

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: 5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI			
	Mr	Carlton	W			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX			
		Teal				
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	2005 Spence St.		Lufkin	TX	75904	
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION			
	(936)	229-2660				
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI			
	Mrs	Lillie	B			
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX			
		Teal				
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	2005 Spence St.			Lufkin	TX	75904
10 PERIOD COVERED	AREA CODE		PHONE NUMBER	EXTENSION		
	(936)		229-8797			
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	Month	Day	Year
12 OFFICE	OFFICE HELD (if any)		OFFICE SOUGHT (if known)			
	NONE		City Council Ward 2			
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				
Additional Pages	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

OFFICE USE ONLY

Date Received

RECEIVED
APR - 3 2024
BY: [Signature]

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

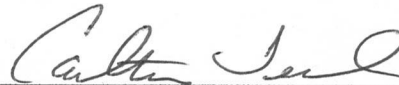
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Carlton Teal

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)	\$ 4,585.14
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,585.14
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,856.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,856.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 728.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

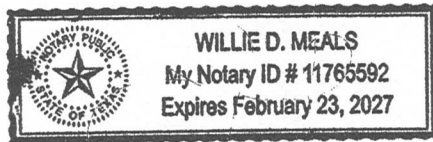
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Willie D. Meals this the 3 day of April, 20 24, to certify which, witness my hand and seal of office.

Willie D. Meals Willie D. Meals Notary Public
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****Lillie Teal****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,585.14
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,856.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME Lillie Teal				3 Filer ID (Ethics Commission Filers)	
4 Date 03/09/2024		5 Full name of contributor Carlton Teal <small>out-of-state PAC (ID#: _____)</small>		7 Amount of contribution (\$) 2,203.39	
		6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> Lufkin, TX 75904			
8 Principal occupation / Job title (See Instructions) Disabled Veteran			9 Employer (See Instructions) Disabled		
Date 03/18/2024		Full name of contributor James Teal Sr. <small>out-of-state PAC (ID#: _____)</small>		Amount of contribution (\$) 600.00	
		Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> Pearland, TX 77584			
Principal occupation / Job title (See Instructions) Disabled Veteran			Employer (See Instructions) Disabled		
Date 03/21/2024		Full name of contributor James Teal 3rd <small>out-of-state PAC (ID#: _____)</small>		Amount of contribution (\$) 533.75	
		Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> Houston, TX 77015			
Principal occupation / Job title (See Instructions) Regional Manager			Employer (See Instructions) Applebee's Restaunt		
Date 03/26/2024		Full name of contributor Wayne Lawrence <small>out-of-state PAC (ID#: _____)</small>		Amount of contribution (\$) 200.00	
		Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> Lufkin TX 75904			
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions) Retired		
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Lillie Teal	3 Filer ID (Ethics Commission Filers)
4 Date 03/12/2024	5 Payee name Carlton Teal	
6 Amount (\$) 823.55	7 Payee address; 2005 Spence St.	City; Lufkin State; TX. Zip Code 75904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expences / Food Beverage Expences	(b) Description Meet and Greet in the Park- DJ, Bounce House, Food and Drinks
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carlton Teal	Office sought City Council Ward 2 Office held NONE
Date 03/15/2024	Payee name Carlton Teal	
Amount (\$) 2,938.80	Payee address; 2005 Spence St.	City; Lufkin State; TX. Zip Code 75904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement Expense	Description Signs,SignPosts,EDDM's,Flyers,and Ink
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Carlton Teal	Office sought City Council Ward 2 Office held NONE
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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