OFFICE ISE ONLY NAME NAME NECROMAE LAST CUDE 4 CANDIDATE / OFFICE IOSE ONLY OFFICE ISE ONLY OFFICE ISE ONLY OFFICE ISE ONLY OFFICE ISE ONLY ACTION CUDE 4 CANDIDATE / OFFICE ISE ONLY ACTION CUDE 4 CANDIDATE / OFFICE ISE ONLY OFFICE ISE ONLY OFFICE ISE ONLY DEBUT ONLY OFFICE ISE ONLY ISE OFFICE IN THE ISE OFFICE ISE OFFICE ISE OFFICE ISE OFFICE ISE OFFICE IN THE ISE OFFICE IN THE ISE OFFICE IN THE ISE OFFICE ISE OFFICE ISE OFFICE ISE OFFICE ISE OFFICE IN THE ISE OFFICE IN THE ISE OFFICE ISE OFFICE ISE OFFICE ISE OFFICE IN THE ISE OFFICE ISE OFFICE ISE OFFICE ISE OFFICE ISE OFFICE IN THE ISE OFFICE ISE OFFICE OFFICE ISE OFFICE OFFICE ISE OFFICE OFFICE ISE OFF	=	CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			
OFFICEHOLDER NAME NAME NAME NAME NAME NAME NAME CUDE ADDRESS (PO BOX 1686 FORT STOCKTON, TX 79735 Change of Address MRS RHONDA MRS RHONDA NICHAAME AREA CODE PHONE BLASES, (NO PO BOX PLEASE), APT / SUITE #, COTY, STATE: ZIP CODE Date Insequed To Date Insequed Date Insequed To Date Insequed Date Insequed Date Insequed Date Insequed To Date Insequed Date Insequed Date Insequed Date Insequed Date Insequed To Date Insequed To Date Insequed To Date Insequed Date Insequed To Date Insequ	The C/OH Instruction G	tuide explains how to complete this form.	2 Total pages filed:		
OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (432) 290-4559 AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 AREA CODE O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Date Hand-delivered or Date Postmarked O1-02-2025 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Amount 3 Date Hand-delivered or Date Postmarked O1-02-2025 Receipt 8 Ont Title Postmarked O1-02-2025 Receipt 8 Ont Title Colored O1-02-2025 Receipt 8 Ont Tit		MRS DARLA J			
OFFICEHOLDER PHONE (432) 290-4559 6 CAMPAIGN TREASURER NAME MS MRS / MR FIRST MRS RHONDA MCGNAME LAST GOLLIHER SUFFIX GOLLIHER TREASURER ADDRESS (ROP DO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE TREASURER ADDRESS (ROP ON HORNBECK (BUSINESS)) FORT STOCKTON, TX 79735 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 July 15 J	MAILING ADDRESS	PO BOX 1686	SOPHIA FRANCO ELECTIONS ADMINISTRATOR, PECOS COUNTY,		
MS INREA INRE RHONDA NICKHAME CAMPAIGN TREASURER ADDRESS (Rosidence or Business) REPORT TYPE January 15 July 15 Street Addressed Phone July 15 Street Addressed (BUSINESS) PREPORT TYPE January 16 July 15 Jul			01-02-2025		
TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 July 15 8th day before election Month Day Year Month Day Year Month Day Year THIS BOY IS FOR NOTICE OF POLITICAL COMMITTEE SAME BY POLITICAL COMMITTEES TO SUPPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. Additional Pages SPECIFIC OMMITTEE TYPE COMMITTEE CAMPAIGN TREASURER NAME ADDRESS FORT STOCKTON, TX 79735 AREA CODE PHONE NUMBER EXTENSION Runoff IST BURNOff		MRS RHONDA NICKNAME LAST SUFFIX	Date Processed		
TREASURER PHONE (432) 290-1945 9 REPORT TYPE January 15 Joint day before election Runoff Strokedder Only) July 15 Bith day before election Exceeded Modified Final Report (Attach CIOH-FR) 10 PERIOD COVERED Month Day Year Month Day Year Month Day Year HOUTH 6 30 25 11 ELECTION DATE ELECTION DATE ELECTION TYPE Month Day Year Special Special Special Primary Runoff Description General Special 12 OFFICE OFFICE DEFICE OFFICE HELD (If any) PECOS COUNTY DISTRICT CLERK THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF PICEHOLDER'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOL	ADDRESS	500 W. HORNBECK (BUSINESS)	STATE; ZIP CODE		
July 15 Sth day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR) Nonth Day Year THROUGH Reporting Limit Final Report (Attach C/OH - FR) THROUGH Nonth Day Year THROUGH Reporting Limit Final Report (Attach C/OH - FR) THROUGH Reporting Limit Final Report (Attach C/OH - FR) Final Report (Attach C/OH - FR) THROUGH Nonth Day Year Primary Runoff General Special Primary Runoff Description The Candidate of Political Committees to Support The Candidates or Officer Off					
THE COVERED 1	9 REPORT TYPE	July 15 8th day before election Exceeded Modified	treasurer appointment (Officeholder Only)		
Month Day Year Primary Runoff Description General Special Special	10 PERIOD COVERED				
PECOS COUNTY DISTRICT CLERK 14 NOTICE FROM 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	11 ELECTION	Month Day Year Primary Runoff Other Description			
POLITICAL COMMITTEE(S) 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	12 OFFICE	, , , , , , , , , , , , , , , , , , , ,	n)		
Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME		THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages	GENERAL COMMITTEE CAMPAGN TREASURES NAME			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME DARLA CUDE		16 Filer I	ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	J	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	467.92
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$	0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and cor	rect and inc	cludes all information
re	quired to be reported by me under Title 15, Election Code.			
	Signature of Ca	andidate o	or Officeholo	der
	Please complete either option below	v:		
(1) Affidavit				
1				
NOTARY STAMP/SEA	L			
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 administe	ring oath Printed name of officer administering oath		Title of offic	er administering oath
	OR			
(2) Unsworn Declarati	on			
My name is DARLA	CUDE, and my date of birth is	08/11	/1964	71 0 71
My address is PO BO	K 1686 FORT STOCKTON T	X , 7	9735	USA
Executed in PECOS	(street) (city) (street) (city) (street) (city) (street) (city) (street) (city) (street) (city) (street) (street) (city) (street)	0	(zip code) _, 2025 (year)	(country)
	Signature of Candio	date/Office	eholder (De	clarant)
and the second s				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	/s
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	\$
В.	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	\$

