


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: 16				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY  Date Received Date Hand Delivered or Date Being Marked Receipt # Amount \$ Date Processed FEB 05 2024 MKK Date Imaged			
		Mr	Alan		R		
	NICKNAME	LAST	SUFFIX				
	Rocky	Thigpen					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	2 Parkway Plaza			Lufkin	Tx	75904	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
	(936)	635-7830					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Mr	Richard					
	NICKNAME	LAST	SUFFIX				
		Byler					
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);			APT / SUITE #;	CITY;	STATE;	ZIP CODE
	405 West Frank Ave				Lufkin	Texas	75904
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION			
	(936)	414-1980					
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		1	25	24
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	Other Description	
	3	5	24	<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)			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					
GO TO PAGE 2							

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.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,800.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3,000.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
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	\$ 5,044.25
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	\$

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)	\$ 12,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,044.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 10,000.00
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.

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



(2) Unsworn Declaration

My name is Alan R Thigpen, and my date of birth is 07/13/56
 My address is 2 Parkway Plz, Lufkin, Tx, 75904, US
(street) (city) (state) (zip code) (country)
 Executed in Angelina County, State of Texas, on the 5th day of February, 2024.
(month) (year)

 Signature of Candidate/Officeholder (Declarant)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Alan Rocky Thigpen		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 01/15/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Hicks 7 Contributor address; City; State; Zip Code P.O.Box 10 Lufkin Tx 75902	8 Amount of Contribution \$ 3,000.00	9 In-kind contribution description Advertising Billboards <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) President		11 Employer (FOR NON-JUDICIAL)(See Instructions) HPC Associates Inc	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<small>Check if travel outside of Texas. Complete Schedule T.</small>
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	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: 1	2 FILER NAME Alan Rocky Thigpen	3 Filer ID (Ethics Commission Filers)
4 Date 01/24/2024	5 Payee name Lufkin Printing Company	
6 Amount (\$) 5,030.74 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1030 North First St Lufkin Texas 75901	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political Signs and mail out cards.
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 01/11/2024	Payee name Lowes	
Amount (\$) 13.51 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3501 South Medford Lufkin Tx 75901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Supplies for advertising signs.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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: 7
2 FILER NAME Alan Rocky Thigpen		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Tim Tullos 6 Contributor address; City; State; Zip Code 805 Hulsman Rd Lufkin Tx 75904	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Jane Ainsworth Contributor address; City; State; Zip Code 108 Audubon Lane Lufkin Tx 75904	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/11/2024	Full name of contributor out-of-state PAC (ID#: _____) Taylor McKewen Contributor address; City; State; Zip Code 405 W Frank Ave Lufkin Tx 75904	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/12/2024	Full name of contributor out-of-state PAC (ID#: _____) Texas Association of Realtors Contributor address; City; State; Zip Code P.O. Box 2246 Austin Tx 78768	Amount of contribution (\$) 1,500.00
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.		

