

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,541.86
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,443.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 100.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 34,444.00

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

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 ALBERT ROY TIBBS, JR., and my date of birth is 12-06-1958.

My address is 4726 PLEASANT TRAIL, PLEASANT, TX, 77545, FT. BEND.
(street) (city) (state) (zip code) (country)

Executed in ROCKWELL County, State of TEXAS, on the 10th day of JULY, 2022.
(month) (year)

Albert Roy Tibbs, Jr.
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

ALBERT Tibbs

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,041.86
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 34,444.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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
2 FILER NAME ALBERT Tibbi		3 Filer ID (Ethics Commission Filers)
4 Date 5/15/22	5 Full name of contributor out-of-state PAC (ID#: _____) Kim Lotts	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 4214 QUIET DAWN LN Sugarland TX 77478		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions) LOTTS OK CARE
Date 5/18/22	Full name of contributor out-of-state PAC (ID#: _____) Becky Boykins	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 9819 QUEENSBIDGE DR. SUGARLAND TX 77498		
Principal occupation / Job title (See Instructions) LN		Employer (See Instructions) LN
Date 5/18/22	Full name of contributor out-of-state PAC (ID#: _____) Bindie Kelly	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 7631 S. GLEN WILLOW MATX 77489		
Principal occupation / Job title (See Instructions) LN		Employer (See Instructions) LN
Date 5/18/22	Full name of contributor out-of-state PAC (ID#: _____) 	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 		
Principal occupation / Job title (See Instructions) M		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 <i>Albert Tibbs</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/4/22</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>JEMILA WINSEY</i>	7 Amount of contribution (\$) <i>\$500.00</i>
6 Contributor address; City; State; Zip Code <i>7119 FM 1464th. #340 RICHMOND, TX 77401</i>		
8 Principal occupation / Job title (See Instructions) <i>REALTOR</i>		9 Employer (See Instructions) <i>LEGACY</i>
Date <i>4/23/22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>MICHAEL WATSON</i>	Amount of contribution (\$) <i>\$10.22</i>
Contributor address; City; State; Zip Code <i>3018 APPLE VALLEY LN MCGREGOR, TX 77459</i>		
Principal occupation / Job title (See Instructions) <i>LN</i>		Employer (See Instructions) <i>LN</i>
Date <i>3/15/22</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>KATRINA MCHASTILTON</i>	Amount of contribution (\$) <i>\$10.00</i>
Contributor address; City; State; Zip Code <i>1304 CLEARWATER DR. #122 HOUSTON TX 77036</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

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: /
2 FILER NAME <i>ALBERT Tibbs</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <i>22,443.00</i>
5 Date of loan <i>2/23 - 7/10/22</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ALBERT + MARYLYN Tibbs</i>	9 Loan Amount (\$) <i>22,443.00</i>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>P.O. Box 17157 Sugar Land TX 77496</i>	10 Interest rate <i>0 -</i>
		11 Maturity date <i>-0 -</i>
12 Principal occupation / Job title (See Instructions) <i>BUSINESS OWNER</i>		13 Employer (See Instructions) <i>THEOBOLD + COMPANY REALTY</i>
14 Description of Collateral <i>none</i>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION 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? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <i>none</i>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION 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.