NA

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		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
		6 Contributor address; City; State; Zip o	Code
8	Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
		Contributor address; City; State; Zip	
	Principal occup	ation / 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 (
	Principal occup	eation / 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 0	21 C 31 C 21 C 21 C 21 C 21 C 21 C 2 C 2 C 2 C
	Principal occup	pation / 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

Th	ne Instruction Guide explains how to complete this form	٦.	1 Total pages Schedule A2:			
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description			
,	7 Contributor address; City; State;	Zip Code	Charle Manual and Manual and Tanan Canada and Cabada T			
10 Principal occ	 cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outside of Texas. Complete Schedule T. er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL)(See Instructions)			
14 Contributor's	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 In-kind contribution Contribution \$ description			
		·	Check if travel outside of Texas. Complete Schedule T.			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL)(See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	ULE AS NEEDED			

Revised 1/1/2025

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

	The requested information is not applicable, 50 NOT molade and page in the report.							
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule B:				
2	FILER NAME			3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF	UNITEMIZED PLEDGES		\$				
5	Date	6 Full name of pledgor		8 Amount of Pledge \$	9 In-kind contribution description			
40	Detected and		44 = 1 (2		ide of Texas. Complete Schedule T.			
10	Principal occu	pation / Job title (See Instructions)	Instructions)					
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description			
			te; Zip Code		 			
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)				
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description			
		Pledgor address; City; Sta	te; Zip Code	1	i I I _s			
	(4)			l,	ide of Texas. Complete Schedule T.			
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)				
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description			
		Pledgor address; City; State;	Zip Code		I I I			
					side of Texas. Complete Schedule T.			
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)				
		ATTACH ADDITIONAL COPIES (OF THIS SCHEDU	LE AS NÉEDED				

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 NO	I include this page in the re	port.
The I	nstruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	ITEMIZED LOANS		\$
5 Date of loan	7 Name of lender ut-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
LYLN			
12 Principal occupatio	n / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupati	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	,
Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
not applicable		1 - 4	<u> </u>
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NE	

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expense a category not listed above)

Credit Card Payment	The Instruction Guide explains how to a	complete this form.	Other (enter a catego	ry not listed above)
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
Amount (\$)	7 Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	lin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	lin, TX, officeholder living	expense
Complete ONLY 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		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; Zip Code City; State; 9 TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) City; Payee address; State: Zip Code TYPE OF Non-Political EXPENDITURE **Political** 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 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, DO NOT include this page in the report.

Т	ne Instruction Guide explains how to complete this form.	1 T	otal pag	ges Schedule F3	:
2 FILER NAME		3 F	iler ID	(Ethics Commiss	ion Filers)
4 Date	5 Name of person from whom investment is purchased				
	6 Address of person from whom investment is purchased; City		a na para na na papa na	State;	Zip Code
	7 Description of investment				
	8 Amount of investment (\$)				
Date	Name of person from whom investment is purchased				
	Address of person from whom investment is purchased; City		2021227	State;	Zip Code
	Description of investment				
	Amount of investment (\$)				
				ies	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Selection/Varies/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Olher (enter a category not listed above)

