CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 4 -3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Timothy NAME Date Received NICKNAME LAST SUFFIX McCallum Tim 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **OFFICEHOLDER** MAILING 5140 Standing Oak Lane Rockwall TX 75032 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214) 01/15/25 420-6060 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI Stanley **TREASURER** Mr E Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **Jeffus** Stan 01/15/25 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: ZIP CODE TREASURER ADDRESS 2606 Cypress Drive Rockwall TX 75087 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (214) 802-3226 9 REPORT TYPE 30th day before election 15th day after campaign X January 15 Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED 7/1/24 THROUGH 17 ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Day Year Description X General Special 05 / 06 / 2023 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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 Co	mmission Filers)			
17 CONTRIBUTION TOTALS							
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 4476	.74			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.	00			
	4. TOTAL POLITICAL EXPENDITURES			00			
CONTRIBUTION BALANCE	5. IOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAT						
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$ 0	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. Signature of Candidate or Officeholder							
Please complete either option below:							
(1) Affidavit	KRISTY TEAGUE Notary Public, State of Texas Comm. Expires 05-13-2028 Notary ID 126504433						
Sworn to and subscribed before me by TIMOTHY I MCCALLUM this the 15th day of THN.							
20 25 , to certify which, witness my hand and seal of office.							
Signature of officer administration	REISTY TEAGUE Printed name of officer administering oath			administering oath			
Signature of omicer administering oath Printed name of officer administering oath OR							
(2) Unsworn Declaration							
My name is	, and my date of birth i	s					
My address is							
	(street) (city)			(country)			
Executed in	County, State of , on the day of (mon	th)	, 20				
	Signature of Cand	lidate/Offic	ceholder (Dec	arant)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

if the requested information is not applicable, DO NOT Include this page in the report.						
Th	e Instruction Guide explains how to complete this for	1 Total pages Schedule A2:				
2 FILER NAME	Timothy I McCallum	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS			\$ 4476.74			
5 Date	6 Full name of contributor □ out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution Contribution \$ description			
12/31/2024	7 Contributor address; City; State;	Zip Code 75360	4476.74	Marketing and Digital Services		
	P O Box 601766 Dallas TX	75560	Check if travel outsi	ide of Texas. Complete Schedule T.		
7,000			er (FOR NON-JUDICIAL)(See Instructions)			
	arketing Services		Raze Media, LLC utor's job title (FOR JUDICIAL) (See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL) 13 Contrib			ator a job title (1 Ort ac	DIOIAL/(Odd Indiactions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions)						
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
if contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
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 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/Benking Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Timothy I McCallum 4 Date 5 Payee name Rockwall County GOP 12/09/2024 6 Amount (\$) 7 Payee address; State; Zip Code City; 300.00 112 Kenway Rockwall TX 75087 Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description 8 PURPOSE Rockwall GOP Christmas Party - Table Sponsor Contributions/Donations EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Timothy I McCallum Rockwall City Council Place 1 Pavee name Date Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name State; Zip Code Payee address; City; Amount (\$) Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH