

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST J	MI SCOTT
	NICKNAME	LAST RENFRO	SUFFIX
OFFICE USE ONLY			
Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; P O Box 34	APT / SUITE #;	CITY; STATE; ZIP CODE Howe TX 75459
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 818-7574	EXTENSION
Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST J	MI SCOTT
	NICKNAME	LAST RENFRO	SUFFIX
Receipt #			
Amount \$			
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE 3924 LUELLA RD SHEAMAN TX 75090
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 818-7574	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)		
10 PERIOD COVERED	Month Day Year 2 / 25 / 2024		THROUGH Month Day Year 5 / 18 / 2024
11 ELECTION	ELECTION DATE Month Day Year 5 / 28 / 2024	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) GRAYSON COUNTY COMMISSIONER PCT 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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	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		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,392.28
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 17,313.27
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

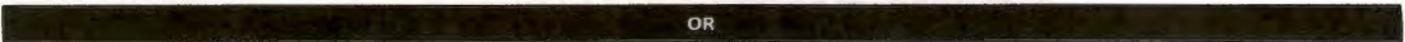
Please complete either option below:

(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



(2) Unsworn Declaration

My name is JERRY SCOTT RENFRO, and my date of birth is 05-14-1964
 My address is 3924 WELLS RD, SHREVEPORT, TX, 75090, USA
(street) (city) (state) (zip code) (country)
 Executed in GRAYSON County, State of TX, on the 18 day of MAY, 2024.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>JERRY SCOTT RENFRO</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>9,392.28</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>5,000.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>14,210.95</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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>268.61</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>2,893.71</i>
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 JERRY SCOTT RENTRO		3 Filer ID (Ethics Commission Filers)
4 Date 3-7-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOWNIE MARTNEK 6 Contributor address; City; State; Zip Code P O BOX 430 GUNTER TX 75058	7 Amount of contribution (\$) \$ 500.00
8 Principal occupation / Job title (See Instructions) MARTNEK GRAN - OWNER		9 Employer (See Instructions) SELF
Date 3-8-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUDGET GLASS Contributor address; City; State; Zip Code 432 N RUSK ST SHERMAN TX 75090	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) AUTO GLASS REPAIR - OWNER		Employer (See Instructions) SELF
Date 3-10-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAEL FANNIN Contributor address; City; State; Zip Code 6 HICKORY CREEK DR PROSPER TX 75078	Amount of contribution (\$) \$ 3500.00
Principal occupation / Job title (See Instructions) TREE FARM - OWNER		Employer (See Instructions) SELF
Date 4-23-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE BROWN ATTORNEY PLLC Contributor address; City; State; Zip Code 100 N TRAVIS # 205 SHERMAN, TX 75090	Amount of contribution (\$) \$ 300.00
Principal occupation / Job title (See Instructions) ATTORNEY - OWNER		Employer (See Instructions) SELF

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 JERRY SCOTT RENFRO		3 Filer ID (Ethics Commission Filers)
4 Date 5-4-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALAN MONK	7 Amount of contribution (\$) \$350.00
6 Contributor address; City; State; Zip Code 999 WYATT RD HOWE TX 75459		
8 Principal occupation / Job title (See Instructions) RANCHER - OWNER		9 Employer (See Instructions) SELF
Date 5-5-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRAD DOUBLASS	Amount of contribution (\$) \$1000.00
Contributor address; City; State; Zip Code 2400 MEADOWS LN STEAMAN TX 75092		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 3-20-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RYAN GRIFFIN	Amount of contribution (\$) \$2500.00
Contributor address; City; State; Zip Code twest@pockhillinvestments.com		
Principal occupation / Job title (See Instructions) N/A DONATION THROUGH PAYPAL		Employer (See Instructions) N/A DONATION THROUGH PAYPAL
Date 4-15-2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BYRON WHITAKER	Amount of contribution (\$) \$242.28
Contributor address; City; State; Zip Code bwhitaker@graysoncollin.net		
Principal occupation / Job title (See Instructions) N/A DONATION THROUGH PAYPAL		Employer (See Instructions) N/A DONATION THROUGH PAYPAL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

ANNEXURE A

PROHIBITIVE LIST OF GOODS

The following goods are prohibited for export to the countries mentioned below:

The list is subject to change without notice.

Sl. No.

Sl. No.

Description of Goods

Quantity

Sl. No.

Description of Goods

Quantity

Description of Goods

Quantity

Description of Goods

Quantity

THE PROHIBITIVE LIST OF GOODS

is subject to change without notice.

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 JERRY SCOTT RENFRO		3 Filer ID (Ethics Commission Filers)
4 Date 3-21-2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) METAL MASTERS ROBERT D. BROWN	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 714 DAVENPORT RD SHEAMAN, TX 75090		
8 Principal occupation / Job title (See Instructions) METAL BUILDINGS - OWNER		9 Employer (See Instructions) SELF
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.

