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: 6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr. | FIRST: Jerome | MI:
NICKNAME: | LAST: Chavez | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX: 1700 W. 1st St. | APT / SUITE #: | CITY: Ft. Stockton, | STATE: TX. | ZIP CODE: 79735

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (432) | PHONE NUMBER: 940-4299 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr. | FIRST: Jerome | MI:
NICKNAME: | LAST: Chavez | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 1700 W. 1st St. | APT / SUITE #: | CITY: Ft. Stockton, | STATE: TX. | ZIP CODE: 79735

8 CAMPAIGN TREASURER PHONE

AREA CODE: (432) | PHONE NUMBER: 940-4299 | EXTENSION:

OFFICE USE ONLY

Date Received: RECEIVED OCT 05 2026
SOPHIA FRANCO
ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS
BY
Date Hand-delivered or Date Postmarked:
Receipt # | Amount $
Date Processed:
Date Imaged:

9 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ■ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded Modified Reporting Limit
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month / Day / Year: 7 / 1 / 26 THROUGH 9 / 24 / 26

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 3 / 26

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): Pecos Co. Commissioner Pct. 2

13 OFFICE SOUGHT (if known): Pecos Co. Commissioner Pct. 2

14 NOTICE FROM POLITICAL COMMITTEE(S)
Additional Pages

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
- ☑ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME: Project Red TX
COMMITTEE ADDRESS: 1108 Lavaca St. #110-610, Austin, TX. 78701
COMMITTEE CAMPAIGN TREASURER NAME: Wayne Hamilton
COMMITTEE CAMPAIGN TREASURER ADDRESS: 1108 Lavaca St. #110-610, Austin, TX. 78701

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)
Jerome Chavez	

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)	$ 1,902.15
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 387.88
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 370.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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 Jerome Chavez, and my date of birth is 5-1-67.

My address is 1700 W. 1st St. (street), Ft. Stockton (city), TX. (state), 79735 (zip code), USA (country).

Executed in Pecos County, State of Texas, on the 5th day of October (month), 20 26 (year).

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Jerome Chavez	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	■	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 1,902.15
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.		SCHEDULE E: LOANS	$
5.	■	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 130.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	■	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 257.88
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	$

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1

2 FILER NAME
Jerome Chavez

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS $ 0.00

5 Date	6 Full name of contributor ☐ out-of-state PAC (ID#:_____)	8 Amount of Contribution $	9 In-kind contribution description
08/20/2026	Project Red TX 7 Contributor address; City; State; Zip Code 1108 Lavaca, St. #110-610 Austin TX. 78701	1,552.15 Check if travel outside of Texas. Complete Schedule T.	Signs

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

11 Employer (FOR NON-JUDICIAL) (See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

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 ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
09/02/2026	Project Red TX Contributor address; City; State; Zip Code 1108 Lavaca, St. #110-610 Austin TX. 78701	350.00 Check if travel outside of Texas. Complete Schedule T.	Pushcards

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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
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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Jerome Chavez	

4 Date	5 Payee name
09/10/2026	Jose Fabela

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
130.00	1752 W. 51st Lane	Ft. Stockton,	TX.	79735

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Salaries/Wages/Contract Labor	Sign Installation

(c) Check if travel outside of Texas. Complete Schedule T. — Check if Austin, TX. officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate / Officeholder name — Office sought — Office held

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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 Austin, 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 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

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: 1	2 FILER NAME: Jerome Chavez	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 0
5 CREDIT CARD ISSUER	Name of financial institution: Discover	

6 PAYMENT	(a) Amount Charged: $ 10.83	(b) Date Expenditure Charged: 09/20/2026	(c) Date(s) Credit Card Issuer Paid:	
7 PAYEE	(a) Payee name: VISTAPRINT	(b) Payee address; City,: 275 Wyman St. Waltham,	State, Zip Code: MA. 02451	
8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Printed Materials		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held	

PAYMENT	(a) Amount Charged: $ 247.05	(b) Date Expenditure Charged: 09/22/2026	(c) Date(s) Credit Card Issuer Paid:	
PAYEE	(a) Payee name: VISTAPRINT	(b) Payee address; City,: 275 Wyman St. Waltham,	State, Zip Code: MA. 02451	
PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Printed Materials		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY 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:	
PURPOSE OF EXPENDITURE ☐ Political ☐ 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED