

# 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: |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>                         | MS / MRS / MR      FIRST      MI<br>Mr      Russell      Edward<br>-----<br>NICKNAME      LAST      SUFFIX<br>Hess   | <b>OFFICE USE ONLY</b>   |                      |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>              | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>1229 River view Rd Millsap, TX 76066   | Date Received<br><div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> JUL 15 2022<br>BY: <i>JR</i>  |                      |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>                        | AREA CODE      PHONE NUMBER      EXTENSION<br>(940)      659-8908  | Date Hand-delivered or Date Postmarked   |                      |
| <b>6 CAMPAIGN TREASURER NAME</b>                               | MS / MRS / MR      FIRST      MI<br>Ms      Barbara      Bail<br>-----<br>NICKNAME      LAST      SUFFIX<br>Wofford  | Receipt #  | Amount \$            |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>1229 River view Rd Millsap, TX 76066  | Date Processed   |                      |
| <b>8 CAMPAIGN TREASURER PHONE</b>                              | AREA CODE      PHONE NUMBER      EXTENSION<br>(940)      328-9991  | Date Imaged  |                      |
| <b>9 REPORT TYPE</b>   | <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)<br><input checked="" 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) |  |                      |
| <b>10 PERIOD COVERED</b>                                       | Month      Day      Year      THROUGH      Month      Day      Year<br>01 / 01 / 2022      THROUGH      06 / 30 / 2022   |  |                      |
| <b>11 ELECTION</b>   | ELECTION DATE<br>Month      Day      Year<br>11 / 08 / 2022  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                      |
| <b>12 OFFICE</b>   | OFFICE HELD (if any)   | <b>13 OFFICE SOUGHT (if known)</b><br>Parker County Sheriff  |                      |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>                   | 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                      | <input type="checkbox"/> GENERAL<br><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<br><u>Russell E. Hess</u> |   | 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>5,560.00</u>                        |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>5,560.00</u>                        |
| EXPENDITURE TOTALS                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>4,609.01</u><br><del>4,539.09</del> |
| CONTRIBUTION BALANCE                   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  |
| OUTSTANDING LOAN TOTALS                | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

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 Russell E. Hess, and my date of birth is June 9 1971  
 My address is 1229 Link View Rd, McIsaac, TX, 76066, Porter  
(street) (city) (state) (zip code) (country)  
 Executed in Porter County, State of TX, on the 15 day of July, 202022  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

Russell E. Hess

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |                                     |  |                        |
|-----|-------------------------------------|--|------------------------|
| 1.  | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 5,560 <sup>-</sup>  |
| 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              | \$ 4,221 <sup>31</sup> |
| 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 checked="" type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 317 <sup>21</sup>   |
| 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:<br><b>1-2</b>              |
| 2 FILER NAME<br><b>Russell E Hess</b>   |   | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><b>3/14/2022</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Russell Edward Hess</b> | 7 Amount of contribution (\$)<br><br><b>\$ 500-</b>   |
| 6 Contributor address; City; State; Zip Code<br><b>1229 Riverview Rd, Millsap, TX 76066</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Self Employed - Sales</b>       |   | 9 Employer (See Instructions)<br><b>Self Employed</b> |
| Date<br><b>4/15/22</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Russell Edward Hess</b>   | Amount of contribution (\$)<br><br><b>\$ 1000-</b>    |
| Contributor address; City; State; Zip Code<br><b>1229 Riverview Rd, Millsap, TX 76066</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Sales</b>                         |   | Employer (See Instructions)<br><b>Self Employed</b>   |
| Date<br><b>5/2/22</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Russell Edward Hess</b>   | Amount of contribution (\$)<br><br><b>\$ 660-</b>     |
| Contributor address; City; State; Zip Code<br><b>1229 Riverview Rd, Millsap, TX 76066</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Sales</b>                         |   | Employer (See Instructions)<br><b>Self Employed</b>   |
| Date<br><b>5/9/22</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Russell Edward Hess</b>   | Amount of contribution (\$)<br><br><b>\$ 900-</b>     |
| Contributor address; City; State; Zip Code<br><b>1229 Riverview Rd, Millsap, TX 76066</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Sales</b>                         |   | Employer (See Instructions)<br><b>Self Employed</b>   |

