

01/16/25 - 7/15/25

# 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:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MRS.</b>	FIRST <b>DARLA</b>	MI <b>J.</b>	OFFICE USE ONLY		
	NICKNAME	LAST <b>CUDE</b>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <b>P.O. Box 1686</b>		APT / SUITE #;	CITY; <b>Fort Stockton, TX</b>	STATE; <b>TX</b>	ZIP CODE <b>79735</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(432)</b>	PHONE NUMBER <b>290-4559</b>	EXTENSION		Date Hand-delivered or Date Postmarked	
	Receipt #		Amount \$		Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MRS.</b>	FIRST <b>RHONDA</b>	MI	Date Imaged		
	NICKNAME	LAST <b>Golliver</b>	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <b>500 W. Hornbeck (Business)</b>		APT / SUITE #;	CITY; <b>Fort Stockton, TX</b>	STATE; <b>TX</b>	ZIP CODE <b>79735</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(432)</b>	PHONE NUMBER <b>290-1945</b>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day
	ELECTION DATE		ELECTION TYPE			
11 ELECTION	Month	Day	Year	<input type="checkbox"/> Primary		
				<input type="checkbox"/> Runoff		
12 OFFICE	OFFICE HELD (if any) <b>Pecos County District Clerk</b>		13 OFFICE SOUGHT (if known)			
	COMMITTEE TYPE		COMMITTEE NAME			
14 NOTICE FROM POLITICAL COMMITTEE(S)	<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME			
	<input type="checkbox"/> Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

**RECEIVED**  
JAN 08 2025  
SOPHIA FRANCO  
ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS  
BY: 112

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Darla Cude</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>467.92</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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.

*Darla Cude*

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 DARLA CUDE and my date of birth is 08/11/64  
My address is 5870 Trans Pecos Rd, Fort Stockton, TX, 79735, U.S.A.

Executed in Pecos County, State of Texas, on the 7th day of Jan, 20 25

*Darla Cude*  
Signature of Candidate/Officeholder (Declarant)