

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

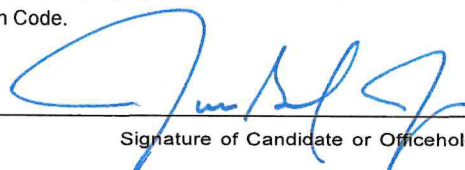
FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|--|----------------------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 33-3655157 | 2 Total pages filed: 9 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Joe | MI M |
| | NICKNAME | LAST Self | SUFFIX Jr |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5631 Oriole Dr San Angelo TX 76903 | | |
| | AREA CODE PHONE NUMBER EXTENSION (325) 656-6889 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | MS / MRS / MR Mr | FIRST Joe | MI M |
| | NICKNAME Marty | LAST Self | SUFFIX |
| 6 CAMPAIGN TREASURER NAME | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 206 Clover Dr San Angelo TX 76903 | | |
| | AREA CODE PHONE NUMBER EXTENSION (325) 656-6880 | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | 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) <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) | | |
| 8 CAMPAIGN TREASURER PHONE | PERIOD COVERED | | |
| | Month Day Year 02 / 14 / 2025 THROUGH Month Day Year 04 / 03 / 2025 | | |
| 9 REPORT TYPE | ELECTION | | |
| | ELECTION DATE: Month Day Year 05 / 03 / 2025 ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | |
| 10 PERIOD COVERED | 12 OFFICE | | |
| | 13 OFFICE SOUGHT (if known) | | |
| 11 ELECTION | 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. | | |
| 12 OFFICE | COMMITTEE TYPE | | |
| | COMMITTEE NAME | | |
| 13 OFFICE SOUGHT (if known) | COMMITTEE ADDRESS | | |
| | COMMITTEE CAMPAIGN TREASURER NAME | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| | <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | | |
| GO TO PAGE 2 | | | |

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 2**

| | | |
|--|---|--|
| 15 C/OH NAME <u>Joem Self Jr</u> | | 16 Filer ID (Ethics Commission Filers) <u>33-3655157</u> |
| 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) | \$ <u>5725.⁰⁰</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>4821.²⁸</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>903.⁷²</u> |
| 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.



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 DeclarationMy name is Joe M Self Jr, and my date of birth is [REDACTED]My address is 5631 Oriole Dr, San Angelo, TX, 76903, USA
(street) (city) (state) (zip code) (country)Executed in Tom Green County, State of Texas, on the 3 day of April, 2025.
(month) (year)
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|---|
| 19 FILER NAME <i>Joe M Self Jr.</i> | | 20 Filer ID (Ethics Commission Filers) <i>33-3655157</i> |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>5725.⁰⁰</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>4821.³⁸</i> |
| 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: 5 |
| 2 FILER NAME Joe M Self Jr | | 3 Filer ID (Ethics Commission Filers) 33-3655157 |
| 4 Date 3/03/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe M + Patricia A Self | 7 Amount of contribution (\$) \$300.⁰⁰ |
| 6 Contributor address; City; State; Zip Code 206 Clover Dr San Angelo TX 76903 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|---|---|
| Date 3/18/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Boyd | Amount of contribution (\$) \$200.⁰⁰ |
| Contributor address; City; State; Zip Code 6517 Green Oaks Dr Christoval TX 76935 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|--|--|---|
| Date 3/18/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) William Dendle | Amount of contribution (\$) \$500.⁰⁰ |
| Contributor address; City; State; Zip Code 205 Clover Dr San Angelo TX 76903 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

| | | |
|---|--|---|
| Date 3/14/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christina + Colter Scarborough | Amount of contribution (\$) \$200.⁰⁰ |
| Contributor address; City; State; Zip Code 3114 Briargrove Ln San Angelo TX 76904 | | |
| 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

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 Joe M Self Jr | | 3 Filer ID (Ethics Commission Filers) 33-3655157 |
| 4 Date 3/14/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall Hirschfeld | 7 Amount of contribution (\$) \$100.⁰⁰ |
| 6 Contributor address; City; State; Zip Code PO Box 3085 San Angelo TX 76902 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/15/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathy + Jimmy Dickson | Amount of contribution (\$) \$500.⁰⁰ |
| Contributor address; City; State; Zip Code 3213 Rose Hill Ln Bryan TX 77808 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/21/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve C Floyd | Amount of contribution (\$) \$150.⁰⁰ |
| Contributor address; City; State; Zip Code 3712 Mariner Ter. San Angelo TX 76903 - 9491 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/26/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bob + Puggy Fuchs | Amount of contribution (\$) \$400.⁰⁰ |
| Contributor address; City; State; Zip Code 5625 Oriole Dr San Angelo TX 76903 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| | | |
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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>Joe m Self Jr</i> | | 3 Filer ID (Ethics Commission Filers) <i>33-3655157</i> |
| 4 Date <i>3/22/25</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lee Pfluger</i> | 7 Amount of contribution (\$) <i>\$1000.⁰⁰</i> |
| 6 Contributor address; City; State; Zip Code <i>PO Box 1991 San Angelo TX 76902</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>3/27/25</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sammy Farmer</i> | Amount of contribution (\$) <i>\$100.⁰⁰</i> |
| Contributor address; City; State; Zip Code <i>5108 Fairway Dr San Angelo TX 76904</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4/01/25</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Danny Kiser</i> | Amount of contribution (\$) <i>\$500.⁰⁰</i> |
| Contributor address; City; State; Zip Code <i>3605 Country Club Rd San Angelo TX 76904</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>4/01/25</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Manuel A Diego</i> | Amount of contribution (\$) <i>\$500.⁰⁰</i> |
| Contributor address; City; State; Zip Code <i>5325 Fairway D San Angelo TX 76904</i> | | |
| Principal occupation / Job title (See Instructions) | | 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

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| | | |
|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME Joe M Self Jr | | 3 Filer ID (Ethics Commission Filers) 33-3655157 |
| 4 Date 4/01/25 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith Gully 6 Contributor address; City; State; Zip Code 114 Bluegrass Dr San Angelo TX 76903 | 7 Amount of contribution (\$) \$500.⁰⁰ |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/01/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Lee Contributor address; City; State; Zip Code 122 E. 23rd San Angelo TX 76903 | Amount of contribution (\$) \$100.⁰⁰ |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/01/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tommie Self Contributor address; City; State; Zip Code 2618 Village Trl San Angelo TX 76904 | Amount of contribution (\$) \$100.⁰⁰ |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/01/25 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeannie Buhle Contributor address; City; State; Zip Code 3825 Sunset Dr San Angelo TX 76904 | Amount of contribution (\$) \$100.⁰⁰ |
| 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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| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: |
| 2 FILER NAME <i>Joe M Self Jr</i> | | 3 Filer ID (Ethics Commission Filers) <i>33-3655157</i> |
| 4 Date | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Steve Eustis</i> | 7 Amount of contribution (\$) <i>\$250.⁰⁰</i> |
| 6 Contributor address; City; State; Zip Code <i>PO Box 3253 San Angelo TX 76902</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#: _____) 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) |
| | | |
| 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: 1 | 2 FILER NAME Joem Self Jr. | 3 Filer ID (Ethics Commission Filers) 33-3655157 |
| 4 Date 3/18/25 | 5 Payee name Western Poster | |
| 6 Amount (\$) \$3435.31 | 7 Payee address: City; State; Zip Code 901 Strawn Road San Angelo TX 76904 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description 4x4 signs + Yard 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| Candidate / Officeholder name Office sought Office held | | |
| Date 3/26/25 | Payee name McLaughlin Advertising | |
| Amount (\$) \$1250.⁰⁰ | Payee address; City; State; Zip Code 115 S Park San Angelo TX 76901 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Media |
| | <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 4/02/25 | Payee name McLaughlin Advertising | |
| Amount (\$) \$135.97 | Payee address; City; State; Zip Code 115 S. Park San Angelo TX 76901 | |
| 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