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: 7
2 FILER NAME Alan Rocky Thigpen		3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Carl Ray Polk Jr 6 Contributor address; City; State; Zip Code P.O. Box 15108 Lufkin Tx 75915	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/02/2024	Full name of contributor out-of-state PAC (ID#: _____) George Henderson III Contributor address; City; State; Zip Code P.O. Box 153220 Lufkin Tx 75915	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/03/2024	Full name of contributor out-of-state PAC (ID#: _____) Jay Shands Contributor address; City; State; Zip Code 409 Muirfield Lufkin Tx 75901	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/04/2024	Full name of contributor out-of-state PAC (ID#: _____) Kyle King Contributor address; City; State; Zip Code 5275 Peavy Switch Lufkin Tx 75904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Alan Rocky Thigpen		3 Filer ID (Ethics Commission Filers)
4 Date 01/17/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Randall Dupree	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code 8026 FM 1116 Gonzales Tx 78629		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: _____) Steve Milligan	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 200 E. Forestview Lufkin Tx 75904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/18/2024	Full name of contributor out-of-state PAC (ID#: _____) David Perkins	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1809 Columbine Lufkin Tx 75904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/17/2024	Full name of contributor out-of-state PAC (ID#: _____) Chris Caraway	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8504 Hwy 103 W Lufkin Tx 75904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Alan Rocky Thigpen		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Richard Warner	250.00
	6 Contributor address; City; State; Zip Code P.O. Box 151337 Lufkin Tx 75915	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/17/2024	Full name of contributor out-of-state PAC (ID#: _____) Philip Goodwin	500.00
	Contributor address; City; State; Zip Code 109 Garden Walk Lufkin Tx 75901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/22/2024	Full name of contributor out-of-state PAC (ID#: _____) Benjamin D Winston	500.00
	Contributor address; City; State; Zip Code P.O. Box 3261 Lufkin Tx 75903	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/20/2024	Full name of contributor out-of-state PAC (ID#: _____) Jon Anderson	300.00
	Contributor address; City; State; Zip Code P.O. Box 1528 Lufkin Tx 75902	
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Alan Rocky Thigpen		3 Filer ID (Ethics Commission Filers)
4 Date 01/18/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Terry Morgan 6 Contributor address; City; State; Zip Code 3708 S. Medford Lufkin Tx 75901	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/19/2024	Full name of contributor out-of-state PAC (ID#: _____) Eck Franks Contributor address; City; State; Zip Code 721 Hoshall Dr Lufkin Tx 75904	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor 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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1

2 FILER NAME

Alan Rocky Thigpen

3 Filer ID (Ethics Commission Filers)

4 Date

01/02/2024

5 Full name of contributor

Joe Rich Jr

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

2212 Copeland Lufkin Tx 75904

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

01/03/2024

Full name of contributor

Bob Samford

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

401 Brentwood Lufkin Tx 75901

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/04/2024

Full name of contributor

Ronnie King

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

1705 Columbine Lufkin Tx 75904

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/03/2024

Full name of contributor

Jack B Davis

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

409 Ridgecrest Lufkin Tx 75901

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 7
2 FILER NAME Alan Rocky Thigpen		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Chance Law Firm PLLC	7 Amount of contribution (\$) 150.00
	6 Contributor address; City; State; Zip Code 2009 Tulane Dr Lufkin Tx 75901	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/06/2024	Full name of contributor out-of-state PAC (ID#: _____) J C Denman III	Amount of contribution (\$) 300.00
	Contributor address; City; State; Zip Code 112 Suntory Way Lufkin Tx 75901	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2024	Full name of contributor out-of-state PAC (ID#: _____) Scott McIlveene	Amount of contribution (\$) 200.00
	Contributor address; City; State; Zip Code 1305 Woodland Lufkin Tx 75904	
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)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

Rocky Thigpen

From: Mark Hicks <mark@Hicks-Co.com>
Sent: Friday, January 26, 2024 1:43 PM
To: Rocky Thigpen
Cc: Jay Williams
Subject: In-Kind Contribution

Rocky,

Good afternoon! Please consider this email documentation of my in-kind contribution to your campaign.

Date of contribution: 1/26/2024
Contribution: Political advertising, Billboards
Value of contribution: \$3,000
Contributor: Mark Hicks, Personally
Contributors' occupation: President, HPC Associates, Inc.
Address: PO Box 10 – Lufkin, Texas 75902

Thanks,
Mark

Mark Hicks
President

936.634.2040 | 936.674.9016
mark@jmoutdoor.com | www.jmoutdoor.com



LOWE'S HOME CENTERS, LLC
3501 SOUTH MEDFORD
LUFKIN, TX 75901 (936) 632-8333

- SALE -

SALES#: FSTLAN01 4976128 TRANS#: 120822367 01-11-24

5259689 8-IN BLK TWIST AND CUT 10	12.48
	SUBTOTAL: 12.48
	TOTAL TAX: 1.03
INVOICE 83847 TOTAL.	13.51
	CASH: 20.00
	CHANGE: 6.49

