

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: 21 | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. FIRST Marsh MI Lea NICKNAME "Lea" "Coach" LAST Daggett SUFFIX | | | OFFICE USE ONLY RECEIVE Date Received: JAN 15 2026 SOPHIA FRANCO ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS BY Elara | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: P.O. Box 1355 APT / SUITE #: CITY: Fort Stockton, TX 79735 | | | STATE: ZIP CODE: | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | | | |
| | (432) 386.0861 | | | Date Hand-delivered or Date Postmarked | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs. | FIRST Revis MI Ward NICKNAME "Rev" LAST Daggett SUFFIX | Receipt # Amount \$ | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): P.O. Box 1355 / 692 W. 44th Lane Fort Stockton, TX 79735 | | | STATE: ZIP CODE: | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | | | |
| | (432) 386.0606 | | | Date Processed | | | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 <input 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 | Month | Day | Year | | | |
| | 10/01/2025 | | | THROUGH | | | 01/15/2026 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 03/03/2026 | | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | |
| 12 OFFICE | OFFICE HELD (if any) N/A | | | 13 OFFICE SOUGHT (if known) Pecos County Judge | | | | | |
| 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. | | | | | | | | |
| <input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | | COMMITTEE TYPE COMMITTEE NAME N/A COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | |
| GO TO PAGE 2 | | | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | | |
|----------------------------|---|--------------|--|
| 15 C/OH NAME | <i>"Coach" Marsh "Lea" Daggett</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) | \$ 0.00 | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4,500.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 12,577.94 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0.00 | |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 | |
| OUTSTANDING LOAN TOTALS | | | |

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.

Marsh Lea Daggett

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Marsh Lea Daggett this the 15th day of January, 20 20²⁶, to certify which, witness my hand and seal of office.

Iris Mabel Muniz
Signature of officer administering oath

Iris mabel Muniz
Printed name of officer administering oath

Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | | |
|--|-----------------------------|--------------------|
| 19 FILER NAME | "Coach" Marsh "Lea" Daggett | |
| 20 Filer ID (Ethics Commission Filers) | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 4,500.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0.00 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0.00 |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | | \$ 11,700.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 5,546.93 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0.00 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0.00 |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 6,127.75 |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 903.26 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ 0.00 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0.00 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ 0.00 |

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: <u>1</u> |
| 2 FILER NAME <u>"Coach" Marsh "Lea" Daggett</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>12/08/25</u> | 5 Full name of contributor <u>Arthur Gonzalez</u> <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) | 7 Amount of contribution (\$) <u>\$1,000.00</u> |
| | 6 Contributor address; <u>1423 S. Highway 285, Fort Stockton, TX 79735</u> City; State; Zip Code | |
| 8 Principal occupation / Job title (See Instructions) <u>Private Investigator</u> | | 9 Employer (See Instructions) <u>Pecos County / County Attorney</u> |
| Date <u>12/09/25</u> | Full name of contributor <u>Alex and Carol Gonzalez</u> <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) Contributor address; <u>305 S. Main St., Fort Stockton, TX 79735</u> City; State; Zip Code | Amount of contribution (\$) <u>\$2,500.00</u> |
| Principal occupation / Job title (See Instructions) <u>President/CEO Biocatters, Inc.</u> | | Employer (See Instructions) <u>Self-Employed</u> |
| Date <u>01/14/26</u> | Full name of contributor <u>Paul and Rhonda Goller</u> <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) Contributor address; <u>2041 W. 44th Ln., Fort Stockton, TX 79735</u> City; State; Zip Code | Amount of contribution (\$) <u>\$1,000.00</u> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>) Contributor address; City; State; Zip Code | Amount of contribution (\$) <u>N/A</u> |
| 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B: <u>1</u> | |
| 2 FILER NAME <u>"Coach" Marsh "Lea" Daggett</u> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | \$ <u>0.00</u> | |
| 5 Date <u>N/A</u> | 6 Full name of pledgor | 7 Pledgor address; City; State; Zip Code | 8 Amount of Pledge \$ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
|  | ..... | ..... | 9 In-kind contribution description |
| 10 Principal occupation / Job title (See Instructions) | | 11 Employer (See Instructions) | |
| Date <u>N/A</u> | Full name of pledgor ..... | ..... | Amount of Pledge \$ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
|  | ..... | ..... | In-kind contribution description |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <u>N/A</u> | Full name of pledgor ..... | ..... | Amount of Pledge \$ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
|  | ..... | ..... | In-kind contribution description |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <u>N/A</u> | Full name of pledgor ..... | ..... | Amount of Pledge \$ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
|  | ..... | ..... | In-kind contribution description |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <u>N/A</u> | Full name of pledgor | | Amount of Pledge \$ <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| | | | In-kind contribution description |

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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: <u>2</u> |
| 2 FILER NAME <u>"Coach" Marsh "Lea" Daggett</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ <u>11,700.00</u> |
| 5 Date of loan <u>10/29/25</u> | 7 Name of lender <u>Revis and Lea Daggett</u> | 8 Lender address; City; State; Zip Code <u>P. O. Box 1355 Fort Stockton, Tx 79735</u> |
| 6 Is lender a financial institution? <u>Y</u> <u>N</u> | 9 Loan Amount (\$) <u>\$400.00</u> | 10 Interest rate <u>0.00</u> |
| | | 11 Maturity date <u>N/A</u> |
| 12 Principal occupation / Job title (See Instructions) <u>President/CEO of Daggett Energy</u> | | 13 Employer (See Instructions) <u>Self-Employed</u> |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor <u>Revis and Lea Daggett</u> | 18 Guarantor address; City; State; Zip Code <u>same as above</u> |
| 20 Principal Occupation (See Instructions) <u>Same</u> | 21 Employer (See Instructions) <u>Same</u> | |
| Date of loan <u>11/12/25</u> | Name of lender <u>Revis and Lea Daggett</u> | Loan Amount (\$) <u>\$ 1,300.00</u> |
| Is lender a financial institution? <u>Y</u> <u>N</u> | Lender address; City; State; Zip Code <u>same as above</u> | Interest rate <u>0.00</u> |
| Description of Collateral <input checked="" type="checkbox"/> none | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) | |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | Name of guarantor <u>Revis and Lea Daggett</u> | Amount Guaranteed (\$) <u>1,300.00</u> |
| Guarantor address; City; State; Zip Code <u>same as above</u> | | |
| 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.

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: <u>2</u> |
| 2 FILER NAME "Coach" Marsh "Lea" Daggett | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 11,700.00 |
| 5 Date of loan 12/12/25 | 7 Name of lender Revis and Lea Daggett | 8 Lender address; City; State; Zip Code Same as above |
| 6 Is lender a financial institution? Y | 9 Loan Amount (\$) \$10,000.00 | |
| | 10 Interest rate 0.00 | |
| | 11 Maturity date N/A | |
| 12 Principal occupation / Job title (See Instructions) Same | | 13 Employer (See Instructions) Same |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable | 17 Name of guarantor | 18 Guarantor address; City; State; Zip Code |
| 19 Amount Guaranteed (\$) | | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender | Loan Amount (\$) |
| Is lender a financial institution? Y | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral <input checked="" type="checkbox"/> none | | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION <input checked="" type="checkbox"/> 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.

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| 3 | "Coach" Marsh "Lea" Daggett | | | |
| 4 Date | 5 Payee name | | | |
| 11/13/25 | Pecos County Republican Party | | | |
| 6 Amount (\$) | 7 Payee address: | City: | State: | Zip Code |
| \$750.00 | 1762 W. 48th Ln. Fort Stockton, TX 79735 | | | |
| <input checked="" type="checkbox"/> Check if individual's residence address. | | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | |
| | Fees | | Filing Fee | |
| <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 | Payee name | | | |
| 11/12/25 | Fort Stockton Pioneer | | | |
| Amount (\$) | Payee address: | City: | State: | Zip Code |
| \$855.00 | P.O. Box 244 Fort Stockton, TX 79735 | | | |
| <input type="checkbox"/> Check if individual's residence address. | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | |
| | Advertising Expense | | Veteran's Day 1/2 page color ad | |
| <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 | | | |
| 12/08/25 | Prickly Pear (Print Shop) | | | |
| Amount (\$) | Payee address: | City: | State: | Zip Code |
| \$356.00 | 804 N. Water St. Fort Stockton, TX 79735 | | | |
| <input type="checkbox"/> Check if individual's residence address. | | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | |
| | Printing Expense | | Parade Banners X 2 Christmas Signs X 2 | |
| <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

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: 3 | 2 FILER NAME "Coach" Marsh "Lea" Daggett | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/12/25 | 5 Payee name Prickly Pear (Print Shop) | |
| 6 Amount (\$) \$3,364 | 7 Payee address Same as above | City; State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description 24 signs (4'x 8') |
| | <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 12/16/25 | Payee name Prickly Pear (Print Shop) | |
| Amount (\$) \$1,428.90 | Payee address Same as above | City; State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description 24 signs (4'x 4') |
| | <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 12/16/25 | Payee name Vista Print | |
| Amount (\$) \$132.05 | Payee address vistaprint.com (online) | City; State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description 2,500 Business Cards |
| | <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 | | |

**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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 3 | 2 FILER NAME "Coach" Marsh "Lea" Daggett | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/05/26 | 5 Payee name Walmart Store | | |
| 6 Amount (\$) \$89.88 | 7 Payee address; 2610 W. Dickinson Blvd. Fort Stockton, TX 79735 | State; Zip Code | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description Team Daggett Meeting cokes, water, snacks | |
| | (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 N/A | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 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 |
| Date N/A | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 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

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | 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 | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 1 | "Coach" Marsh "Lea" Daggett | | |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ 0.00 | |
| 5 Date | 6 Payee name | | |
| 7 Amount (\$) | 8 Payee address; | City; State; Zip Code | |
| N/A | <input type="checkbox"/> Check if individual's residence address. | | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 11 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 |
| N/A | <input type="checkbox"/> Check if individual's residence address. | | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political | <input type="checkbox"/> Non-Political | |
| 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| 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.

| | | |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule F3: <u>1</u> |
| 2 FILER NAME <u>"Coach" Marsh "Lea" Daggett</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>N/A</u> | 5 Name of person from whom investment is purchased | |
| | 6 Address of person from whom investment is purchased; City; State; Zip Code | |
| | <input type="checkbox"/> Check if individual's residence address. | |
| | 7 Description of investment | |
| 8 Amount of investment (\$) <u>N/A</u> | Name of person from whom investment is purchased | |
| | Address of person from whom investment is purchased; City; State; Zip Code | |
| | <input type="checkbox"/> Check if individual's residence address. | |
| | Description of investment | |
| Amount of investment (\$) | | |

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | |
|-------------------------------|---|---------------------------------------|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME "Coach" Marsh "Led" Daggett | 3 FILER ID (Ethics Commission Filers) |
|-------------------------------|---|---------------------------------------|

| | |
|---|-------------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 6,127.75 |
|---|-------------|

| | | | |
|----------------------|---|--|--|
| 5 CREDIT CARD ISSUER | Name of financial institution Chase Bank | | |
|----------------------|---|--|--|

| | | | |
|-----------|-----------------------------------|--|---|
| 6 PAYMENT | (a) Amount Charged \$ 6,127.75 | (b) Date Expenditure Charged 11/21/25 | (c) Date(s) Credit Card Issuer Paid 12/15/25 |
|-----------|-----------------------------------|--|---|

| | | | |
|---------|--------------------------------|---|-----------------------|
| 7 PAYEE | (a) Payee name Prickly Pear | (b) Payee address: 804 N. Water St., Fort Stockton, TX 79735 | City, State, Zip Code |
|---------|--------------------------------|---|-----------------------|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description 500 yard signs 16 signs: 4'x8' and 4'x4' |
|---|--|--|

(c) Check if travel outside of Texas. Complete Schedule T. 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 |
|--|-------------------------------|--|---------------|-------------|

| | | | |
|---------|--------------------------|------------------------------|-------------------------------------|
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---------|--------------------------|------------------------------|-------------------------------------|

| | | | |
|-------|----------------|--------------------|-----------------------|
| PAYEE | (a) Payee name | (b) Payee address; | City, State, Zip Code |
|-------|----------------|--------------------|-----------------------|

Check if individual's residence address.

| | | |
|---|--|-----------------|
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (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 Austin, TX, officeholder living expense

| | | | | |
|--|-------------------------------|--|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | | Office Sought | Office Held |
|--|-------------------------------|--|---------------|-------------|

| | | | |
|---------|--------------------------|------------------------------|-------------------------------------|
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---------|--------------------------|------------------------------|-------------------------------------|

| | | | |
|-------|----------------|--------------------|-----------------------|
| PAYEE | (a) Payee name | (b) Payee address; | City, State, Zip Code |
|-------|----------------|--------------------|-----------------------|

Check if individual's residence address.

| | | |
|---|--|-----------------|
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input checked="" type="checkbox"/> Non-Political | (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 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

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
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|---|--|---------------------------------------|-----------------|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 1 | "Coach" Marsh "Lea" Daggett | | |
| 4 Date | 5 Payee name | | |
| 10/03/25 | Vista Print | | |
| 6 Amount (\$) | 7 Payee address: | City; State; Zip Code | |
| \$153.26 | Vistaprint.com (online) | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Printing Expense | 2,500 business 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 | Candidate / Officeholder name | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Date | Payee name | | |
| 10/25/25 | Iraan-Sheffield Livestock Association | | |
| Amount (\$) | Payee address: | City; | State; Zip Code |
| \$750.00 | 40 John McIntyre P.O. Box 455 Iraan, TX 79744 | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Event Expense | Wild Game Dinner Fundraiser | |
| <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 | | |
| N/A | | | |
| Amount (\$) | Payee address: | City; | State; Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended | | | |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| 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 | | | |

**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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 H: | 2 FILER NAME <i>"Coach" Marsh "Lea" Daggett</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name | | |
| 6 Amount (\$) <i>N/A</i> | 7 Business address; <input type="checkbox"/> Check if individual's residence address. | | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | <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 | Business name | | |
| Amount (\$) <i>N/A</i> | Business address; <input type="checkbox"/> Check if individual's residence 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 | |
| Date | Business name | | |
| Amount (\$) <i>N/A</i> | Business address; <input type="checkbox"/> Check if individual's residence 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

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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 Commission Filers) | | |
| 1 | "Coach" Marsh "Lea" Daggett | | | | |
| 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 (See instructions regarding type of information required.) | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | | City | State | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | | Description (See instructions regarding type of information required.) | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | | City | State | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | | Description (See instructions regarding type of information required.) | | |
| Date | Payee name | | | | |
| Amount (\$) | Payee address; | | City | State | Zip Code |
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | | Description (See instructions regarding type of information required.) | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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 Schedule K: <u>1</u> |
| 2 FILER NAME <u>"Coach" Marsh "Lea" Daggett</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>N/A</u> | 5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; State; Zip Code | 8 Amount (\$) |
| | 7 Purpose for which amount is received | <input type="checkbox"/> Check if political contribution returned to filer |
| Date <u>N/A</u> | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| | Purpose for which amount is received | <input type="checkbox"/> Check if political contribution returned to filer |
| Date <u>N/A</u> | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| | Purpose for which amount is received | <input type="checkbox"/> Check if political contribution returned to filer |
| Date <u>N/A</u> | Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| | Purpose for which amount is received | <input type="checkbox"/> 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: <u>1</u> |
| 2 FILER NAME <u>"Coach" Marsh "Lea" Daggett</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: | | |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| 6 Dates of travel <u>N/A</u> | | 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: | | |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| Dates of travel <u>N/A</u> | | 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: | | |
| <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS | | |
| Dates of travel <u>N/A</u> | | 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 NAME "Coach" Marsh "Lea" Daggett | 2 Filer ID (Ethics Commission Filers) |
| 3 SIGNATURE | |

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.

Signature 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 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 political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. (signs)



Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only 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.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

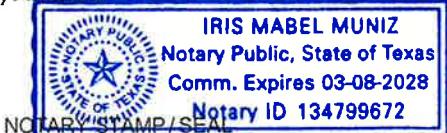
Date Imaged

| | |
|------------|------------|
| Filer name | Filer ID # |
|------------|------------|

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 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 \$34,890 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



Signature of Filer

Sworn to and subscribed before me by Marsh Lea Duggett this the 15th day of January,
20 26, to certify which, witness my hand and seal of office.

Iris Mabel Muniz
Signature of officer administering oath

Iris Mabel Muniz
Printed name of officer administering oath

Notary Public
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____, _____, _____, _____.

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.

Signature of Filer (Declarant)

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