

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:

7

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
DONALD BRIAN
NICKNAME LAST SUFFIX
KNOWLES

OFFICE USE ONLY

Date Received

RECEIVED

JAN 09 2024

BURNET CO ELECTIONS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
449 CR213 BERTRAM TX 78605

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(907) 331-9446

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
MICHAEL D.
NICKNAME LAST SUFFIX
CALLAWAY

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY, STATE, ZIP CODE
2806 SLEEPY HOLLOW LN TEMPLE TX 76502

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(505) 306-5288

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 Month Day Year
9 / 22 / 2023 THROUGH 01 / 15 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
03 / 05 / 2024 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

BURNET COUNTY CONSTABLE 2 PRECINCT

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 DONALD BRIAN KNOWLES | | 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) | \$ 807.84 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2486.42 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 100.00 |

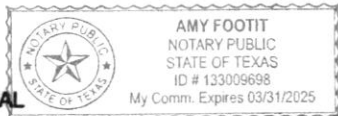
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Donald B Knowles

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Donald B. Knowles this the 9 day of January, 2024, to certify which, witness my hand and seal of office.

Amy Footit Amy Footit Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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)

LOANS

SCHEDULE E

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 E: 1 |
| 2 FILER NAME DONALD BRIAN KNOWLES | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 100.00 |
| 5 Date of loan 10-25-2023 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) DONALD BRIAN KNOWLES | 9 Loan Amount (\$) \$100.00 |
| 6 Is lender a financial institution? Y <input checked="" type="radio"/> | 8 Lender address; City; State; Zip Code 449 CR213 BERSTAN TX 78605 | 10 Interest rate 0 |
| | | 11 Maturity date N/A |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? Y N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input type="checkbox"/> none | | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 2 | 2 FILER NAME DONALD BRIAN KNOWLES | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|---|--|

| | |
|-----------------------------|--|
| 4 Date 12/12/2023 | 5 Payee name THOMAS GRAPHICS |
|-----------------------------|--|

| | |
|---|--|
| 6 Amount (\$) \$353.33 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; P.O. Box 142206 City: AUSTIN, TX State: Zip Code 78714 |
|---|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING FEE | (b) Description BROCHURES |
| | (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 12/31/2023 | Payee name VISTA PRINT |
|--------------------|---------------------------|

| | |
|--|--|
| Amount (\$) \$959.47 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; 275 WYMAN ST. City: WALTHAM State: MA Zip Code 02451 |
|--|--|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description YARD SIGNS |
| | <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 1/8/2024 | Payee name VICTORY STORE |
|------------------|-----------------------------|

| | |
|--|--|
| Amount (\$) \$500.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; 5200 SW 30TH ST City: DAVENPORT State: IA Zip Code 52802 |
|--|--|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description ROAD SIGNS |
| | <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 |
|---|-------------------------------|---------------|-------------|

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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 | 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---------------------------------------|---|--|
| 1 Total pages Schedule G: 2 | 2 FILER NAME DONALD BRIAN KNOWLES | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|---|--|

| | |
|-----------------------------|--|
| 4 Date 11/11/2023 | 5 Payee name BURNET COUNTY REPUBLICAN PARTY PRIMARY FUND |
|-----------------------------|--|

| | |
|--|--|
| 6 Amount (\$) \$ 375.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code BURNET COUNTY REPUBLICAN PARTY PRIMARY FUND 231 S. PIERCE ST BURNET TX 78611 |
|--|--|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FEE | (b) Description FILING FEE |
| | (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 10/18/2023 | Payee name DR. DON'S BUTTONS |
|--------------------|---------------------------------|

| | |
|---|---|
| Amount (\$) \$ 175.96 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 3906 W. MORROW DR. CLENDALE AZ 85308 |
|---|---|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description CAMPAIGN BUTTONS |
| | <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 11/21/2023 | Payee name VISTA PRINT |
|--------------------|---------------------------|

| | |
|---|---|
| Amount (\$) \$ 122.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 275 WYMAN ST. WALTHAM MA 02451 |
|---|---|

| | | |
|---------------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description VEHICLE MAGNETS / CARDS |
| | <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

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 |
| 2 FILER NAME DONALD BRIAN KNOWLES | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/9/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUE CALLAWAY | 7 Amount of contribution (\$) \$ 207.84 |
| 6 Contributor address; City; State; Zip Code 2806 SLEEPY HOLLOW LN TEMPLE TX 76502 | | |
| 8 Principal occupation / Job title (See Instructions) ATTORNEY | | 9 Employer (See Instructions) |
| Date 11/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT STINCHOUR | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 4434 FM 963 BURNET TX 78611 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT STINCHOUR | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 4434 FM 963 BURNET TX 78611 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT STINCHOUR | Amount of contribution (\$) \$ 100.00 |
| Contributor address; City; State; Zip Code 4434 FM 963 BURNET TX 78611 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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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 |
| 2 FILER NAME DONALD BERN KNOWLES | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/28/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT STINCHOUR 6 Contributor address; City; State; Zip Code 4434 FM 963 BURNER TX 78611 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 11/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT STINCHOUR Contributor address; City; State; Zip Code 4434 FM 963 BURNER TX 78611 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/3/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DONALD KNOWLES II Contributor address; City; State; Zip Code 815 E. MAIN ST. CORTER CO 81321 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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