

# 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	MS / MRS / MR: <u>Mr</u> FIRST: <u>Rory</u> MI: _____ NICKNAME: _____      LAST: <u>McKinney</u> SUFFIX: _____	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE	Date Received	
<input type="checkbox"/> Change of Address	<u>1427 Lanham St Midland TX 79701</u>	<u>FEB 05 2024</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION	Date <u>Hand-delivered</u> or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____      FIRST: <u>Wendalena</u> MI: <u>M</u> NICKNAME: <u>Wende</u> LAST: <u>Thummel</u> SUFFIX: _____	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE		
(Residence or Business)	<u>9915 W County Rd 75 Midland TX 79707</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION	Date Processed	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	Date Imaged	
10 PERIOD COVERED	<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)		
11 ELECTION	ELECTION DATE:      Month      Day      Year	ELECTION TYPE	
	<u>01 / 15 / 2024</u> THROUGH <u>02 / 05 / 2024</u>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<u>Sheriff</u>	
14 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 / 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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

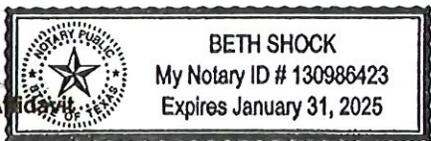
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		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)	\$ 7,990 <sup>00</sup>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,338 <sup>00</sup>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,800
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,300

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

Sworn to and subscribed before me by Rory McKinney this the 5 day of February 2024, to certify which, witness my hand and seal of office.  
Beth Shock Beth Shock 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>Rory McKinney</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>7,990<sup>00</sup></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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>10,338<sup>00</sup></i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>6,300<sup>00</sup></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 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:
2 FILER NAME <b>Rory McKinney</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-24-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry Bryant</b>	7 Amount of contribution (\$) <b>\$ 1,000<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>4011 Mockingbird Ln Midland TX 79707</b>		
8 Principal occupation / Job title (See Instructions) <b>Owner</b>		9 Employer (See Instructions) <b>Self</b>
Date <b>1-24-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Stacey Bryant</b>	Amount of contribution (\$) <b>\$ 1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>6000 Dunbarton Oaks Midland TX 79705</b>		
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>Self</b>
Date <b>1-24-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Greg Boler</b>	Amount of contribution (\$) <b>\$ 1,000<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>4510 Meadowlark Ln. Midland TX 79707</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-24-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AL Mitchell</b>	Amount of contribution (\$) <b>\$ 500<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>1400 Harvard Midland TX 79701</b>		
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.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Rory McKinney</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-24-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kenneth Ford</b>	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip Code <b>5007 Opal Ct Midland TX 79707</b>	<b>\$ 500<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>1-24-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike McAnally</b>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <b>3902 Crestridge Dr Midland TX 79707</b>	<b>\$ 500<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-24-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Paula Johnston</b>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <b>P.O. Box 11225 Midland TX 79702</b>	<b>\$ 500<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>1-24-24</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>John Vincent</b>	Amount of contribution (\$)
	Contributor address; City; State; Zip Code <b>5009 Heather Rd Midland TX 79705</b>	<b>\$ 500<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Rory McKinney</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Larry Quinney</i>	7 Amount of contribution (\$)
<i>1-24-24</i>	6 Contributor address; City; State; Zip Code <i>2705 Savoy Pl Midland TX 79705</i>	<i>\$ 500<sup>00</sup></i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Salvador Armenta</i>	Amount of contribution (\$)
<i>1-24-24</i>	Contributor address; City; State; Zip Code <i>4603 St. Andrews Dr Midland TX 79707</i>	<i>\$ 500<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Richard Neely</i>	Amount of contribution (\$)
<i>1-24-24</i>	Contributor address; City; State; Zip Code <i>2204 S. County Rd 1122 Midland TX 79706</i>	<i>\$ 500<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Haley Street</i>	Amount of contribution (\$)
<i>1-24-24</i>	Contributor address; City; State; Zip Code <i>4401 E 52nd Odessa TX 79763</i>	<i>\$ 250<sup>00</sup></i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME: <b>Rory McKinney</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Blake Kent</b>	7 Amount of contribution (\$)
<b>1-24-24</b>	6 Contributor address; City; State; Zip Code	<b>\$ 250<sup>00</sup></b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mel Francis</b>	Amount of contribution (\$)
<b>1-23-24</b>	Contributor address; City; State; Zip Code <b>709 Lanham St Midland TX 79701</b>	<b>\$ 200<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Jackson</b>	Amount of contribution (\$)
<b>1-24-24</b>	Contributor address; City; State; Zip Code <b>3209 Caldera Blvd Midland TX 79705</b>	<b>\$ 100<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mary Keel</b>	Amount of contribution (\$)
<b>1-25-24</b>	Contributor address; City; State; Zip Code <b>4625 Anetta Dr Midland TX 79703</b>	<b>\$ 40<sup>00</sup></b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Rory McKinney</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-24-24</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Jackson</b>	7 Amount of contribution (\$) <b>\$ 150<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>3209 Caldera Blvd Midland TX 79705</b>		
8 Principal occupation / Job title (See Instructions)		9 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)
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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# 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 Expense	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
Credit Card Payment	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 F1:	2 FILER NAME <i>Rory McKinney</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2-1-24</i>	5 Payee name <i>Midland Prayer Breakfast</i>
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6 Amount (\$) <i>\$200<sup>00</sup></i>	7 Payee address; City; State; Zip Code <i>105 N Main Midland TX 79701</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	(b) Description
	(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>2-3-24</i>	Payee name <del>Albertsons</del> <i>United Supermarket</i>
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Amount (\$) <i>\$138<sup>00</sup></i>	Payee address; City; State; Zip Code <i>1002 Andrews Hwy Midland TX 79701</i>
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food &amp; Beverage Expense</i>	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
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Date <i>2-2-24</i>	Payee name <i>Red Pixel</i>
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Amount (\$) <i>\$10,000</i>	Payee address; City; State; Zip Code <i>415 W Wall unit 2203 Midland TX 79701</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>	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
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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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME <i>Rory McKinney</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
<b>5</b> Date	<b>6</b> Payee name <i>Red Pixel</i>	
<b>7</b> Amount (\$) <i>\$6,300<sup>00</sup></i>	<b>8</b> Payee address;	City; State; Zip Code <i>415 W Wall Midland TX 79701</i>
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Consulting Expense</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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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