Candidate/Officeholder/Politi	ical Committee Legal Servi	lces	Salaries/\	Wages/Contract Labor	Olher (enter	a category	not listed above)
The Instruction	Guide explains how to co	mplete this form.		USE A NEW PAGE FOR	R EACH CRED	IT CARD	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME			1	3 FILER ID	(Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institut	ion					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit Card Is	suer Paid		
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories IIs	sted at the top of this sche	dule)	(b) Description			
Political Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if Au	stin, TX, officehol	der living o	expense
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office Sought Office Held							
PAYMENT	(a) Amount Charged \$				suer Paîd		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories lis	sted at the top of this sche	dule)	(b) Description			
Non-Political	(c) Check if travel out	side of Texas. Complet	e Schedule T.	Check if A	eck if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought	Of	ffice Held	
PAYMENT	(a) Amount Charged	(b) Date Expendite	ure Charged	(c) Date(s) Credit Card Is	ssuer Paid		
PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF (a) Category (See Categories listed at the top of this schedule) EXPENDITURE Political (a) Category (See Categories listed at the top of this schedule)		(b) Description					
Non-Political	(c) Check if travel out	tside of Texas. Comple	te Schedule T.	Check if	Austin, TX, office	holder livir	ng expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought	0	ffice Held	
	ATTACH ADDI	TIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED		

Reset Page

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

-	Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form.			Travel Out Of District Other (enter a category not listed above)		
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4	Date	5 Payee name				
6	Amount (\$) Reimbursement from political contributions	7 Payee address;	City;	State; Zip Code		
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
		(c) Check if travel outside of Texas. Complete Schedule T.	eT. Check if Austin, TX, officeholder living expense			
	mplete <u>QNLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	Date	Рауее пате				
	Amount (\$)	Payee address;	City;	State; Zip Code		
	Reimbursement from political contributions intended					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
		Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held		
	Date	Payee name				
	Amount (\$) Reimbursement from political contributions	Payee address;	City;	State; Zip Code		
	intended					
	PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description			
		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
		ATTACH ADDITIONAL CORIES OF THIS	SCHEDIII E AS NEEL	OFD.		

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Politi- Credit Card Payment		Gift/Awards/Memorials Expense Printing Expense Trav				ravel Out Of District Other (enter a category not listed above)		
Orodic Gara F aymork		The Instruction Guide explai	ns how to com	plete this form.	4			
Total pages Schedule H	2 FILER N	IAME			3 Filer ID	(Ethics (Commission Filers)	
Date	5 Business	s name						
6 Amount (\$)	7 Business	s address;		City;	St	ate;	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category	/ (See Calegories listed at the lop of this s	schedule) (b)	Description				
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder	living exp	ense	
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	Offi	ce sought		C	Office held	
Date	Busines	s name						
Amount (\$)	Busines	s address;		City;	St	ate;	Zip Code	
PURPOSE OF EXPENDITURE	Category	/ (See Calegories listed at the top of this s	schedule)	Description				
EXI ENDITORE		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	TX, officeholder	living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C		date / Officeholder name	Offi	ce sought		C	Office held	
Date	Busines	s name						
Amount (\$)	Busines	s address;		City;	St	ate;	Zip Code	
PURPOSE OF	Categor	y (See Calegories listed at the top of this s	schedule)	Description				
EXPENDITURE		Check if travel outside of Texas. Complete So	ichedule T.	Check if Austin	, TX, officeholder	living ex	pense	
Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name	Offi	ice sought		(Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS SCI	HEDULE AS NEE	DED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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 I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (Secrequired.)	e instructions rega	rding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions rega	rding type of	f information
Date	Payee name	-			
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se	ee instructions rega	arding type o	f information
Date	Payee name	•			
Amount (\$)	Payee address;	City	v.	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	ee instructions reg	arding type o	f information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NI	EEDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 Schedul			dule K:	
2	FILER NAME		3 Filer ID (Ethics	Commission Filers)	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
		6 Address of person from whom amount is received; City; Sta	te; Zip Code		
		7 Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta	ate; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta			
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; St	ate; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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 T:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	×				
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS				
7 Name of person(s) traveling					
8 Departure city or name of departure location					
9 Destination city or name of destination location					
10 Means of transportation 11 Purpose of travel (including name of conference,	seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference,	seminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.				
	Complete only if "Report Type" on page 1 is marked "Final Report"				
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	URE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
		Signatur	e of Candidate / Officeholder		
4	FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS			
	Check	only one:			
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.		
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B. ASSETS				
	Check only one:				
	I do not retain assets purchased with political contributions or interest or other income from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to		
		S	signature of Candidate		
_					
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••			
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		Si	gnature of Officeholder		



Filer name

CANE **ELEC**

An exemp

Beginning on January 1, 2025, a c \$33,910 in political contributions o in any calendar year must file all s

Date Hand-delivered or Date Postmarked Receipt # Amount \$		
Date Processed		
Date Imaged		
	Receipt #	

OFFICE USE ONLY

- I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the report due on I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit					
NOTARY STAMP/SEAL	5 	Signature of Filer			
100110110110111110111111111111111111111					
Sworn to and subscribed before me by		this	the	day of	
20, to certify which, witness my hand a	nd seal of office.				
Signature of officer administering oath	Printed name of officer administ	ering oath		Title of officer	administering oatl
	OR				
(2) Unsworn Declaration					
My name is, and my date of birth is					
My address is(street)		(city)	,,	(zip code)	(country)
Executed in County, State	of, on the	day of	(month)	, 20 (year)	
		Siç	nature of Fil	er (Declarant)	

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER