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 Commiss	sion Filers)	2 Total pages filed:	6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr NICKNAME	Anthony LAST Grass	MI	FFIX	OFFICE US	SEONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		/ -	CODE	APR 2 9 20	24
5 CANDIDATE/ OFFICEHOLDER PHONE	(5/2)	PHONE NUMBER	EXTENSION		Date Hand delivered or Clerk	.5
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.5 NICKNAME	Amber Last	MI	FFIX	Date Processed	Amount \$
		Glass	55,		Date Imaged	Li ese
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI	SUITE #; CITY;		STATE;	ZIP CODE
(Residence or Business)	106 Ceda	r Lane	Chandler		TX 75	758
8 CAMPAIGN TREASURER PHONE	(806)	778-2355	EXTENSION			
9 REPORT TYPE	January 15	30th day before e		Modified	15th day after c treasurer appoir (Officeholder On	ntment nly)
10 050100	July 15	8th day before ele	Reporting L	Limit	Final Report (Att	lach C/OH - FR)
10 PERIOD COVERED	Month O /	Day Year / 2024	THROUGH	Month 4	Day Year 2 2024	
11 ELECTION	ELECTION DA		ELECT	TION TYPE		
	Month Day	Year Primary		ther escription		
	5/4/	2 4 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT	it (if known)	ž	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR	S MAY HAVE BEEN MADE WITHOU	IT THE CANDIL	DATE'S OR OFFICEHOLDER	'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		<i>*</i>	
		GO ТО	PAGE 2			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 CIOH NAME ANTRONY	(r 1955	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS, CONTRIBUTIONS MADE ELECTRONICALLY) 	(OTHER THAN OR \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEE	s of Loans) \$ 150
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 665.74
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED A OF REPORTING PERIOD	S OF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LAST DAY OF THE REPORTING PERIOD	LOANS AS OF THE \$
18 SIGNATURE I sw requ	ear, or affirm, under penalty of perjury, that the accompanying red to be reported by me under Title 15, Election Code.	g report is true and correct and includes all information
	and	The Gla-
	Sig	gnature of Candidate or Officeholder
		9
	Please complete either opti	ion below:
(1) Affidavit NOTARY STAMP/SEA	Ronda Cockerham My Commission Expires 9/16/2025 Notary ID 128036123	Render of the second of the se
	fore me by Anthony Glass	this the 29th day of April
20 At to certify w	ch, witness my hand and seal of office.	cham City Secretary
Signature of officer administering	oath Printed name of officer administering oath	Title of officer administering oath
Charles South	OR	
(2) Unsworn Declaration		
My name is	, and my da	ate of birth is
My address is		
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on theda	ay of, 20
		(month) (year)
	Signatu	ure of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethic	s Commission Filers)			
Anthony blass				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 150,00			
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	\$ 15000			
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	\$ 5/5 \frac{74}{\text{x}}			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	он \$			
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

in the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1:	
2 FILER NAME	y blass		3 Filer ID (Ethics Commission Filers)	
	5 Full name of contributor out-of-state PAC (INTEGRAL CONTRIBUTION OF CITY) 6 Contributor address; City; 507 Hous on St (handler pation / Job title (See Instructions)	State; Zip Code	7 Amount of contribution (\$)	
	507 Houston St Chandler	Tx 75758	75	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (I Linda Davis Contributor address; City;		Amount of contribution (\$)	
a/7/a4	706 West Kickappo RJ Cha		75 %	
Principal occup		Employer (See Instruction	ons)	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	D#:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ons)	
	ATTACH ADDITIONAL COPIES OF			

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollting Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor	Travel Out Of Distric Other (enter a categ	ct ory not listed above)
	The Instruction Guide explains I	how to complete this form.		
1 Total pages Schedule F1:	Anthony blass		3 Filer ID (Ethic	s Commission Filers)
4 Date 3/13/24	5 Payee name Sign Country LLC 7 Payee address;	——————————————————————————————————————		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
150 €××	20249 FM 2493	Bullard	Tχ	75757
8	(a) Category (See Categories listed at the top of this sch	edule) (b) Description		
PURPOSE				
OF EXPENDITURE	Printing Expenses	Yard signs	and car	ds
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Anthony Glass	Office sought Lity (ounci	/	Office held NA
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
	Category (See Categories listed at the top of this sche	dule) Description		
PURPOSE		2000		
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expenditure to benefit C/OH				}
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEED	DED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ov Polling Ex Printing E Satarles/	xpense Wages/Contract Labor	Solicitation/Fundralsis Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
1		lony Glass			, , , , , , , , , , , , , , , , , , ,	
4 Date	5 Payee nar	ne /				
3/13/24	Sign	Country LLC				
6 Amount (\$) 5/5,74	7 Payes add	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	2024	9 FM 2493		Chandl	er Tx	75758
8		(See Categories listed at the top of this s	chedule)	(b) Description		
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Complete ONLY if direct expenditure to benefit C/OH						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

INVOICE

Sign Country, LLC 20249 FM 2493 Bullard, TX 75757 info@signcountry.net (903) 894-9666 signcountry.net



Anthony Glass

Bill to

Anthony Glass 521-745-2598

Invoice details

Invoice no.: 20240211 Terms: Due on receipt Invoice date: 03/13/2024 Due date: 03/13/2024

#	Product or service		Qty	Rate	Amount
1.	Promotional Products		1	\$165.00	\$165.00
	1000-Business Cards in full color digital print on 2 sides	s Anthony Glass for Chandler C	City Counc	il.	
2.	Coro-Plas		30	\$15.00	\$450.00
	18" x 24" in full color digital print on 2 sidesAnthony C	Glass for Chandler City Council.			
		Subtotal			\$615.00
Note	to customer	Sales tax			\$50.74
Thank	you for your business.				
	call us at 903 894 9666 for any of your future needs.	Total			\$665.74





TEXAS ETHICS COMMISSION STATEMENT OF DEFENSE

OFFICE USE ONLY

APR 2 9 2024

Date Received Received By

Complete this form if you are raising a defense to a late filing. You must complete either Jurat 1 or Jurat 2 below.

Filer Name	Filer ID#	2024
Anthony Glass	1 1101 110 11	Date Postmarked
I swear, or affirm, under penalty of perjury, that the follotrue and correct:	owing statement is in all things	Date Processed Clerks Office
This statement is filed for the Campaign Finance (type of report)	Report report due on	MID #
		LOG:
(report due date)	(date)	
oy reviewing, formation in cand	idate packet and veri	
The reasons for requesting a waiver or reduction are (a	attach additional pages if necessa	ary):
As a first time candidate, I a	m still trying to	learn to Navigate the
computer systems available on li	ner I believed I	had completed the filing
on the website, but the informat	ion was incomplete a	and failed to fully save / 2.
I have since refiled the physical copy	with our city Secret	ary.
one of my fellow candidates	s questioned me al	bout my filing which le
to reviewing and finding the	emon,	
Places complete either entire below		
Please complete either option below:	//	1
1) Affidavit	auch	gla
NOTARY STAMP/SEAL		Signature of Filer
Swornto and subscribed before me by	Gt ass this the	29th day of April.
to certify which, witness my hand and seal of office.		A A
Sonda Cockel	onda l'ockerha	no City Socrotary
Signature of officer administering oath Printed	name of officer administering oath	Title of officer administering oath
	OR	
2) Uhsworn Declaration		
ly name is	, and my date of birth is _	
ly address is		
(street)	(city) (state)	(country) (ZIP code)
xecuted in County, State of		
	(date) (month)) (year)
	Signature of E	Filer (Declarent)
Form provided by Texas Ethics Commission		iler (Declarant)
. S provided by Toxas Lanes Commission	www.ethics.state.tx.us	Revised 5/5/2022

