

# 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:  
**1**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

**Darryl**

**T.**

NICKNAME

LAST

SUFFIX

**Wertz**

OFFICE USE ONLY

Date Received  
**7/24**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

**11607 Jordans Ama TX 79106**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(806) 570-6546**

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

**Darryl**

**G.**

NICKNAME

LAST

SUFFIX

**Moore**

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

**5811 S. Bowham Amarillo, TX 79118**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(806) 679-2223**

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign treasurer appointment (Officeholder Only)

July 15

8th day before election

Exceeded Modified Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month

Day

Year

THROUGH

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

**3 / 5 / 24**

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

**Potter Co. Pct 1 Constable**

13 OFFICE SOUGHT (if known)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

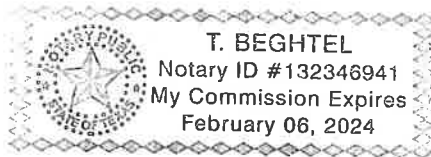
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2850.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 815.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 815.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2035.00
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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tiffany Beghtel this the 12 day of January, 2024, to certify which, witness my hand and seal of office.

T. Beghtel Signature of officer administering oath  
T. Beghtel Printed name of officer administering oath  
Court Clerk 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\_\_\_\_.

Signature of Candidate/Officeholder (Declarant)

12 JAN 2024 PM 12:07

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

12 JAN 2024 10:2:07

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Darryl T. Wertz** 3 Filer ID (Ethics Commission Filers)

4 Date <b>10-24-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Chris Hesse Law Office</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>112 SW 8th Ams, TX 79101</b>		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date <b>10-24-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Pace Enterprises</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>4005 SW 50th Amarillo, TX 79109</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>12-18-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jay Levenett</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>PO Box 3247 Amarillo, TX 79116</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>12-18-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Deval</b>	Amount of contribution (\$) <b>600.00</b>
Contributor address; City; State; Zip Code <b>1101 Clyde Amarillo TX 79106</b>		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2850.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 815.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

12 JAN 2024 PM 12:07

# 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:	2 FILER NAME <b>DANNY T. WENTZ</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11-16-23</b>	5 Payee name <b>Potter County Republican Party</b>	
6 Amount (\$) <b>375.00</b>	7 Payee address; City; State; Zip Code <b>4217 SW 21st Amarillo TX 79106</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Filing Fee to Run For Office</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	Office sought Office held
Date <b>12-19-23</b>	Payee name <b>A. G. E. Graphics LLC</b>	
Amount (\$) <b>440.00</b>	Payee address; City; State; Zip Code <b>678 Collins Rd Little Hocking OH 45742</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>18x24 Yard Signs x 100</b>
	(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 (\$)	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

12 JAN 2024 PM 12:07



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

12 JAN 2024 PM 12:07

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Darryl T. Wertz</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11-15-23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>10-78 Live? Apparel LLC</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>3440 S. Bell # 320 AMA TX 79209</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12-20-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Tony Grabber</b>	Amount of contribution (\$) <b>150.00</b>
Contributor address; City; State; Zip Code <b>3806 Hancock AMA TX 79109</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12-21-23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amarillo Battery</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>1700 SW 3rd Amarillo, TX 79106</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

12 JAN 2024 09:12:07

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