

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:								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">MS / MRS / MR Mr</td> <td style="width:30%; padding: 2px;">FIRST Rory</td> <td style="width:10%; padding: 2px;">MI D</td> </tr> <tr> <td style="border-top: 1px dotted black; padding: 2px;">NICKNAME</td> <td style="border-top: 1px dotted black; padding: 2px;">LAST McKinney</td> <td style="border-top: 1px dotted black; padding: 2px;">SUFFIX</td> </tr> </table>	MS / MRS / MR Mr	FIRST Rory	MI D	NICKNAME	LAST McKinney	SUFFIX	OFFICE USE ONLY			
MS / MRS / MR Mr	FIRST Rory	MI D									
NICKNAME	LAST McKinney	SUFFIX									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">ADDRESS / PO BOX; 1427 Lanham Midland</td> <td style="width:10%; padding: 2px;">APT / SUITE #;</td> <td style="width:10%; padding: 2px;">CITY;</td> <td style="width:10%; padding: 2px;">STATE; TX</td> <td style="width:10%; padding: 2px;">ZIP CODE 79701</td> </tr> </table>	ADDRESS / PO BOX; 1427 Lanham Midland	APT / SUITE #;	CITY;	STATE; TX	ZIP CODE 79701	Date Received JAN 16 2024				
ADDRESS / PO BOX; 1427 Lanham Midland	APT / SUITE #;	CITY;	STATE; TX	ZIP CODE 79701							
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;">AREA CODE (432)</td> <td style="width:40%; padding: 2px;">PHONE NUMBER 638-7702</td> <td style="width:40%; padding: 2px;">EXTENSION</td> </tr> </table>	AREA CODE (432)	PHONE NUMBER 638-7702	EXTENSION	Date Hand-delivered or Date Postmarked						
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">MS / MRS / MR Mrs</td> <td style="width:30%; padding: 2px;">FIRST Wendalem</td> <td style="width:10%; padding: 2px;">MI M</td> </tr> <tr> <td style="border-top: 1px dotted black; padding: 2px;">NICKNAME Wende</td> <td style="border-top: 1px dotted black; padding: 2px;">LAST Thummel</td> <td style="border-top: 1px dotted black; padding: 2px;">SUFFIX</td> </tr> </table>	MS / MRS / MR Mrs	FIRST Wendalem	MI M	NICKNAME Wende	LAST Thummel	SUFFIX	Receipt #	Amount \$		
MS / MRS / MR Mrs	FIRST Wendalem	MI M									
NICKNAME Wende	LAST Thummel	SUFFIX									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">STREET ADDRESS (NO PO BOX PLEASE); 9915 W County Rd 75 Midland TX</td> <td style="width:10%; padding: 2px;">APT / SUITE #;</td> <td style="width:10%; padding: 2px;">CITY;</td> <td style="width:10%; padding: 2px;">STATE; TX</td> <td style="width:10%; padding: 2px;">ZIP CODE 79707</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE); 9915 W County Rd 75 Midland TX	APT / SUITE #;	CITY;	STATE; TX	ZIP CODE 79707			
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;"><input checked="" type="checkbox"/> January 15</td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> 30th day before election</td> <td style="width:20%; padding: 2px;"><input type="checkbox"/> Runoff</td> <td style="width:40%; padding: 2px;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> July 15</td> <td style="padding: 2px;"><input type="checkbox"/> 8th day before election</td> <td style="padding: 2px;"><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td style="padding: 2px;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 2px;">Month 07</td> <td style="width:5%; padding: 2px;">Day 18</td> <td style="width:10%; padding: 2px;">Year 2023</td> <td style="width:10%; padding: 2px;">THROUGH</td> <td style="width:5%; padding: 2px;">Month 01</td> <td style="width:5%; padding: 2px;">Day 15</td> <td style="width:10%; padding: 2px;">Year 2024</td> </tr> </table>			Month 07	Day 18	Year 2023	THROUGH	Month 01	Day 15	Year 2024	
Month 07	Day 18	Year 2023	THROUGH	Month 01	Day 15	Year 2024					
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 2px;">ELECTION DATE Month Day Year 03 / 05 / 2024</td> <td style="width:70%; padding: 2px;">ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special</td> </tr> </table>	ELECTION DATE Month Day Year 03 / 05 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special								
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Sheriff									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px; vertical-align: top;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </td> <td style="padding: 2px;"> COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>			<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS						
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GO TO PAGE 2											

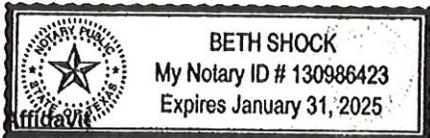
CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC
COVER SHEET PG 1

The C/OH-UC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)
2 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	
3 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	Date Received JAN 16 2024
	1427 Lanham Midland TX 79701	Date Hand-delivered or Date Postmarked B. Shock
4 REPORT TYPE	<input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition	Receipt # Amount \$
5 PERIOD COVERED	Month Day Year Month Day Year 07 / 18 / 23 THROUGH 01 / 15 / 24	Date Processed
6 TOTALS	1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 5,928.48
	2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$

7 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.

Rory McKinney
Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Beth Shock* this the 16 day of January, 2024, to certify which, witness my hand and seal of office.

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)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

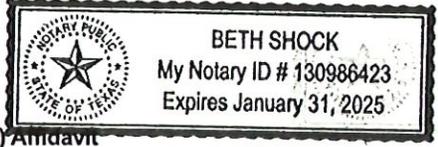
15 C/OH NAME <i>Rory McKinney</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES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

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.