BRAYSON CO ELECTIONS
2024 MAY 20 AM 8:09:20

LOANS

SCHEDULE E

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 E:
2 FILER NAME <i>JERRY SCOTT RENFRO</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>4-10-2024</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JERRY SCOTT RENFRO</i>	9 Loan Amount (\$) <i>\$5000.00</i>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <i>3924 WELLA RD STEAMAN TX 75090</i>	10 Interest rate <i>0</i>
		11 Maturity date <i>0</i>
12 Principal occupation / Job title (See Instructions) <i>FARMER - OWNER</i>		13 Employer (See Instructions) <i>SELF</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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: <u>2</u>	2 FILER NAME <u>JERRY SCOTT RENFRO</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3-29-2024</u>	5 Payee name <u>BILLOW MARKETING LLC</u>			
6 Amount (\$) <u>\$ 2062.97</u>	7 Payee address; <u>307 W FM 120</u>		City; <u>POTTSBORO</u>	State; <u>TX</u>
			Zip Code <u>75076</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>CONSULTING EXPENSE</u>		(b) Description <u>PREPARING FOR RUNOFF ELECTION</u>	
	(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				
	<u>Candidate</u> / Officeholder name <u>JERRY SCOTT RENFRO</u>		<u>Office sought</u> <u>GRAYSON COUNTY COMMISSIONER PER 1</u>	
Date <u>4-9-2024</u>	Payee name <u>BILLOW MARKETING LLC</u>			
Amount (\$) <u>\$ 8,952.97</u>	Payee address; <u>307 W FM 120</u>		City; <u>POTTSBORO</u>	State; <u>TX</u>
			Zip Code <u>75076</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <u>CAR MAGNETS, DOOR HANGERS, CARDS, BILLBOARDS, T SHIRTS, VIDEO AD, SOCIAL MEDIA, MEETINGS, ADMIN, EMAIL MARKETING</u>	
	<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				
	<u>Candidate</u> / Officeholder name <u>JERRY SCOTT RENFRO</u>		<u>Office sought</u> <u>GRAYSON COUNTY COMMISSIONER PER 1</u>	
Date <u>5-7-2024</u>	Payee name <u>FAST SIGNS</u>			
Amount (\$) <u>\$ 245.35</u>	Payee address; <u>1602 E HOUSTON ST</u>		City; <u>SHSAMAN</u>	State; <u>TX</u>
			Zip Code <u>75090</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		Description <u>YARD SIGNS</u>	
	<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				
	<u>Candidate</u> / Officeholder name <u>JERRY SCOTT RENFRO</u>		<u>Office sought</u> <u>GRAYSON COUNTY COMMISSIONER PER 1</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	2 FILER NAME JERRY SCOTT RENTRO	3 Filer ID (Ethics Commission Filers)
4 Date 5-6-2024	5 Payee name BILLLOW MARKETING LLC	
6 Amount (\$) \$ 2949.66	7 Payee address; City; State; Zip Code 307 W FM 120 POTTSBORO TX 75076	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description VIDEO, 1360 WALK, FLYERS FOR MEET & GREET
	(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	<u>Candidate</u> / Officeholder name JERRY SCOTT RENTRO	<u>Office sought</u> / Office held GRAYSON COUNTY COMMISSIONER DISTRICT 1
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
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 | 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) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME JERRY SCOTT RENTRO	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 268.61
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5 CREDIT CARD ISSUER	Name of financial institution SAM'S MASTERCARD
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6 PAYMENT	(a) Amount Charged \$ 268.61	(b) Date Expenditure Charged 3-7-2024	(c) Date(s) Credit Card Issuer Paid 3-7-2024
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7 PAYEE	(a) Payee name HOWE CHAMBER OF COMMERCE	(b) Payee address; City, State, Zip Code 100 E O'CONNELL ST HOWE, TX 75459
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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 EVENT SPONSOR
(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 JERRY SCOTT RENTRO	Office Sought GRAYSON COUNTY COMMISSIONER PER 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
-------	----------------	--

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
(c) <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
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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
(c) <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
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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 | 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 G: <p style="text-align:center">1</p>	2 FILER NAME <p style="text-align:center">JERRY SCOTT RENFRO</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">3-26-2024</p>	5 Payee name <p style="text-align:center">FAST SIGNS</p>	
6 Amount (\$) <p style="text-align:center">51.30</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <p style="text-align:center">1602 E HOUSTON ST</p>	City; State; Zip Code <p style="text-align:center">STARKMAN TX 75090</p>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING EXPENSE</p>	(b) Description <p style="text-align:center">FUNDRAISER FLYERS</p>
	<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	<u>Candidate</u> Officeholder name <p style="text-align:center">JERRY SCOTT RENFRO</p>	<u>Office sought</u> Office held <p style="text-align:center">GRAYSON COUNTY COMMISSIONER PER 1</p>
Date <p style="text-align:center">3-19-2024</p>	Payee name <p style="text-align:center">FAST SIGNS</p>	
Amount (\$) <p style="text-align:center">\$ 3007.04</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <p style="text-align:center">1602 E HOUSTON ST</p>	City; State; Zip Code <p style="text-align:center">STARKMAN TX 75090</p>
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING EXPENSE</p>	Description <p style="text-align:center">NAME TAGS, YARD SIGNS, 4X8 SIGNS CAMPAIGN FLAGS</p>
	<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	<u>Candidate</u> / Officeholder name <p style="text-align:center">JERRY SCOTT RENFRO</p>	<u>Office sought</u> Office held <p style="text-align:center">GRAYSON COUNTY COMMISSIONER PER 1</p>
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
8 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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

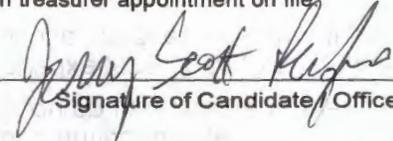
1 C/OH NAME

JERRY SCOTT RUFFO

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate/Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

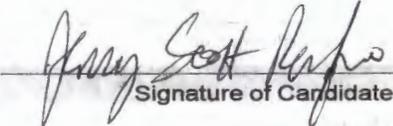
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

Filer name <u>JERRY SCOTT RENFRO</u>	Filer ID #
---	------------

- I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the _____ report due on _____. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

Signature of Filer

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 JERRY SCOTT RENFRO and my date of birth is 05-14-1964

My address is 3924 LUNA RD SITKAMAN TX 75090 USA
(street) (city) (state) (zip code) (country)

Executed in GRAYSON County, State of TEXAS, on the 18 day of MAY, 2024.
(month) (year)

Jerry Scott Renfro
Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER