

# 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>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>Mr</b> FIRST: <b>Terry</b> MI: <b>P</b> NICKNAME: _____      LAST: <b>Thurman</b> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received: <b>FILED</b>  <b>FEB - 5 2024</b> CHRISTIE WATKINS CLERK, COUNTY COURT BY: _____ LEON COUNTY, TEXAS	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: [REDACTED]      APT / SUITE #: _____      CITY: <b>Leona</b> STATE: <b>Tx</b> ZIP CODE: <b>75850</b> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(713)</b> PHONE NUMBER: <b>494-3527</b> EXTENSION: _____ Date Hand-delivered or Date Postmarked: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>Mr</b> FIRST: <b>Joe</b> MI: _____ NICKNAME: _____      LAST: <b>Matthews</b> SUFFIX: _____ Receipt #: _____      Amount \$: _____ Date Processed: _____ Date Imaged: _____		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): [REDACTED]      APT / SUITE #: _____      CITY: <b>Brookshire</b> STATE: <b>Tx</b> ZIP CODE: <b>77423</b> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: [REDACTED]      PHONE NUMBER: [REDACTED]      EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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      Month      Day      Year <b>1 / 1 / 24</b> THROUGH <b>1 / 25 / 24</b>		
11 ELECTION	ELECTION DATE: Month      Day      Year <b>3 / 5 / 24</b>	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>Leon Co Constable Pct. 2</b>	
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	COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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 Terry Thurman		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	177.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	280.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**(2) Unsworn Declaration**

My name is Terry Thurman and my date of birth is 7-14-62  
My address Leona TP 76850 LA

Executed in Leona (street) TP (city) LA (state) 76850 (zip code) USA (country)  
on the 5th day of July 20 21  
(month) (year)

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

# 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	Printing 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.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME Terry Thurman	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/21/2024	<b>5</b> Payee name Texas GOP Store	
<b>6</b> Amount (\$) 177.53	<b>7</b> Payee address; 404 I-45 South	City: Huntsville State: Texas Zip Code: 77340
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description signs
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City: State: Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Terry Thurman		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. SCHEDULE E: LOANS		\$ 0.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 177.53
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

# PERSONAL FINANCIAL STATEMENT

# FORM PFS - LOCAL

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

**COVER SHEET**  
**PAGE 1**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2024, covering calendar year ending December 31, 2023.  
Use FORM PFS-INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED: **7**

Filer ID

**1 NAME**

TITLE: FIRST: MI  
**Terry Thurman**

NICKNAME: LAST: SUFFIX

**2 ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
**Leona Texas 75850**

**3 TELEPHONE NUMBER**

AREA CODE      PHONE NUMBER; EXTENSION  
**(713 )      494-3527**

### OFFICE USE ONLY

Date Received  
**FILED**

**FEB - 5 2024**

**CHRISTINA W. KUFFIELD**  
CLERK, COUNTY CLERK

BY **LEON COUNTY, TEXAS**  
Date Hand-Delivered or Date Postmarked

Receipt #      Amount \$

Date Processed

Date Imaged

**4 REASON FOR FILING STATEMENT**

- CANDIDATE** Leon County Constable Pct.2 (INDICATE OFFICE)
- ELECTED OFFICER** \_\_\_\_\_ (INDICATE OFFICE)
- APPOINTED OFFICER** \_\_\_\_\_ (INDICATE AGENCY)
- EXECUTIVE HEAD** \_\_\_\_\_ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT**
- STATE PARTY CHAIR** \_\_\_\_\_ (INDICATE PARTY)
- OTHER** \_\_\_\_\_ (INDICATE POSITION)

**5 Family members whose financial activity you are reporting (see instructions).**

SPOUSE Molly Thurman

- DEPENDENT CHILD 1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

**6 PARTS NOT APPLICABLE TO FILER**

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Ownership of Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

# SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<p><b>1</b> INFORMATION RELATES TO</p>	<p> <input type="checkbox"/> FILER                      <input checked="" type="checkbox"/> SPOUSE                      <input type="checkbox"/> DEPENDENT CHILD _____             </p>
<p><b>2</b> EMPLOYMENT</p> <p><input checked="" type="radio"/> EMPLOYED BY ANOTHER</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</p> <p>Centerville ISD 813 South Commerce St Centerville Texas 75833</p> <p>Police Officer</p>
<p><input type="radio"/> SELF-EMPLOYED</p>	<p>NATURE OF OCCUPATION</p>

<p>INFORMATION RELATES TO</p>	<p> <input type="checkbox"/> FILER                      <input type="checkbox"/> SPOUSE                      <input type="checkbox"/> DEPENDENT CHILD _____             </p>
<p>EMPLOYMENT</p> <p><input type="radio"/> EMPLOYED BY ANOTHER</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</p>
<p><input type="radio"/> SELF-EMPLOYED</p>	<p>NATURE OF OCCUPATION</p>

<p>INFORMATION RELATES TO</p>	<p> <input type="checkbox"/> FILER                      <input type="checkbox"/> SPOUSE                      <input type="checkbox"/> DEPENDENT CHILD _____             </p>
<p>EMPLOYMENT</p> <p><input type="radio"/> EMPLOYED BY ANOTHER</p>	<p>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</p>
<p><input type="radio"/> SELF-EMPLOYED</p>	<p>NATURE OF OCCUPATION</p>

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# STOCK

## PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ENTITY</b>	NAME			
	Carnival Cruise Line			
<b>2 STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3 NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input checked="" type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>4 IF SOLD</b>	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS			
	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539	<input type="checkbox"/> \$50,540 OR MORE
<b>BUSINESS ENTITY</b>	NAME			
	Livone Inc			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS			
	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539	<input type="checkbox"/> \$50,540 OR MORE
<b>BUSINESS ENTITY</b>	NAME			
	Mullen Automotive			
<b>STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS			
	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539	<input type="checkbox"/> \$50,540 OR MORE
<b>BUSINESS ENTITY</b>	NAME			
	Startech Labs			
<b>STOCK HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS			
	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539	<input type="checkbox"/> \$50,540 OR MORE
<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN			
	<input type="checkbox"/> NET LOSS			
	<input type="checkbox"/> LESS THAN \$10,110	<input type="checkbox"/> \$10,110 - \$20,219	<input type="checkbox"/> \$20,220 - \$50,539	<input type="checkbox"/> \$50,540 OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY



# INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED] Leona, Leon, Texas 75850
<b>3 DESCRIPTION</b> <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 Leon County
<b>4 NAMES OF PERSONS RETAINING AN INTEREST</b> <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>5 IF SOLD</b> <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE

<b>HELD OR ACQUIRED BY</b>	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>STREET ADDRESS</b> <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED] Katy, Harris Co, Texas 77449
<b>DESCRIPTION</b> <input checked="" type="radio"/> LOTS <input type="radio"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1 Harris County
<b>NAMES OF PERSONS RETAINING AN INTEREST</b> <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>IF SOLD</b> <input type="radio"/> NET GAIN <input type="radio"/> NET LOSS	<input type="radio"/> LESS THAN \$10,110 <input type="radio"/> \$10,110 - \$20,219 <input type="radio"/> \$20,220 - \$50,539 <input type="radio"/> \$50,540 OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS—INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> ORGANIZATION	Texas Association of First Responders
<sup>2</sup> POSITION HELD	Director
<sup>3</sup> POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	
POSITION HELD	
POSITION HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2023, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

\_\_\_\_\_  
Signature of Filer

**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 TERRY THURMAN and my date of birth is 3/14/62

My address is [REDACTED] LEON, TX, 75850 LEON  
(street) (City) (State) (Zip code) (country)

Executed in Leon County, State of Texas, on the 5 day of FEB, 2024  
(month) (year)

[Signature]  
Signature of Registrant (Declarant)