Rory McKinney

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Rory D. McKinney
Beth Shock
Beth Shock

Sworn to and subscribed before me by *Beth Shock* this the 16 day of January, 2024, to certify which, witness my hand and seal of office.

Beth Shock Signature of officer administering oath Beth Shock 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>Rory McKinney</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	\$ <i>20,850</i>
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>2,447.42</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>16,300⁰⁰</i>
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>12,000⁰⁰</i>
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: 2
2 FILER NAME Rory McKinney		3 Filer ID (Ethics Commission Filers)
4 Date 8-25-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paula Johnson	7 Amount of contribution (\$) \$ 500⁰⁰
6 Contributor address; City; State; Zip Code PO Box 1225 Midland TX 79702		
8 Principal occupation / Job title (See Instructions) homemaker		9 Employer (See Instructions)
Date 9-28-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Land	Amount of contribution (\$) \$ 100⁰⁰
Contributor address; City; State; Zip Code P.O. Box 6043 Midland TX 79704		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10-02-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Thummel	Amount of contribution (\$) \$ 250⁰⁰
Contributor address; City; State; Zip Code 9915 W County Rd 75 Midland TX 79707		
Principal occupation / Job title (See Instructions) Regional Manager		Employer (See Instructions) Chemtreat
Date 11-14-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traci Coursey	Amount of contribution (\$) \$ 500⁰⁰
Contributor address; City; State; Zip Code 4401 Meadowlark Ln Midland TX 79707		
Principal occupation / Job title (See Instructions) Personal Assistant		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 FILER NAME Rory McKinney		3 Filer ID (Ethics Commission Filers)
4 Date 11.15.23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filiberto Lozoya	7 Amount of contribution (\$) \$10,000⁰⁰
6 Contributor address; City; State; Zip Code PO Box 80400 Midland TX 79708		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Self
Date 12-9-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ann Schwiening	Amount of contribution (\$) \$500⁰⁰
Contributor address; City; State; Zip Code 2521 Stanolind Ave Midland TX 79705		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 1-2-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Bryant	Amount of contribution (\$) \$1,000⁰⁰
Contributor address; City; State; Zip Code 4011 Mockingbird Midland TX 79707		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09.23.23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Judy Farris	Amount of contribution (\$) \$1,000⁰⁰
Contributor address; City; State; Zip Code 606 W Missouri Midland TX 79701		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The Bar
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Rory McKinney		3 Filer ID (Ethics Commission Filers)
4 Date 11-18-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luis Olivas	7 Amount of contribution (\$) \$2,000⁰⁰
6 Contributor address; City; State; Zip Code 4805 Eastloop 250N Midland TX 79706		
8 Principal occupation / Job title (See Instructions) Shop owner		9 Employer (See Instructions) self
Date 11-3-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman Jameson	Amount of contribution (\$) \$5,000⁰⁰
Contributor address; City; State; Zip Code 203 W. Wall Midland TX 79701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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	2 FILER NAME Rory McKinney	3 Filer ID (Ethics Commission Filers)
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4 Date 11-16-23	5 Payee name Midland County Republican Party
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6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 407 E. Illinois Ave 125 Ashman S Midland TX 79701
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description filing fee
	(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 11-16-23	Payee name Clear Springs
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Amount (\$) \$370.62	Payee address; City; State; Zip Code 5707 Andrews Hwy Midland TX 79706
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage	Description Post filing dinner
	<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 12-28-2023	Payee name The Bar
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Amount (\$) 323.40	Payee address; City; State; Zip Code 606 W. Missouri Midland TX 79701
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) food/beverage	Description campaign dinner
	<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

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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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME NBPWC inc. Rory McKinney	3 Filer ID (Ethics Commission Filers)
4 Date 1-9-24	5 Payee name NBPWC inc.	
6 Amount (\$) \$800.00	7 Payee address; City; State; Zip Code P.O. Box 120233 Midland TX 79709	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Banquet
	(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 1-11-24	Payee name The Bar	
Amount (\$) \$203.20	Payee address; City; State; Zip Code 606 W Missouri Midland TX 79701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food / beverage	Description Campaign meeting
	<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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Rory McKinney	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 16,300 ⁰⁰
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5 Date 11-22-23	6 Payee name Red Pixel Marketing
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7 Amount (\$)	8 Payee address; City; State; Zip Code 105 N G St suite 203 Midland TX 79701
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9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Marketing
	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: 1	2 FILER NAME Rory McKinney	3 Filer ID (Ethics Commission Filers)
4 Date 11-22-23	5 Business name Red Pixel Marketing	
6 Amount (\$) \$12,000 ⁰⁰	7 Business address; City; State; Zip Code 105 N G St suite 203 Midland TX 79701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expenses	(b) Description Marketing
	(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	Business name	
Amount (\$)	Business 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	Business name	
Amount (\$)	Business 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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APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

OFFICE USE ONLY

Filer ID #

Date Received

JUL 27 2023

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

2 CANDIDATE NAME	MS / MRS / MR FIRST MI Mr Rory D NICKNAME LAST SUFFIX McKinney	OFFICE USE ONLY Filer ID # Date Received JUL 27 2023 Date Hand-delivered or Postmarked Receipt # Amount \$ Date Processed Date Imaged
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1427 Lanham St Midland TX 79701	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (432) 638-7702	
5 OFFICE HELD (If any)		
6 OFFICE SOUGHT (If known)	Sheriff	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX Mrs. Wende M Thummel	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE 9915 WCRd 75 Midland TX 79707	
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (432) 212-1048	
10 CANDIDATE SIGNATURE	<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>Rory McKinney</u> Signature of Candidate</p> <p><u>07-03-2023</u> Date Signed</p>	

GO TO PAGE 2