OFFICEHOLDER NAME NCKNAME LAST Jenkins LAST Jenkins ADDRESS / PO BOX, APT / SUITE #: CITY, STATE: ZIP CODE TRICHOLDER MAILING ADDRESS Change of Change of City Change of City Change of Address Change of City Chang	CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1		
OFFICEHOLDER NAME CANDIDATE OFFICE USE ONLY	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)			2 Total pages filed:				
ACANDIDATE / OFFICEHOLDER ADDRESS / PO BOX: OFFICEHOLDER (ADDRESS / PO BOX: OFFICEHOLDER (ADDR		l	_		OFFICE USE ONLY			
OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked Procedure of Date Postmarked Date Hand-delivered or Date Postmarked Procedure of Date Postmarked Date Hand-delivered or Date Postmarked Procedure of Date Postmarked Date Processed Date Imaged Date Imaged Date Imaged Date Imaged Date Imaged TX 76904 Ancount S TATE: 2th Code TX 76904 TX 76904 TX 76904 TX 76904 APEA CODE PROCED APEA CODE PROCED Date Imaged TX 76904 APEA CODE Processed Date Imaged TX 76904 TX T	NAME	NICKNAME		SUFFIX	Date Received			
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			20.70	DAGEG				

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Gary L. Jenkins 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 375.00 TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 1,375.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ TOTALS **TOTAL POLITICAL EXPENDITURES** \$ 810.00 CONTRIBUTION 375.00 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00\$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD correct and includes all information 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is tru required to be reported by me under Title 15, Election Code of Candidate or Officeholder Please complete either option below: KATHY PYBURN **Notary Public** STATE OF TEXAS (1) Affidavit ID# 13034629-5 Comm. Exp. 08-27-2023 NOTARY STAMP/SEAL this the 3) day of October, Sworn to and subscribed before me by to certify which, witness my hand and seal of office office administering oath Title of officer administering oath Printed name of office (2) Unsworn Declaration

(street)

County, State of _

My name is

Executed in

My address is _

, on the _

_, and my date of birth is

__ day of ____(month)

(state) (zip code)

Signature of Candidate/Officeholder (Declarant)

(city)

(country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con			ion Filers)
Ga	ary L. Jenkins			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,375.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.	SCHEDULE E: LOANS		\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	810.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	100.00
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

ii the reques	ted information is not applicable	e, DO NOT INC	nuce una page in the	iehoit.		
The Instruction Guide explains how to complete this form. 2 FILER NAME Gary L. Jenkins				1 Total pages Schedule A1: 1 3 Filer ID (Ethics Commission Filers)		
10/28/2022	6 Contributor address; City; State; Zip Code 3101 Ridgecrest Ln San Angelo TX 76904		1,000.00			
8 Principal occu Military	pation / Job title (See Instructions)		9 Employer (See Instruct Air Force	tions)		
Date	Full name of contributor out-of-state P		(10#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	cions)		
Date	Full name of contributor	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:		(ID#:)	Amount of contribution (\$)		
	Contributor address;		State; Zip Code			
Principal occup	Dation / Job title (See Instructions)		Employer (See Instruc	tions)		
	ATTACH ADDITION		OF THIS SCHEDULE AS N uction guide for additional			

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 Gary L. Jenkins		3 Filer ID (Ethics Commission Filers)		
4 Date 10/21/2022	5 Payee name KLST/SAN				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
810.00	2800 Armstrong St	San Angelo	TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Advertising Expense	TV Commercia	als		
OF EXPENDITURE					
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi-	in, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held		
experiancie to some a series	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEI	EDED		

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 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 G:	Gary L. Jenkins		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
10/24/2022	Glenn Ford				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
100.00		•		,	
Reimbursement from political contributions intended					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	Advertising	Radio Commercial			
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions intended					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense	
	Candidate / Officeholder name	Office sought	-	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/6	ОН				
experience to benefit or					
Date	Payee name				
	•				
				4	
Amount (\$)	Payee address;	City;	State;	Zip Code	
Reimbursement from political contributions					
intended					
DUDDOSE	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		rpense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED		