

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST <i>Emmanuel</i> MI	OFFICE USE ONLY <hr/> Date Received <div style="font-size: 2em; color: blue; font-weight: bold; text-align: center;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold;">OCT 28 2024</div> <div style="text-align: center; color: blue; font-weight: bold;">BY: <i>R Labus</i></div> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged	
	NICKNAME LAST <i>FULTZ</i> SUFFIX <i>SR</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>797 County Road 250 Falls City TX 78113</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(210) 371-3098</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST <i>Emmanuel</i> MI		
	NICKNAME LAST <i>FULTZ</i> SUFFIX <i>SR</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>797 County Road 250 Falls City TX 78113</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(210) 371-3098</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 THROUGH Month Day Year <i>10 / 14 / 2024 THROUGH 10 / 28 / 2024</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 5 / 2024</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>NONE</i>	13 OFFICE SOUGHT (if known) <i>Sheriff of Wilson County TX</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS	

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

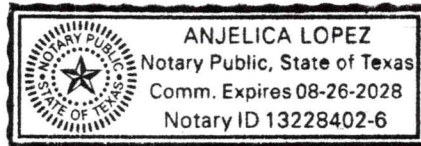
15 C/OH NAME Emmanuel Fultz SR 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>500.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,862.64</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,537.99</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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]
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Emmanuel Fultz SR this the 28th day of October,

2024, to certify which, witness my hand and seal of office.

[Signature] Anjelica Lopez Public Notary
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 Emmanuel VULTZ SR		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,862.68
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>	<p>1 Total pages Schedule A1: 1 1</p>
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<p>2 FILER NAME <i>Emmanuel Fultz Sr</i></p>	<p>3 Filer ID (Ethics Commission Filers)</p>
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<p>4 Date</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wilson County, Texas Democratic Club</i></p>	<p>7 Amount of contribution (\$) <i>\$1500.00</i></p>
<p>6 Contributor address; City; State; Zip Code <i>Wilson County Justice Center</i></p>		

<p>8 Principal occupation / Job title (See Instructions) _____</p>	<p>9 Employer (See Instructions) _____</p>
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<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) _____</p>	<p>Amount of contribution (\$)</p>
<p>Contributor address; City; State; Zip Code</p>		

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

<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
--	------------------------------------

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

<p>Principal occupation / Job title (See Instructions)</p>	<p>Employer (See Instructions)</p>
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<p> </p>

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 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 Emmanuel Fultz Sr	3 Filer ID (Ethics Commission Filers)
4 Date 7 OCT 2024	5 Payee name US Post Office Poth TX	
6 Amount (\$) \$292.00	7 Payee address; City; State; Zip Code 100 N STORRS ST. POTH TX 78147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description 400 Postage Stamps first class
	(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 Emmanuel Fultz Sr. Wilson	Office sought Office held
Date 7 OCT 2024	Payee name Wilson County News	
Amount (\$) \$1,059.80	Payee address; City; State; Zip Code 1012 C Street Floresville TX 78114	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description News paper Ad.
	<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 15 OCT	Payee name Walmart	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1200 SE Military Dr. San Antonio TX 78214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Meet & Greet supplies for 19 OCT 24 @ 33 Laboratory Ln
	<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

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 Emmanuel Fultz SR	3 Filer ID (Ethics Commission Filers)
4 Date 7 OCT 2024	5 Payee name US Post Office Poth TX	
6 Amount (\$) \$292.00	7 Payee address; 1100 N STORIS Poth TX	City; State; Zip Code 78147
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description 1100 Postal Stamps FIRST CLASS
	(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 Emmanuel Fultz SR Sheriff of Wilson County TX NONE	
Date	Payee name	
7 OCT 2024	Wilson County News	
Amount (\$)	Payee address;	City; State; Zip Code
1,059.80	1012 C Street Floresville TX	78114
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense	Description newspaper Ad
	<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 Emmanuel Fultz SR Sheriff of Wilson County TX NONE	
Date	Payee name	
15 OCT 2024	Walmart	
Amount (\$)	Payee address;	City; State; Zip Code
\$200.00	1200 SEMilitary Dr. San Antonio TX	78214
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage expense	Description meat & greet 19 OCT 2024 @ 33 Laboratory Ln chips, salsa & lemonaid
	<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 Emmanuel Fultz SR Sheriff of Wilson County TX NONE	

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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 Emmanuel Fultz SR		3 Filer ID (Ethics Commission Filers)	
4 Date 16 OCT 2024		5 Payee name Walmart			
6 Amount (\$) \$8820		7 Payee address; City; State; Zip Code 1200 SE Military Dr. San Antonio TX 78214			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Straight Talk Internet card A&T phone card		
	(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 Emmanuel Fultz SR.		Office sought Sheriff of Wilson County TX	
				Office held NONE	
Date 21 OCT 2024		Payee name Wilson County News			
Amount (\$) \$17264		Payee address; City; State; Zip Code 1012 C Street Floresville TX 78114			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description news paper Ad		
	<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 Emmanuel Fultz SR.		Office sought Sheriff of Wilson County TX	
				Office held NONE	
Date 21 OCT 2024		Payee name Murphy USA # 7493			
Amount (\$) \$5000		Payee address; City; State; Zip Code 305 10th St Floresville TX 78114			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Diesel Fuel for Truck Putting out signs		
	<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 Emmanuel Fultz SR.		Office sought Sheriff of Wilson County TX	
				Office held NONE	

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