

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| | | | | | |
|---------------------------------------|--|---|---------------------------------------|---|-----------|
| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: | | OFFICE USE ONLY RECEIVED | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <u>MR</u> | FIRST <u>Rae</u> | MI <u>S</u> | Date Received OCT 28 2024 | |
| | NICKNAME | LAST <u>Gay</u> | SUFFIX | CITY OF GROVES CITY MANAGER'S OFFICE | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> Runoff | <input type="checkbox"/> Final report | Date Hand Delivered / Date Mailed | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> Exceeded modified reporting limit | Other (specify) | Receipt # | Amount \$ |
| | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | | Date Processed | |
| | <input type="checkbox"/> 8th day before election | | | Date Imaged | |
| 5 ORIGINAL PERIOD COVERED | Month Day Year | THROUGH | Month Day Year | | |
| | <u>07 / 01 / 24</u> | | <u>09 / 26 / 24</u> | | |

6 EXPLANATION OF CORRECTION
Forgot to list one donation

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Signature of Candidate/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

OR

(2) Unsworn Declaration

My name is Rae Gay and my date of birth is _____

My address is _____, _____, TX, 76044 USA
(street) (city) (state) (zip code) (country)

Executed in Jefferson County, State of Texas, on the 28th day of October, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: **6**

OFFICE USE ONLY

Date Received

RECEIVED

OCT 28 2024

CITY OF GROVES
CITY MANAGER'S OFFICE

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR MR

FIRST

Rae

MI
S

NICKNAME

LAST

Gay

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Groves TX 77619

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409)

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR

FIRST

Sarah

MI
K

NICKNAME

LAST

Krista Loftin Schenberger

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Groves TX 77619

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(409)

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

07 / 01 / 24

THROUGH

Month

Day

Year

9 / 26 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 05 / 24

Primary

Runoff

ELECTION TYPE

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

city council ward 4

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Rae Gay 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>1000.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>0</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>1000.00</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>0</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 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

OR

(2) Unsworn Declaration

My name is Rae Gay and my date of birth is _____
 My address is _____, Brownes (street), TX (city), 76114 (state), USA (zip code), USA (country)
 Executed in Jefferson County, State of Texas, on the 28th day of October, 2024.
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| 19 FILER NAME <i>Rae Gay</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 | \$ 1000.00 |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1000.00 |
| 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.

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 |
| 2 FILER NAME Rae Bay | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9-10-24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhonda Rich | 7 Amount of contribution (\$) \$ 100.00 |
| 6 Contributor address; City; State; Zip Code GROVES TX 77619 | | |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) — |
| Date 9-17-24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jesse Campos | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code GROVES TX 77619 | | |
| Principal occupation / Job title (See Instructions) owner | | Employer (See Instructions) All in one differential |
| Date 9-24-24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katie Zghaib | Amount of contribution (\$) \$ 350.00 |
| Contributor address; City; State; Zip Code Nederland TX 7762 | | |
| Principal occupation / Job title (See Instructions) owner | | Employer (See Instructions) Wild Flower |
| Date 9-25-24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stan Sampson | Amount of contribution (\$) \$ 50.00 |
| Contributor address; City; State; Zip Code GROVES TX 77619 | | |
| 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 |
| 2 FILER NAME Rae GAY | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 9-25-24 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heather BURTON | 7 Amount of contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code POA Neches TX 77651 | | |
| 8 Principal occupation / Job title (See Instructions) owner | | 9 Employer (See Instructions) My Tribe Nutrition |
| Date 9-25-24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Letha KNAMIS | Amount of contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code GROVES TX 77619 | | |
| Principal occupation / Job title (See Instructions) Chamber Director | | Employer (See Instructions) City of Groves |
| Date 9-25-24 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Konidis | Amount of contribution (\$) \$300.00 |
| Contributor address; City; State; Zip Code GROVES TX 77619 | | |
| Principal occupation / Job title (See Instructions) retired | | 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.