STORE: 0082 TERMINAL: 22 01/11/24 16:28:42
OF ITEMS PURCHASED: 1
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
FOR DETAILS ON OUR RETURN POLICY, VISIT
LOWES.COM/RETURNS
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE
AT OUR CUSTOMER SERVICE DESK

LOWEST PRICE GUARANTEE
FOR MORE DETAILS, VISIT LOWES.COM/LOWESTPRICEGUARANTEE

* SHARE YOUR FEEDBACK! *

* ENTER FOR A CHANCE TO BE *

* ONE OF FIVE \$500 WINNERS DRAWN MONTHLY! *

* ENTRE EN EL SORTEO MENSUAL *

* PARA SER UNO DE LOS CINCO GANADORES DE \$500! *

* ENTER BY COMPLETING A SHORT SURVEY *

* WITHIN ONE WEEK AT: www.lowes.com/survey *

* Y O U R I D #838479 008280 118942 *

* NO PURCHASE NECESSARY TO ENTER OR WIN. *

* VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER. *

* OFFICIAL RULES & WINNERS AT: www.lowes.com/survey *

STORE: 0082 TERMINAL: 22 01/11/24 16:28:42



Lufkin Printing Co., Inc.

P.O. Box 589
Lufkin, TX 75902-0589
1030 North First Street
Lufkin, TX 75901
936-634-3337
936-632-8490 Fax

INVOICE DATE INVOICE NO.

1/23/2024 233226

SOLD TO
ROCKY THIGPEN

SHIPPED TO -

*PAID
CR # 3884
1/24/24*

ACCOUNT #	CUSTOMER P.O. #	TERMS	SHIP VIA	FOB
1000		Net 30 Days	LPC TRUCK	
QUANTITY	DESCRIPTION	RATE	AMOUNT	
1	100 YARD SIGNS 24 X 18	361.00	361.00	
1	100 STAKES	113.00	113.00	
1	12 YARD SIGNS 4 X 4	475.96	475.96	
1	100 YARD SIGNS 24 X 18	361.00	361.00	
1	100 STAKES	113.00	113.00	
1	5 YARD SIGNS 4 X 4	280.00	280.00	
1	10 YARD SIGNS 4 X 4	433.88	433.88	
1	FREIGHT	797.28	797.28	
	SALES TAX	8.25%	242.15	
Total			\$3,177.27	



Lufkin Printing Co., Inc.

P.O. Box 589
1030 North First Street
Lufkin, TX 75902-0589
936-634-3337
936-632-8490 Fax

PLEASE RETURN THIS PORTION WITH PAYMENT

INVOICE DATE	INVOICE NO.
1/23/2024	233226

SOLD TO
ROCKY THIGPEN

Payments/Credits	\$0.00
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Balance Due	\$3,177.27
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Lufkin Printing Co., Inc.

P.O. Box 589
Lufkin, TX 75902-0589
1030 North First Street
Lufkin, TX 75901
936-634-3337
936-632-8490 Fax

INVOICE DATE INVOICE NO.
1/18/2024 233325

SOLD TO
ROCKY THIGPEN

SHIPPED TO

ACCOUNT #	CUSTOMER P.O. #	TERMS	SHIP VIA	FOB
1000		Net 30 Days	LPC TRUCK	
QUANTITY	DESCRIPTION	RATE	AMOUNT	
1	POSTCARDS - 3,029	598.82	598.82	
1	LABEL & MAIL	151.45	151.45	
1	POSTAGE	1,041.30	1,041.30	
	SALES TAX	8.25%	61.90	
Total			\$1,853.47	



Lufkin Printing Co., Inc.

P.O. Box 589
1030 North First Street
Lufkin, TX 75902-0589
936-634-3337
936-632-8490 Fax

PLEASE RETURN THIS PORTION WITH PAYMENT

INVOICE DATE	INVOICE NO.
1/18/2024	233325

SOLD TO
ROCKY THIGPEN

Payments/Credits	\$0.00
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Balance Due	\$1,853.47
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