**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:<br><b>2-2</b>              |
| 2 FILER NAME<br><b>Russell E. Hess</b>  |   | 3 Filer ID (Ethics Commission Filers)                 |
| 4 Date<br><b>5/13/22</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Russell Edward Hess</b> | 7 Amount of contribution (\$)<br><b>\$500-</b>        |
| 6 Contributor address; City; State; Zip Code<br><b>1229 River View Rd, Millsap TX 76004</b> |   |   |
| 8 Principal occupation / Job title (See Instructions)<br><b>Sales</b>                       |   | 9 Employer (See Instructions)<br><b>Self Employed</b> |
| Date<br><b>5/19/2022</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Russell Edward Hess</b>   | Amount of contribution (\$)<br><b>\$1000-</b>         |
| Contributor address; City; State; Zip Code<br><b>1229 River View Rd, Millsap, TX 76004</b>  |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Sales</b>                         |   | Employer (See Instructions)<br><b>Self Employed</b>   |
| Date<br><b>5/23/22</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Russell Edward Hess</b>   | Amount of contribution (\$)<br><b>\$600-</b>          |
| Contributor address; City; State; Zip Code<br><b>1229 Riverview Rd, Millsap, TX 76004</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Sales</b>                         |   | Employer (See Instructions)<br><b>Self Employed</b>   |
| Date<br><b>6/30/22</b>  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Russell Edward Hess</b>   | Amount of contribution (\$)<br><b>\$400-</b>          |
| Contributor address; City; State; Zip Code<br><b>1229 Riverview Rd, Millsap, TX 76004</b>   |   |   |
| Principal occupation / Job title (See Instructions)<br><b>Sales</b>                         |   | Employer (See Instructions)<br><b>Self Employed</b>   |

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



# 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  |  | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |  | \$   |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | 9 Loan Amount (\$)   |
| 6 Is lender a financial Institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code                                  | 10 Interest rate   |
|   |  | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |  | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |  | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor   | 19 Amount Guaranteed (\$)  |
|   | 18 Guarantor address; City; State; Zip Code                              |  |
| 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?<br><br>Y N                           | Lender address; City; State; Zip Code                                    | Interest rate  |
|   |  | Maturity date  |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none              |  | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor  | Amount Guaranteed (\$)   |
|   | Guarantor address; City; State; Zip Code                                 |  |
| 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:<br>1 of 3                         | 2 FILER NAME<br>Russell E Hess  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br>3/31/2022  | 5 Payee name<br>Face Book   |   |
| 6 Amount (\$)<br>\$ 168 <sup>30</sup>                        | 7 Payee address; City; State; Zip Code  |   |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br>Political Ad on Facebook |
|  | (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<br>Russell E Hess   | Office sought<br>Parker County Sheriff      |
| Date<br>04/18/2022   | Payee name<br>Weatherford Sign Company  |   |
| Amount (\$)<br>\$129 <sup>90</sup>                           | Payee address; City; State; Zip Code<br>627 Palo Pinto St, Suite 200 Weatherford, TX 76086  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Political Signs              |
|  | <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<br>Russell E. Hess  | Office sought<br>Parker County Sheriff      |
| Date<br>4/25/2022  | Payee name<br>Facebook  |   |
| Amount (\$)<br>\$500-  | Payee address; City; State; Zip Code  |   |
| <b>PURPOSE OF EXPENDITURE</b>                                | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Political Ad on Facebook     |
|  | <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<br>Russell E Hess   | Office sought<br>Parker County Sheriff      |

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:<br><b>2 of 3</b>           |  | 2 FILER NAME<br><b>Russell E. Hess</b>  |   | 3 Filer ID (Ethics Commission Filers)         |  |
| 4 Date<br><b>05/02/2022</b>                           |  | 5 Payee name<br><b>Facebook</b>   |   |   |  |
| 6 Amount (\$)<br><b>155.89</b>                        |  | 7 Payee address; City; State; Zip Code  |   |   |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b> |   | (b) Description<br><b>Political Ad on Facebook</b>                        |   |  |
|   | (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<br><b>Russell E Hess</b>  |   | Office sought<br><b>Parker County Sheriff</b> |  |
| Date<br><b>05/16/2022</b>                             |  | Payee name<br><b>Weatherford Sign Company</b>   |   |   |  |
| Amount (\$)<br><b>225.40</b>                          |  | Payee address; City; State; Zip Code<br><b>607 Palo Pinto St. Suite 200 Weatherford, TX 76086</b> |   |   |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>     |   | Description<br><b>Political Sign</b>                                      |   |  |
|   | <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<br><b>Russell E. Hess</b>   |   | Office sought<br><b>Parker County Sheriff</b> |  |
| Date<br><b>05/20/2022</b>                             |  | Payee name<br><b>Eagles Nest Travel Plaza</b>   |   |   |  |
| Amount (\$)<br><b>30.30</b>                           |  | Payee address; City; State; Zip Code<br><b>301 Fu 1189 Weatherford, TX 76087</b>                  |   |   |  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><b>Other</b>                   |   | Description<br><b>Fuel to go meet with potential contributors</b>         |   |  |
|   | <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<br><b>Russell E. Hess</b>   |   | Office sought<br><b>Parker County Sheriff</b> |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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  |   | 3 Filer ID (Ethics Commission Filers)  |
| 4 TOTAL OF UNITEMIZED LOANS   |   | \$   |
| 5 Date of loan  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$)   |
| 6 Is lender a financial institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code                                 | 10 Interest rate   |
|   |   | 11 Maturity date   |
| 12 Principal occupation / Job title (See Instructions)                  |   | 13 Employer (See Instructions)   |
| 14 Description of Collateral<br><input type="checkbox"/> none           |   | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor  | 19 Amount Guaranteed (\$)  |
|   | 18 Guarantor address; City; State; Zip Code                             |  |
| 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?<br><br>Y N                           | Lender address; City; State; Zip Code                                   | Interest rate  |
|   |   | Maturity date  |
| Principal occupation / Job title (See Instructions)                     |   | Employer (See Instructions)  |
| Description of Collateral<br><input type="checkbox"/> none              |   | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable    | Name of guarantor   | Amount Guaranteed (\$)   |
|   | Guarantor address; City; State; Zip Code                                |  |
| Principal Occupation (See Instructions)                                 |   | Employer (See Instructions)  |

