

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: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jeffrey	MI M	OFFICE USE ONLY		
	NICKNAME Jeff	LAST McGrothin	SUFFIX	Date Received 10.28.24		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 829 Cardiff Cibolo, TX, 78108			Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE (503)	PHONE NUMBER 781 2716	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jeffrey	MI M	Receipt # Amount \$		
	NICKNAME Jeff	LAST McGrothin	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 829 Cardiff Cibolo, TX, 78108			Date Imaged		
8 CAMPAIGN TREASURER PHONE	AREA CODE (503)	PHONE NUMBER 781 2716	EXTENSION			
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 08	Day 19	Year 2024	Month 10	Day 28	Year 2024
11 ELECTION	ELECTION DATE Month Day Year 11 / 05 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Cibolo City Council Place 1				
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

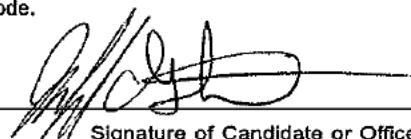
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Jeffrey Michael Mclothin		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)	\$ 1600	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 2859.05	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	
OUTSTANDING LOAN TOTALS			

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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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

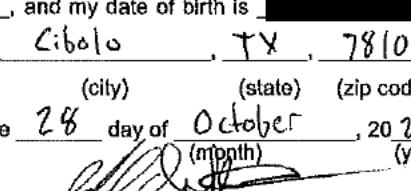
OR

(2) Unsworn Declaration

My name is Jeffrey Michael Mclothin, and my date of birth is _____.

My address is 829 Cerd, AP, Llano, TX, 78001, US.

Executed in Guadalupe, County, State of Texas, on the 28 day of October, 2024.


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Jeffrey Michael McGlothlin	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1500
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100
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	\$ 1500
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1769.15
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 489.90
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 <i>Jeffrey Michael McGlothlin</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>10/06/2024</i>	5 Full name of contributor <i>Nicholas A. Sherman</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>500.00</i>
	6 Contributor address; <i>653 Padan</i>	City; <i>Cibolo</i>	State; Zip Code <i>TX 78108</i>
8 Principal occupation / Job title (See Instructions) <i>Engineer</i>		9 Employer (See Instructions) <i>Cibolo Creek Municipal Authority</i>	
Date <i>10/06/2024</i>	Full name of contributor <i>John D. Fras</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>500.00</i>
	Contributor address; <i>4402 Haickerville Rd</i>	City; <i>Cibolo</i>	State; Zip Code <i>TX, 78108</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Dominguez Contractors LLC</i>	
Date <i>10/08/2024</i>	Full name of contributor <i>Judith A. Parker</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>500.00</i>
	Contributor address; <i>260 Green Valley Loop</i>	City; <i>Cibolo</i>	State; Zip Code <i>TX 78108</i>
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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:								
2 FILER NAME <i>Jeffrey Michael McBlathin</i>		3 Filer ID (Ethics Commission Filers)								
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>100.00</i>								
5 Date <i>10/17/2021</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Walt Williams</i>)	8 Amount of Contribution \$ <i>\$100.00</i> 9 In-kind contribution description <i>Printing Services</i>								
	7 Contributor address; City; State; Zip Code <i>275 FM 2538 Llano TX 78621</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.								
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)								
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)								
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)								
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)										
<table border="1"> <tr> <td>Date</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:)</td> <td>Amount of Contribution \$</td> <td>In-kind contribution description</td> </tr> <tr> <td></td> <td>Contributor address; City; State; Zip Code</td> <td></td> <td></td> </tr> </table>		Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description		Contributor address; City; State; Zip Code			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description							
	Contributor address; City; State; Zip Code									
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)								
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)								
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)								
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)										
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
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 F1:	2 FILER NAME Jeffrey Michael McGlothin		3 Filer ID (Ethics Commission Filers)
4 Date 10/08/2024	5 Payee name Kevin Hadas		
6 Amount (\$) 500.00	7 Payee address; City: State: Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Podcast	
	(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 Jeffrey McGlothin	Candidate / Officeholder name	Office sought Cibolo City Council Place 1	Office held
Date 10/12/2024	Payee name Barclay Credit Card Services		
Amount (\$) 1000.00	Payee address; P.O. Box 13337 Philadelphia PA 19191		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Balance from Political Credit Card Purchases	
	<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 Jeffrey McGlothin	Candidate / Officeholder name	Office sought Cibolo City Council Place 1	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 <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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Jeffrey Michael McGlothlin		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ 1769.15
5 CREDIT CARD ISSUER	Name of financial institution Master Card		
6 PAYMENT	(a) Amount Charged \$ 68.36	(b) Date Expenditure Charged 09/20/2024	(c) Date(s) Credit Card Issuer Paid 10/12/2024
7 PAYEE	(a) Payee name 1st Digital	(b) Payee address; 4390 E FM 1518 Selma	City, State, Zip Code TX 78154
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs
	(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 Jeffrey McGlothlin		Office Sought Cibolo City Council Place 1
PAYMENT	(a) Amount Charged \$ 173.20	(b) Date Expenditure Charged 9/25/2024	(c) Date(s) Credit Card Issuer Paid 10/12/2024
PAYEE	(a) Payee name 1st Source Digital	(b) Payee address; 4390 E FM 1518 Selma	City, State, Zip Code TX 78154
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signs
	(c) <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 Jeffrey McGlothlin		Office Sought Cibolo City Council Place 1
PAYMENT	(a) Amount Charged \$ 22.00	(b) Date Expenditure Charged 10/06/2024	(c) Date(s) Credit Card Issuer Paid 10/12/2024
PAYEE	(a) Payee name The Chamber	(b) Payee address; 1730 Schertz Pkwy Schertz	City, State, Zip Code TX 78154
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Chamber Banquet
	(c) <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 Jeffrey McGlothlin		Office Sought Cibolo City Council Place 1

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Jeffrey McLoethen	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 1769.15
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5 CREDIT CARD ISSUER	Name of financial institution Master Card		
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6 PAYMENT	(a) Amount Charged \$ 898.48	(b) Date Expenditure Charged 10/12/2024	(c) Date(s) Credit Card Issuer Paid 10/12/2024
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7 PAYEE	(a) Payee name 1st Source Digital	(b) Payee address; 4390 E FM 1518 Selma	City, State, Zip Code TX 78154
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
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(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jeffrey McLoethen		Office Sought Cibolo City Council Place 1	Office Held
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PAYMENT	(a) Amount Charged \$ 607.11	(b) Date Expenditure Charged 10/20/2024	(c) Date(s) Credit Card Issuer Paid 10/28/2024
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PAYEE	(a) Payee name Alamo Mailing	(b) Payee address; 13114 Lookout Run San Antonio TX 78233	City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailing
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(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jeffrey McLoethen		Office Sought Cibolo City Council Place 1	Office Held
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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(c) Check if travel outside of Texas. Complete Schedule T. 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 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 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 G:	2 FILER NAME Jeffrey McGlothlin	3 Filer ID (Ethics Commission Filers)	
4 Date 08/30/2024	5 Payee name 1st Source Digital		
6 Amount (\$) 71.66 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 4390 E FM 1518	City: Selma State: TX Zip Code 78154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs	
	(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 Jeffrey McGlothlin	Office sought Cibolo City Council Place 1	Office held
Date 09/06/2024	Payee name 1st Source Digital		
Amount (\$) 310.24 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 4390 E FM 1518	City: Selma State: TX Zip Code 78154	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs	
	<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 Jeffrey McGlothlin	Office sought Cibolo City Council Place 1	Office held
Date 10/02/2024	Payee name Blaze Moon Designs		
Amount (\$) 108.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 328 Blaze Moon	City: Cibolo State: TX Zip Code 78108	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Tshirts	
	<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 Jeffrey McGlothlin	Office sought Cibolo City Council Place 1	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED