CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers) **2** Total pages filed: **3**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR **MR**	FIRST **EDWARD**	MI **R**	OFFICE USE ONLY
	NICKNAME **ED**	LAST **TIDWELL**	SUFFIX	Date Received **10-30-2023** (signature)

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS *Change of Address*	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **3706 ARLINGTON COVE, LAGO VISTA, TEXAS 78645**	

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE **(804)**	PHONE NUMBER **8323759**	EXTENSION	Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # Amount $
	NICKNAME	LAST	SUFFIX	Date Processed
				Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

8 CAMPAIGN TREASURER PHONE	AREA CODE **( )**	PHONE NUMBER	EXTENSION

9 REPORT TYPE

- [ ] January 15
- [ ] July 15
- [ ] 30th day before election
- [x] 8th day before election
- [ ] Runoff
- [ ] Exceeded Modified Reporting Limit
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month **10** / Day **10** / Year **23**	THROUGH	Month **10** / Day **30** / Year **23**

11 ELECTION	ELECTION DATE Month **11** / Day **7** / Year **23**	ELECTION TYPE
		Primary [x] General Runoff Special Other Description

12 OFFICE	OFFICE HELD (if any) **MAYOR**	**13** OFFICE SOUGHT (if known) **MAYOR**

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	
GENERAL	COMMITTEE ADDRESS
SPECIFIC	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				16 Filer ID (Ethics Commission Filers)
EDWARD (ED) TIDWELL				

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**	$	15.21
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0.00
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.

Ed Tidwell
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 EDWARD (ED) TIDWELL _____ , and my date of birth is ▬▬▬▬▬

My address is 3706 ARLINGTON COVE _____ , LAGO VISTA , TX , 78645 , USA .
　　　　　　　　　　　(street)　　　　　　　　　　　　　(city)　　(state)　(zip code)　(country)

Executed in TRAVIS _____ County, State of TEXAS _____ , on the 30TH day of OCTOBER , 20 23 .
　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　(month)　　　　(year)

Ed Tidwell
Signature of Candidate/Officeholder (Declarant)

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Revised 8/17/2020

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
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 G: 1	2 FILER NAME EDWARD (ED) TIDWELL	3 Filer ID (Ethics Commission Filers)

4 Date 10/30/2023	5 Payee name VISTAGO PRINT		

6 Amount ($) 15.21 — Reimbursement from political contributions intended	7 Payee address: 6706 LOHMAN FORD RD, LAGO VISTA, TEXAS 78645	City:	State:	Zip Code

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description T-SHIRT

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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Date	Payee name		

Amount ($) — Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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Date	Payee name		

Amount ($) — Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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