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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:<br><b>3 of 3</b> | 2 FILER NAME<br><b>Russell E Hess</b> | 3 Filer ID (Ethics Commission Filers) |
|---|---------------------------------------|---------------------------------------|

|                             |                                 |
|-----------------------------|---------------------------------|
| 4 Date<br><b>06/01/2022</b> | 5 Payee name<br><b>Facebook</b> |
|-----------------------------|---------------------------------|

|                                |  |
|--------------------------------|--|
| 6 Amount (\$)<br><b>235.31</b> | 7 Payee address; City; State; Zip Code |
|--------------------------------|--|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | (b) Description<br><b>Political Ad on Facebook</b> |
|                          | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|   |  |   |             |
|---|--|---|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Russell E Hess</b> | Office sought<br><b>Parker County Sheriff</b> | Office held |
|---|--|---|-------------|

|                           |   |
|---------------------------|---|
| Date<br><b>06/09/2022</b> | Payee name<br><b>Parker County Today Magazine</b> |
|---------------------------|---|

|                            |   |
|----------------------------|---|
| Amount (\$)<br><b>750-</b> | Payee address; City; State; Zip Code<br><b>108 E Church St Weatherford TX 76086</b> |
|----------------------------|---|

|                        |   |                                   |
|------------------------|---|-----------------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | Description<br><b>Magazine Ad</b> |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                   |

|   |  |   |             |
|---|--|---|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Russell E Hess</b> | Office sought<br><b>Parker County Sheriff</b> | Office held |
|---|--|---|-------------|

|                           |                              |
|---------------------------|------------------------------|
| Date<br><b>03/14/2022</b> | Payee name<br><b>Tommy's</b> |
|---------------------------|------------------------------|

|                             |  |
|-----------------------------|--|
| Amount (\$)<br><b>\$70-</b> | Payee address; City; State; Zip Code<br><b>102 NW Front St Millap TX 76046</b> |
|-----------------------------|--|

|                        |   |  |
|------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br><b>Other</b>  | Description<br><b>Fuel to pickup political advertising</b> |
|                        | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|   |   |   |             |
|---|---|---|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><b>Russell E. Hess</b> | Office sought<br><b>Parker County Sheriff</b> | Office held |
|---|---|---|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

7 Name of lender  out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

6 Is lender a financial institution?  
 Y  N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender  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

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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.

# 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.

|                                   |                     |  |
|-----------------------------------|---------------------|--|
| <b>1</b> Total pages Schedule F4: | <b>2</b> FILER NAME | <b>3</b> Filer ID (Ethics Commission Filers) |
|-----------------------------------|---------------------|--|

|  |    |
|--|----|
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|--|----|

|               |                     |
|---------------|---------------------|
| <b>5</b> Date | <b>6</b> Payee name |
|---------------|---------------------|

|                      |   |
|----------------------|---|
| <b>7</b> Amount (\$) | <b>8</b> Payee address; City; State; Zip Code |
|----------------------|---|

|                              |   |  |
|------------------------------|---|--|
| <b>9</b> TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
|------------------------------|---|--|

|                                  |   |                 |
|----------------------------------|---|-----------------|
| <b>10</b> PURPOSE OF EXPENDITURE | (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 |                 |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>11</b><br>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 |
|-------------|--------------------------------------|

|                     |   |  |
|---------------------|---|--|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |  |
|---------------------|---|--|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | 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 |
|--|-------------------------------|---------------|-------------|

**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:<br><b>1</b> | 2 FILER NAME<br><b>Russell E Hloss</b> | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|--|---------------------------------------|

|                             |                                    |
|-----------------------------|------------------------------------|
| 4 Date<br><b>03/14/2022</b> | 5 Payee name<br><b>Print Place</b> |
|-----------------------------|------------------------------------|

|  |  |
|--|--|
| 6 Amount (\$)<br><b>\$317.21</b><br><small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code<br><b>1110 Avenue H E Arlington, TX 76011</b> |
|--|--|

|                          |   |  |
|--------------------------|---|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>  | (b) Description<br><b>Business Cards</b> |
|                          | (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<br><b>Russell E Hloss</b> | Office sought<br><b>Parker County Sheriff</b> | Office held |
|---|---|---|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><br><small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | 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 |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|   |                                      |
|---|--------------------------------------|
| Amount (\$)<br><br><small>Reimbursement from political contributions intended</small> | Payee address; City; State; Zip Code |
|---|--------------------------------------|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | 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 |
|---|-------------------------------|---------------|-------------|

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