

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 <input checked="" type="checkbox"/> (MR)	FIRST <i>Mr.</i> <i>Raymond</i>	MI <i>C.</i>	OFFICE USE ONLY		
	NICKNAME <i>Sheeter</i>	LAST <i>Dulaney</i>	SUFFIX	 Date Received: <i>JAN 16 2026</i> SOPHIA FRANCO ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS <i>by Plaza</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE		
<input type="checkbox"/> Change of Address <i>204 S. Colpitts FT. STOCKTON, TX. 79735</i>						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
<i>(432) 290-3226</i>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Mr.</i> <i>Raymond</i>	MI <i>C.</i>	Date Hand-delivered or Date Postmarked <input type="checkbox"/>		
NICKNAME <i>Sheeter</i> LAST <i>Dulaney</i> SUFFIX						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY; STATE; ZIP CODE		
<i>204 S. Colpitts FT. STOCKTON, TX 79735</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
<i>(432) 290-3226</i>						
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 <i>11</i>	Day <i>08</i>	Year <i>2025</i>	Month <i>01</i>	Day <i>15</i>	Year <i>2026</i>
11 ELECTION	ELECTION DATE <i>03 / 03 / 2026</i>		THROUGH 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)			13 OFFICE SOUGHT (if known) <i>Pecos County Commissioner pct. 2</i>		
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		COMMITTEE TYPE		COMMITTEE NAME		
		<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS		
		<input type="checkbox"/> SPECIFIC		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

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 914.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Raymond Dulaney
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 Raymond C. Dulaney, and my date of birth is 04-03-1969.
My address is 204 S. Colpitts, FT. STOCKTON, TX, 79735, USA.
(street) (city) (state) (zip code) (country)

Executed in Pecos County, State of Texas, on the 01 day of January, 20 26.
(month) (year)

Raymond Dulaney
Signature of Candidate/Officeholder (Declarant)

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 <i>Raymond C. Dulaney</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>11-11-25</i>	5 Payee name <i>Pecos County Republican Party</i>	City: State: Zip Code	
6 Amount (\$) <i>\$750.00</i>	7 Payee address; <i>darlenestegall@yahoo.com</i>	City: State: Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Filing Fee</i>
		(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 <i>Raymond C. "Sheeter" Dulaney</i>		Office sought <i>Pecos County Commissioner pt. 2</i>
Date <i>12-16-25</i>	Payee name <i>My Campaign Store</i>		
Amount (\$) <i>\$164.56</i>	Payee address; <i>304 Whittington Pkwy #201 Louisville, KY 4022</i>	City: State: Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	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 <i>Raymond C. "Sheeter" Dulaney</i>		Office held <i>Pecos County Commissioner pt. 1</i>
Date	Payee name		
Amount (\$)	Payee address;	City:	State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		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 <i>Raymond C. "Sheeter" Dulaney</i>		Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			