaza			
Amount (\$) 410.56 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address: 117 W Wall st		City: Midland	State: TX Zip Code 79701
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expenses		Description Announcement		
	<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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