

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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,250
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,395
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

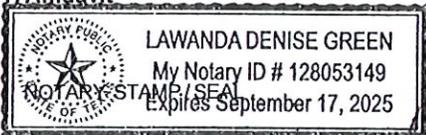
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mary Helen Bowers

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Mary Helen Bowers this the 12 day of July, 2024, to certify which, witness my hand and seal of office.

Lawanda Green Signature of officer administering oath
Lawanda Green 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

Mary Helen Bowers

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,250
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 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: 1 of 2
2 FILER NAME Mary Helen Bowers		3 Filer ID (Ethics Commission Filers)
4 Date 1/3/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marion Bryant	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79707		
8 Principal occupation / Job title (See Instructions) CPA, Senior Vice President and Trust Officer		9 Employer (See Instructions) Southwest Bank
Date 1/3/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John W. & Gayla N. Mabee	Amount of contribution (\$) 2,000.00
Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79705		
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Mabee Ranch
Date 1/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Hood	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79705		
Principal occupation / Job title (See Instructions) Tax Assessor		Employer (See Instructions) Midland County
Date 1/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen H DeShaw	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] Midland TX 79707		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) DeShaws Landscaping Construction

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 of 2
2 FILER NAME Mary Helen Bowers		3 Filer ID (Ethics Commission Filers)
4 Date 1/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen H DeShaw 6 Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79707	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) DeShaws Landscaping Contruction
Date 1/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Bradford Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79701	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2/7/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felipe G Morales Contributor address; City; State; Zip Code [REDACTED] Midland, TX 79705	Amount of contribution (\$) 100.00
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		