

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:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST
Richard

MI
F

NICKNAME
"Rick"

LAST
Bacon

SUFFIX
Jr.

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

7706 FM Rd 2288 San Angelo TX 76901

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE (325) PHONE NUMBER 659-7002 EXTENSION Cell-325-234-4261

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST
Blenda

MI
K

NICKNAME
Bacon

LAST

SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
7706 FM Rd 2288 San Angelo TX 76901

8 CAMPAIGN TREASURER PHONE

AREA CODE (325) PHONE NUMBER 659-7002 EXTENSION

9 REPORT TYPE

- January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
- July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 7 / 1 / 2024 THROUGH Month Day Year 10 / 7 / 2024

11 ELECTION

ELECTION DATE: Month Day Year 11 / 5 / 2024
ELECTION TYPE: Primary Runoff Other Description General Special

12 OFFICE

OFFICE HELD (if any)
County Commissioner Pct 3

13 OFFICE SOUGHT (if known)

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.

Additional Pages

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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		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)	\$ 8,720 ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,304 ¹⁶
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25.51
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

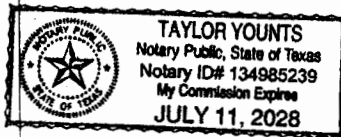
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Rick Bar

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Taylor Younts this the 7 day of October, 2024, 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 _____, 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)

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

Rick Bacon

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/24

5 Full name of contributor

Anonymous

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

20⁰⁰

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/25/24

Full name of contributor

Republican Party

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1,250⁰⁰

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/1/24

Full name of contributor

Tre-Pac Texas Realtors

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2500⁰⁰

Contributor address;

City;

State;

Zip Code

P.O BOX 2246 Austin TX 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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.

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 Rick Bacon		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy + Lanee Warrick	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code Box 174 Water Valley TX 76958		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacky + Marcy Willis	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 9849 Floyd Lane San Angelo TX 76901		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Fortier	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 9237 Wren Rd San Angelo TX 76901		
Principal occupation / Job title (See Instructions) Rental Coord		Employer (See Instructions) TX DOT
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Wisney	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 126 Crestwood Dr San Angelo TX 76903		
Principal occupation / Job title (See Instructions) Retired		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 Rick Bacon		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Jenike	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 5214 Beverly Dr San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kay White	Amount of contribution (\$) 25⁰⁰
Contributor address; City; State; Zip Code PO BOX 172 Water Valley TX 76958		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elaine Moore	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 6606 Plainview Dr San Angelo TX 76905		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gene & Shirley Marsh	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 8494 Pahlia San Angelo TX 76901		
Principal occupation / Job title (See Instructions) Retired		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 Rick Bacon		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sydney Weaver	7 Amount of contribution (\$) 50⁰⁰-
6 Contributor address; City; State; Zip Code 6001 Rita Blanca San Angelo, TX 76904		
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney & Kathy Pyburn	Amount of contribution (\$) 50⁰⁰-
Contributor address; City; State; Zip Code 7470 Violet St San Angelo, TX 76901		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dave Griffith	Amount of contribution (\$) 200⁰⁰-
Contributor address; City; State; Zip Code 7794 FM Rd 2288 San Angelo TX 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betty Lacy	Amount of contribution (\$) 200⁰⁰-
Contributor address; City; State; Zip Code 7601 Chapparral Run San Angelo TX 76901		
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

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 Rick Bacon		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd Smith	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 2817 Chimney Rock San Angelo TX 76904		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith + Sandra Muncey	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 2009 Glenwood San Angelo TX 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanner + Traci King	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 5501 Fairway Dr. San Angelo, TX 76904		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) San Angelo Live
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Turner	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code Box 337 Carlsbad, TX 76934		
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 Rick Bacon		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jose Rivera	7 Amount of contribution (\$) 50⁰⁰
6 Contributor address; City; State; Zip Code 5931 Grape Creek Rd San Angelo TX 76901		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay & Kellye Garrett	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 2210 S ul Ross St San Angelo TX 76904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim & Debbie Choat	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 7561 Chaparral Run San Angelo, TX 76901		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricky & Sherida Miranda	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 7686 N FM Rd 2288 San Angelo TX 76901		
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Citizens Bank
<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

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 Rick Bacon		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Concho Propane Company	7 Amount of contribution (\$) 300⁰⁰
6 Contributor address; City; State; Zip Code 8750 N US Hwy 87 San Angelo TX 76901		
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff & Anita Betty	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 410 N. Madison St San Angelo TX 76901		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve + Connie Hochreiter	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 7781 falcon Ln San Angelo TX 76901		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill + Linda Martin	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 2650 Harvard Ave San Angelo TX 76904		
Principal occupation / Job title (See Instructions) Retired		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

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: Rich Bacon		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sammy Farmer	7 Amount of contribution (\$) 200⁰⁰
	6 Contributor address; City; State; Zip Code 5108 fairway Dr San Angelo TX 76904	
8 Principal occupation / Job title (See Instructions) County Commission Pct2		9 Employer (See Instructions) Tom Green County
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kandi Pool	Amount of contribution (\$) 200⁰⁰
	Contributor address; City; State; Zip Code 3613 Threelawn Tr San Angelo TX 76904	
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self-employed
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ron + Sue Williard	Amount of contribution (\$) 100⁰⁰
	Contributor address; City; State; Zip Code 50 Southridge Dr San Angelo TX 76904	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/22/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dudra Butler	Amount of contribution (\$) 100⁰⁰
	Contributor address; City; State; Zip Code 1701 Cordell Dr San Angelo TX 7690	
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

