## **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** ECTIONS ADMINISTR NAME NICKNAME SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE OFFICEHOLDER MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION

OFFICEHOLDER	1000	1711 2000		Date Hand-Nellyered or Dale Posumarked
PHONE	136 6	114-1232		Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	$\mathcal{A}^{\mathfrak{g}_{I}}$	OCT 15 2025
NAME	NICKNAME	LAST	SUFFIX	Date Processed
	E	eller	~	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (	(NO PO BOX PLEASE); APT / SUITE	* Rd Lufki	n L 15901
(Residence or Business)				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(934) 4	674-7232		
9 REPORT TYPE	January 15	30th day before election	n Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Mont	A TANKS AND A TANKS
COVERED	1	11/24	THROUGH 6	130/24
11 ELECTION	ELECTION DA		ELECTION TY	PE
	Month Day	Year Primary	Runoff Other Description	n
	3/5/	24 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kn	own)
14 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS ACCE	EPTED OR POLITICAL EXPENDITURE	S MADE BY POLITICAL COMMITTEES TO SUPPORT
POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES MAY	Y HAVE BEEN MADE WITHOUT THE C	ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASUR		
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA     PLEDGES, LOANS, OR GUARA     CONTRIBUTIONS MADE ELECT		\$ 3
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN	BUTIONS IS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ Q
	4. TOTAL POLITICAL EXPENDI	TURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$
	wear, or affirm, under penalty of perjury, th		e and correct and includes all information
rec	quired to be reported by me under Title 15, El	ection Code.	
		Signature of Ca	ndidate or Officeholder
	*	8	E
	Please compl	ete either option below	<i>(</i> :
		and approved the formal management	
(A) B CC 1			
(1) Affidavit	*		
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 offic	er administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is 1err	Collier	, and my date of birth is	7/14/64
My address is 402 C		LUFKIN .7	\$ .75901, USA
THE PROPERTY OF THE PROPERTY O	(street)	(city) (s	state) (zip code) (country)
Executed in ang selin	Oa County, State of	, on the 20 day of fronth	, 20 24
ख्या <sub>र</sub>		Febre Co	Que )
		Signature of Candid	late/Officeholder (Declarant)

## **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 2 MI 3 CANDIDATE / OFFICEHOLDER NAME Date NICKNAME SUFFIX 4 CANDIDATE / Rel Lupken ADDRESS / PO BOX; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS**

Change of Address			154	0/	CELIA	14
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	PHONE NUMBER 74-7236	EXTENSION	-	Date Hand-delivered	of Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	A EMPST 2	allies	MI SUFFIX	Pate Processed  Date Imaged	Amount \$ 2025
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU	Lufkin	Lx	STATE; 759	ZIP CODE
(Residence or Business)  8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	0		Light Company of the
TREASURER PHONE	936)	674 723	32			
9 REPORT TYPE	January 15	30th day before ele	ection Runoff		15th day aff treasurer ap (Officeholde	
- 70	July 15	8th day before elec	11011	led Modified ing Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 2024	THROUGH	Month 12	Day Year	
11 ELECTION	Month Day	Year Primary	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOL	JGHT (if known)	2000/	elle to
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE CONSENT. CANDIDATES	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIRE	MAY HAVE BEEN MADE WITH	HOUT THE CANDI	DATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
agenticated and the second	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	***************************************		The second secon
		COMMITTEE CAMPAIGN TRE.	ASURER ADDRESS			Mary Sections
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Forms provided by Texas E	thics Commission	www.ethics.	.state.tx.us		· · · · · · · · · · · · · · · · · · ·	Revised 1/1/2025

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOAN	ED POLITICAL CONTRIBUTIONS S, OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	Manager and the second	\$ 0
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANTEE	S OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	ED POLITICAL EXPENDITURE.		\$
	4. TOTAL POLITICA	AL EXPENDITURES		\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF REPORTING P	CONTRIBUTIONS MAINTAINED A	S OF THE LAST DA	Y \$ -
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING EREPORTING PERIOD	LOANS AS OF THE	\$ 6
Property of the Control of the Contr	wear, or affirm, under penalty uired to be reported by me und		g report is true and	correct and includes all information
	Pleas	signse complete either opt		ate or Officeholder
(1) Affidavit				
NOTARY STAMP/SEAL				
Sworn to and subscribed	before me by		this the	day of,
20, to certify to	vhich, witness my hand and sea	al of office.		
Signature of officer administer	ing oath Printe	d name of officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declaration	n			
My name is Terr	, Collier	, and my d	ate of birth is	14/64
My address is 402 C	aver Ril	Lutilin		That usa.
Executed in Fingelin	(street)  County, State of Le	Fels	ay of fly (month)	(zip code) (country)  , 2024 (year)  Officeholder (Declarant)

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS/ MR NICKNAME	LAST COLLAR	SUFFIX	OFFICE USE ONLY  Date Received (10H3 AUMINISTRATION)
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	Cavel	Rel STATE; ZIP CODE	2 5
Change of Address  5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand de Margo on part hostmarked
OFFICEHOLDER PHONE	(93b)	674 7	232	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	elle.	MI	Amount \$
		eller	)	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S  Carrely Re	Suffer Luften	Lx 75901
(Residence or Business)	,	elle Asserte	- Commence of the commence of	
8 CAMPAIGN TREASURER PHONE	area code	674 -	723	
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
			Reporting Limit	<i>x</i>
10 PERIOD COVERED	Month	Day Year /1 / 24	THROUGH 12	/30/24
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	PE
	Month Day	Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	esso Callecto
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
8	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	*
	Account of the street,	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TO PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD)	ANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <del>O</del>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE
	wear, or affirm, under penalty of perjury, that the accompanying report is uired to be reported by me under Title 15, Election Code.	s true and correct and includes all information
	Signature o	of Candidate or Officeholder
	Please complete either option be	low:
(1) Affidavit		
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by this	the,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ing oath Printed name of officer administering oath	Title of officer administering oath
	ÖR	
(2) Unsworn Declaration	on .	10/61
My name is Fell	college, and my date of bir	th is 7/14/64 Tr 7.5901 USA
My address is 703 C	(street) (city)	(state) (zip code) (country)
Executed in Angelia	County, State of Less, on the day of the state of the sta	nonth; 2027. (year) andidate/Officeholder (Declarant)
	Signature of Ca	and date of nothing (Decidiant)

## 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						
	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		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Check	only one:					
	X	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.  Signature of Candidate					
5		HOLDER  Diete 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.					
		Signature of Officeholder					