CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1	
The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Mr.	FIRST Vance	мі Е	OFFICE USE ONLY	
,	NICKNAME .	Roberts	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	X; APT / SUITE.#;	CITY; STATE; ZIP CODE	LIVE OAK-CO M. VANWAY	
Change of Address	1551 0055	BUONE WINDER			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand Hajvelon Strategy Continues to the Date Hand Hajvelon Strategy Continues to the Date Hand Hand Hand Hand Hand Hand Hand Hand	
6 CAMPAIGN	MS / MRS / MR	FIRST	M!	Receipt # N S S	
TREASURER NAME	Mr.	Richard	• • • • • • • • • • • • • • • • • • • •	Date Processed P & D	
	NICKNAME	Stacy	SUFFIX	Date image) 17 RT 1	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	THROUGH 12	Day Year / 31 / 23	
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	3 / 5 /	/ 24 General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (If known Constable Preci		
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.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

					_
15 C/OH NAME Vance E. Roberts			16 Filer ID	(Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		-	\$	•
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS,			\$	-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$	
	4. TOTAL POLITICAL EXPENDITURES		,	\$	375.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAS	ST DAY	\$	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF AI LAST DAY OF THE REPORTING P		F THE	\$	
	swear, or affirm, under penalty of perjury, that quired to be reported by me under Title 15, Elec		be	5	
	Please complet	te either option below	v:		
Notary F MF98EA Notar Swom to and subscribed	ACIE MEDINA Public, State of Texas Expires 12-08-2026 ry ID 13408942-1 belore the by which, witness my hand and seal of office.	ROBENTS this the	<u> 17</u> th A	day of <u>J</u>	T <u>anuary</u> , I Notary
Signature of officer administe			Ti	itle of officer	administering oath
	O	•			
(2) Unsworn Declaration					
My name is		, and my date of birth is			
	(street)	(city) (s	state) (zi	p code)	(country)
Executed in	County, State of	on the day of(month	1)	, 20 <u> </u>	, -,
		Cianatura of Candia			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E; LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 375.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

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 Accounting/Banking - Consulting Expense Contributions/Donations Made - Candidate/Officeholder/Politic Credit Card Payment	Fees C Food/Beverage Expense P By Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement office Overhead/Rental Expense folling Expense initing Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule G:	² FILER NAME Vance E. Roberts		3 Filer ID (Ethics Commission Filers)			
⁴ Date 11/11/2023	5 Payee name Live Oak County					
6 Amount (\$) 375.00 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	(b) Description Filing for office	ice fee			
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedu Candidate / Officeholder name	leT. Check if Austin Office sought	, TX, officeholder living expense Office held			
Date	Payee name					
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	(ule) Description				
	Check if travel outside of Texas, Complete Schedu	le T. Check if Austin	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought		Office sought	Office held			
Date	Payee name					
Amount (\$) Reimbursementfrom- political contributions intended	Payee address;	City;	State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description				
	Check if travel outside of Texas, Complete Schedul	eT. 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