Rick Bacon

3 Filer ID (Ethics Commission Filers)

4 Date

8/22/24

5 Full name of contributor

Ricky & Linda Rogers

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address;

10186 Ballard Rd San Angelo, TX

City;

State;

Zip Code

76901

8 Principal occupation / Job title (See Instructions)

Insurance Agent

9 Employer (See Instructions)

Farmers

Date

8/22/24

Full name of contributor

Tim & Carla Worley

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

211 N. Milton San Angelo TX

City;

State;

Zip Code

76901

Principal occupation / Job title (See Instructions)

Pilot

Employer (See Instructions)

Aero Pesca

Date

8/22/24

Full name of contributor

Bruce & Wendy Burkett

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

3845 Sunset Dr San Angelo TX

City;

State;

Zip Code

76904

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/24

Full name of contributor

Bill & Anna Bartosh

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100⁰⁰

Contributor address;

2236 River Valley Lane San Angelo TX

City;

State;

Zip Code

76904

Principal occupation / Job title (See Instructions)

Retired

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 Rick Bacon		3 Filer ID (Ethics Commission Filers)
4 Date 8/22/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaya & Beth Uherik	7 Amount of contribution (\$) 200⁰⁰
6 Contributor address; City; State; Zip Code 3330 Canyon Creek San Angelo, TX 76904		
8 Principal occupation / Job title (See Instructions) Pro Auto Sales		9 Employer (See Instructions) Self Employed
Date 8/25/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Froggy & Janie Barnes	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 7574 Billio Drive San Angelo, TX 76901		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 8/27/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lou Brown	Amount of contribution (\$) 50⁰⁰
Contributor address; City; State; Zip Code 21773 Toenail Trail Chistoval, TX 76935		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/26/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinton & Linda Binns	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code 3617 Old Post Court Rd 76904		
Principal occupation / Job title (See Instructions) VP Information Services		Employer (See Instructions) Housley Communications
<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>		

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 Rick Bacon		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 700⁰⁰	
5 Date 8/22/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick + Patricia Jordan	8 Amount of Contribution \$ 700⁰⁰	9 In-kind contribution description Fundraising Event
7 Contributor address; City; State; Zip Code 27 Southridge San Angelo TX 76904		<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) Self-employed	
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)			
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.	
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)			
<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>			

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 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 F1:	2 FILER NAME: Rick Bacon	3 Filer ID (Ethics Commission Filers)
4 Date: 8/14/24	5 Payee name: Buildasign	
6 Amount (\$): 1,959.61	7 Payee address: 11525A Stonehollow Dr Suite 100 Austin TX 78758	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date: 9/11/24	Payee name: Q's Printing	
Amount (\$): 4,128.50	Payee address: 20 N. Howard St #8 San Angelo TX 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Mailouts + Postage
(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	Office sought / Office held
Date: 9/26/24	Payee name: Q's Printing	
Amount (\$): 841.85	Payee address: 20 N. Howard St #8 San Angelo TX 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	Mailouts / Postage
(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	Office sought / Office held

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 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 F1:	2 FILER NAME Rick Bacon	3 Filer ID (Ethics Commission Filers)
4 Date 8/5/24	5 Payee name Tom Green Elections Office	
6 Amount (\$) 38⁷⁷	7 Payee address; City; State; Zip Code 112 W. Beauregard San Angelo TX 76903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Data Info-Pct.3
	(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	Office sought Office held

Date 9/30/24	Payee name Qs Printing + Design	
Amount (\$) 1,839³⁷	Payee address; City; State; Zip Code 20 N. Howard Ste 8 SAN ANGELO, TX 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description
	<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	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 ONLY 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:	2 FILER NAME: Rick Bacon	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution Sam's Card - Synchrony Bank	
6 PAYMENT 226 ⁴²	(a) Amount Charged \$ 226 ⁴²	(b) Date Expenditure Charged 8/21/24
	(c) Date(s) Credit Card Issuer Paid 8/28/24	
7 PAYEE	(a) Payee name Synchrony Bank	(b) Payee address; City, State, Zip Code 140 Wc Kiva Springs Longwood, FL 32719
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 Vote Rick-Red Pens
	(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	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged (c) Date(s) Credit Card Issuer Paid
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 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 | 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:	2 FILER NAME Rick Bacon	3 Filer ID (Ethics Commission Filers)
4 Date 8/28/24	5 Payee name Rick Bacon Campaign Account	
6 Amount (\$) 75 ⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 77067M Rd 2288 San Angelo, TX 76901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
	(b) Description Balance Transfer from Pers. Act to Campaign to cover last mailout	
	(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	Office sought Office held
4 Date 8/8/24	5 Payee name Tom Green County Elections	
6 Amount (\$) 95 ³³ <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 112 W. Beauregard San Angelo TX 76903	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	
	(b) Description Data Info - Pct 3	
	(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	Office sought Office held
4 Date 8/21/24	5 Payee name Q12 Printing + Design	
6 Amount (\$) 99 ³¹ <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 20 N. Howard Ste. 8 San Angelo TX 76901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	
	(b) Description 4x9 Rack Card	
	(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	Office sought Office held

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