

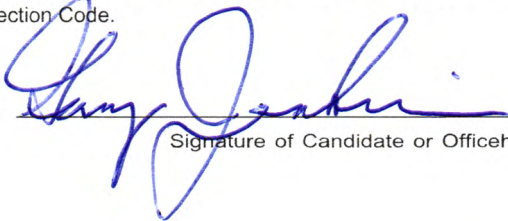
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1		
The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR		FIRST		MI	
	Mr		Gary		L	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME		LAST		SUFFIX	
			Jenkins			
5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX;		APT / SUITE #;		CITY;	
	6113 Lois Lane				San Angelo TX 76904	
6 CAMPAIGN TREASURER NAME	AREA CODE		PHONE NUMBER		EXTENSION	
	(203)		410-6053			
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR		FIRST		MI	
	Mrs		Sandra			
8 CAMPAIGN TREASURER PHONE	NICKNAME		LAST		SUFFIX	
			Gray			
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;		CITY;	
	23445 Clearview Dr				San Angelo TX 76904	
10 PERIOD COVERED	AREA CODE		PHONE NUMBER		EXTENSION	
	(325)		944-3006			
11 ELECTION	January 15		30th day before election		Runoff	
	July 15		8th day before election		Exceeded Modified Reporting Limit	
12 OFFICE	Month		Day		Year	
	7		16		22	
13 OFFICE SOUGHT (if known)	ELECTION DATE		ELECTION TYPE		15th day after campaign treasurer appointment (Officeholder Only)	
	Month Day Year		Primary Runoff Other Description		Final Report (Attach C/OH - FR)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	11		8		22	
	General		Special			
15 OFFICE	OFFICE HELD (if any)		OFFICE SOUGHT (if known)		Tom Green County Judge	
16 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 TYPE		COMMITTEE NAME			
17 OFFICE	GENERAL		COMMITTEE ADDRESS			
	SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME			
18 OFFICE			COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

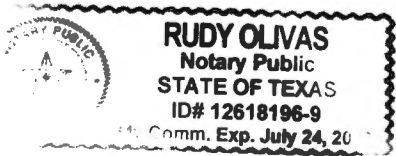
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 115.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,199.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,440.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Gary Jenkins this the 11 day of Oct, 2022, to certify which, witness my hand and seal of office.

Rudy Olivas Election Clerk
Signature of officer administering oath 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 Gary L. Jenkins		20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,150.00	
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 CONTRIBUTIONS		\$ 0.00	
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 FUNDS		\$ 299.00	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Gary L. Jenkins		3 Filer ID (Ethics Commission Filers)
4 Date 09/25/2022	5 Full name of contributor out-of-state PAC (ID#: EricSanchez 6 Contributor address; City; State; Zip Code 5225 Saddle Ridge Trail San Angelo, TX 76904	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) ADACCV
Date 09/25/2022	Full name of contributor out-of-state PAC (ID#: James Dotson Contributor address; City; State; Zip Code 6025 Devonshire La San AngeloTX 76904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/25/2022	Full name of contributor out-of-state PAC (ID#: Miltiadis Leon Contributor address; City; State; Zip Code 3524 knickerbocker Rd Suite 301 San Angelo TX 76904	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Caridiology Associates of West TX
Date 09/25/2022	Full name of contributor out-of-state PAC (ID#: Tina Tumbling Contributor address; City; State; Zip Code 1753 Louise Dr San Angelo TX 76901	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Social Secuirty Administration
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: 3
2 FILER NAME Gary L. Jenkins		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John & Kathryn Rowland II	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 2668 AEM San Angelo, TX 76904		
8 Principal occupation / Job title (See Instructions) Report		9 Employer (See Instructions) Christian Report News
Date 9/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rooney Mayberry	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 4229 Pinnon Ridge Dr. San Angelo TX 76904		
Principal occupation / Job title (See Instructions) Electron		Employer (See Instructions) RM Electrical
Date 9/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lorraine Rozier	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 164 Strachan St San Angelo TX 76903		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/25/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dana Hill	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 3281 W. FM 2105 San Angelo TX 76901		
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: 3
2 FILER NAME Gary L. Jenkins		3 Filer ID (Ethics Commission Filers)
4 Date 9/25/22	5 Full name of contributor Wanda Hudson <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 5208 Fairway Dr San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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:		2 FILER NAME Gary L. Jenkins		3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/2022		5 Payee name KLST TV			
6 Amount (\$) 4,900.00		7 Payee address; City; State; Zip Code 2300 Armstrong St San Angelo TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TV Ads		(b) Description Commercials		
	(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		Office sought Office held	
Date 9/22/22		Payee name Bentwood Country Club			
Amount (\$) 231.94		Payee address; City; State; Zip Code 2111 Club House La San Angelo TX 76904			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Fundraiser		
	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	
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 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

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:	2 FILER NAME Gary L. Jenkins		3 Filer ID (Ethics Commission Filers)
4 Date 09/09/2022	5 Payee name Before the Movies		
6 Amount (\$) 299.00 ✓ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1411 Oliver Rd Suite 250 Fairfield CA 94534		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisement	(b) Description Commercial	
	(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 Office sought 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 schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH			
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 schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			