

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: 7						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<div style="border: 2px solid blue; padding: 5px; font-size: 2em; font-weight: bold; color: blue;">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; color: blue;">MAY 18 2026</div> <div style="font-size: 0.8em; color: blue;">SOPHIA FRANCO ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS</div> <div style="font-size: 0.8em; color: blue; margin-top: 5px;"> <i>S. Franco</i> Date Hand-delivered or Date Postmarked </div>					
	MR	REMIJO	A						
NICKNAME	LAST	SUFFIX							
REMIE	RAMOS								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE								
	1504 WESTWIND FORT STOCKTON TX 79735								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION						
	(432)	923 2820							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI						
	NICKNAME	LAST	SUFFIX						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>				Receipt #	Amount \$	Date Processed		Date Imaged	
Receipt #	Amount \$								
Date Processed									
Date Imaged									
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE								
	1504 WESTWIND FORT STOCKTON TX 79735								
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION						
	(432)	923 2820							
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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						
	2	26	26						
	THROUGH		Month						
			Day						
			Year						
			5 / 15 / 26						
11 ELECTION	ELECTION DATE		ELECTION TYPE						
	Month	Day	Year						
	5	26	26						
		<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff						
		<input type="checkbox"/> General	<input type="checkbox"/> Special						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)						
			PECOS COUNTY JUDGE						
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.								
	COMMITTEE TYPE	COMMITTEE NAME							
	<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)	\$ 4,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 272.69
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,028.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,978.90
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

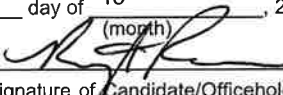
OR

(2) Unsworn Declaration

My name is REMIJIO A. RAMOS, and my date of birth is 07/12/1982.

My address is 1504 WESTWIND, FORT STOCKTON, TX, 79735, PECOS.
(street) (city) (state) (zip code) (country)

Executed in PECOS County, State of TEXAS, on the MAY day of 15, 2026.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME REMIJIO "REMIE" A. RAMOS	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,100.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,964.25
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

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
2 FILER NAME REMIJIO "REMIE" A. RAMOS		3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2026	5 Full name of contributor out-of-state PAC (ID#: _____) DAVID HASENZAHL 6 Contributor address; City; State; Zip Code 3128 WESTCLIFF RD. FORT WORTH TX, 76109	7 Amount of contribution (\$) 2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/05/2026	Full name of contributor out-of-state PAC (ID#: _____) TOM BEVANS Contributor address; City; State; Zip Code 5008 COMMONWEALTH COURT, COLLEGE STATION TX, 77845	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/25/2026	Full name of contributor out-of-state PAC (ID#: _____) JESS MALONE Contributor address; City; State; Zip Code PO BOX 1083 IRAAN TX, 79744	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/09/2026	Full name of contributor out-of-state PAC (ID#: _____) DONNA BRYANT Contributor address; City; State; Zip Code 605 N ARNETT, FORT STOCKTON TX, 79735	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME REMIJIO "REMIE" A. RAMOS		3 Filer ID (Ethics Commission Filers)
4 Date 05/13/2026	5 Full name of contributor out-of-state PAC (ID#: _____) TRENT HUCKABY 6 Contributor address; City; State; Zip Code 1801 W. 6TH FORT STOCKTON TX, 79735	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME REMIJIO "REMIE" A RAMOS	3 Filer ID (Ethics Commission Filers)
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4 Date 02/27/2026	5 Payee name FORT STOCKTON PIONEER
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6 Amount (\$) 565.00	7 Payee address; 808 W. DICKINSON	City; FORT STOCKTON	State; TX	Zip Code 79735
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description NEWSPAPER AD
	(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
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Date 03/06/2026	Payee name SIGNS ON THE CHEAP
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Amount (\$) 1,222.25	Payee address; 11525-B STONEHOLLOW DR#220	City; AUSTIN	State; TX	Zip Code 78758
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/12/2026	Payee name AMAZON
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Amount (\$) 478.40	Payee address; 410 TERRY AVE NORTH	City; SEATTLE	State; WA	Zip Code 98108
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE / ADVERTISING EXPENSE	Description RODEO PARADE & SIGNAGE STAKES
	<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
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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME REMIJO "REMIE" A. RAMOS	3 Filer ID (Ethics Commission Filers)
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4 Date 03/26/2026	5 Payee name PECOS COUNTY MULE DEER FOUNDATION
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6 Amount (\$) 850.00	7 Payee address; 1785 EAST 1450 SOUTH	City; CLEARFIELD	State; UT	Zip Code 84015
Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) DONATION MADE BY CANDIDATE	(b) Description ANNUAL BANQUET
	(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
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Date 05/09/2026	Payee name FLAGS GALORE
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Amount (\$) 639.74	Payee address; 13280 NW FREEWAY, STE F356	City; HOUSTON	State; TX	Zip Code 77040
Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description ELECTION DAY VOTE FLAGS
	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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
Check if individual's residence address.				

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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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