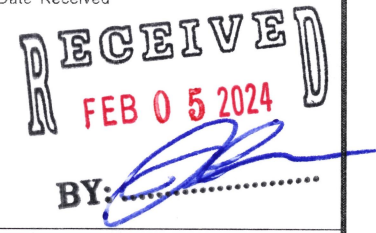


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR FIRST: REX MI: L NICKNAME: _____ LAST: MAYES SUFFIX: _____	<div style="text-align: center; border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received  BY: _____ Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____ </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 320 MAGUEY DR APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ VICTORIA TEXAS 77905 Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (361) PHONE NUMBER: 649-2475 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR FIRST: ROGELIO MI: _____ NICKNAME: _____ LAST: COMPEAN SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): 101 RHODES RD APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ VICTORIA TEXAS 77904 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (361) PHONE NUMBER: 655-0618 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 THROUGH Month Day Year 1 / 1 / 24 THROUGH 1 / 31 / 24		
11 ELECTION	ELECTION DATE: ELECTION TYPE: Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 3 / 5 / 24 <input type="checkbox"/> General <input type="checkbox"/> Special _____		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) VICTORIA COUNTY CONSTABLE #3	
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	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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

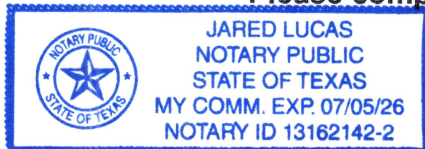
15 C/OH NAME REX MAYES		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 591.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,396.25
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.

Rex Mayes

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rex Mayes this the 5th day of February, 2024, 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 _____, 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 REX MAYES		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,700.00
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	\$ 591.94
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
REX MAYES

3 Filer ID (Ethics Commission Filers)

4 Date
01/08/2024

5 Full name of contributor out-of-state PAC (ID#: _____)
KENNETH AND BETTY VICKERS

7 Amount of contribution (\$)

500.00

6 Contributor address; City; State; Zip Code
6105 COUNTRY CLUB DR VICTORIA TEXAS 77904

8 Principal occupation / Job title (See Instructions)
BUSINESS

9 Employer (See Instructions)

Date
01/09/2024

Full name of contributor out-of-state PAC (ID#: _____)
TEEK MILLER

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
912 NORTHGATE RD VICTORIA TEXAS 77904

Principal occupation / Job title (See Instructions)
BUSINESS

Employer (See Instructions)

Date
01/18/2024

Full name of contributor out-of-state PAC (ID#: _____)
CARL AND RUDIE KAY BLUDAU

Amount of contribution (\$)

200.00

Contributor address; City; State; Zip Code
608 BASSWOOD ST VICTORIA TEXAS 77904

Principal occupation / Job title (See Instructions)
BUSINESS

Employer (See Instructions)

Date
01/18/2024

Full name of contributor out-of-state PAC (ID#: _____)
KARL AND BARBARA FONTENOT

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code
PO BOX 3570 VICTORIA TEXAS 77903

Principal occupation / Job title (See Instructions)
BUSINESS

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.

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 REX MAYES		3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2024	5 Full name of contributor out-of-state PAC (ID#: _____) JOE AND KAY JASEK 6 Contributor address; City; State; Zip Code 205 DUNDEE VICTORIA TEXAS 77904	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) BUSINESS		9 Employer (See Instructions)
Date 01/25/2024	Full name of contributor out-of-state PAC (ID#: _____) JOHN AND JUDY CLEGG Contributor address; City; State; Zip Code 16400 NW ZAC LENTZ PKWY VICTORIA TEXAS 77905	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) BUSINESS		Employer (See Instructions)
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: _____) TERRY AND LANEY CULLEN Contributor address; City; State; Zip Code 113 CHISHOLM TRAIL VICTORIA TEXAS 77904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) BUSINESS		Employer (See Instructions)
Date 01/29/2024	Full name of contributor out-of-state PAC (ID#: _____) CURTIS AND LISA MILLER Contributor address; City; State; Zip Code 1102 BROADWAY PORT LAVACA TEXAS 77979	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) BUSINESS		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.		

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: 1	2 FILER NAME REX MAYES	3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2024	5 Payee name DRI PRINTING	
6 Amount (\$) 184.38	7 Payee address; City; State; Zip Code 1130 AVE H EAST ARLINGTON TEXAS 76011	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING	(b) Description DOOR HANGERS
	(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	Office sought Office held
Date 01/24/2024	Payee name RAPID PRINTING	
Amount (\$) 61.62	Payee address; City; State; Zip Code 1708 SOUTH NAVARRO VICTORIA TEXAS 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING	Description 4X4 SIGN
	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
Date 01/31/2024	Payee name UPS STORE	
Amount (\$) 345.94	Payee address; City; State; Zip Code 1708 NORTH NAVARRO VICTORIA TEXAS 77901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING/ MAILING	Description POSTCARDS
	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