

## BOARD OF DIRECTORS

### PRESIDENT

Lynn Tate  
Amarillo, TX

### VICE-PRESIDENT

Brad Heffington  
Littlefield, TX

### SECRETARY-TREASURER

Tony Beauchamp  
Lazbuddie, TX

### MEMBER

Jeremy Reed  
Kress, TX

### MEMBER

Brandon Patschke  
Lubbock, TX

### GENERAL MANAGER

Jason Coleman, P. E.

806.762.0181  
2930 Avenue Q  
Lubbock, TX 79411

Dear Potential Candidate:

To assist you in your endeavor to secure a position as a member of the Board of Directors of High Plains Underground Water Conservation District No. 1 ("District"), we have prepared a packet of information which includes forms, instructions and information needed for your campaign.

This packet includes:

- Important Candidate Information (including a list of qualifications of candidates and candidate deadlines)
- An Application for a Place on the Board of Directors' Election Ballot with Instructions
- An Appointment of Campaign Treasurer by a Candidate - Form CTA with Instructions
- Form ACTA – Amendment: Appointment of a Campaign Treasurer by a Candidate with Instructions
- A Candidate/Officeholder Campaign Finance Report – Form C/OH with Instructions
- A Code of Fair Campaign Practices Form CFCP
- A copy of the Fair Campaign Practices Act
- Copy of Political Advertising: What You Need To Know.
- Texas Dept. of Transportation Rules for Posting Signs
- Candidate Campaign Finance Report Filing Schedule for 2026
- Campaign Finance Guide for Local Filers

An application for Place on the Ballot must be filed by 5:00 p.m. on August 17, 2026. Applications can be submitted via mail, common contract carrier, hand-delivery, or email. An Appointment of Campaign Treasurer form must also be filed with the District.

The filing of the Code of Fair Campaign Practices Form is optional for candidates.

Should you have any questions regarding campaign finance filings you may contact the Texas Ethics Commission 1-800-735-2989 or [reception@ethics.state.tx.us](mailto:reception@ethics.state.tx.us).

### Calendar of Events for General Election to be held November 3, 2026

|                                                               |                  |
|---------------------------------------------------------------|------------------|
| First day for candidates to file application                  | July 18, 2026    |
| Last day to file application (deadline is 5 p.m.)             | August 17, 2026  |
| Last Day to File a Declaration of Write-in Candidacy          | August 21, 2026  |
| Drawing for place on the ballot (___ a.m. at District office) | August 25, 2026  |
| First day of early voting                                     | October 19, 2026 |
| Last day of early voting                                      | October 30, 2026 |
| Election Day                                                  | November 3, 2026 |

## **Eligibility for Director**

To be eligible to be a candidate, a person must:

- (1) Be a United States citizen;
- (2) Be 18 years of age or older;
- (3) Be a registered voter of the District by the filing deadline;
- (4) Have not been determined by a final judgment of a court exercising probate jurisdiction to be:
  - a. Totally mentally incapacitated or;
  - b. Partially mentally incapacitated without the right to vote;
- (5) Have not been finally convicted of a felony from which the person has not been pardoned or otherwise released from the resulting disabilities;
- (6) Have resided continuously in the state for 12 months and in the territory from which the office is elected for six (6) months preceding the filing deadline; and
- (7) Satisfy any other eligibility requirements prescribed by law for the office.

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**2930 Avenue Q**  
**Lubbock, TX 79411**

## APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL<sup>1</sup> Failure to provide required information may result in rejection of application.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>APPLICATION FOR A PLACE ON THE _____ GENERAL ELECTION BALLOT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
| TO: City Secretary/Secretary of Board (name of election)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
| I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
| <b>OFFICE SOUGHT</b> (Include any place number or other distinguishing number, if any.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                             | <b>INDICATE TERM</b><br><input type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED                                |                                                                                                                |                                                              |
| <b>FULL NAME</b> (First, Middle, Last)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                             | <b>PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*</b>                                                               |                                                                                                                |                                                              |
| <b>PERMANENT RESIDENCE ADDRESS</b> (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                                                                             | <b>PUBLIC MAILING ADDRESS (Optional)</b> (Address for which you receive campaign related correspondence, if available.) |                                                                                                                |                                                              |
| <b>CITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>STATE</b> | <b>ZIP</b>                                                                  | <b>CITY</b>                                                                                                             | <b>STATE</b>                                                                                                   | <b>ZIP</b>                                                   |
| <b>PUBLIC EMAIL ADDRESS (Optional)</b> (Address for which you receive campaign related emails, if available.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | <b>OCCUPATION (Do not leave blank)</b>                                      |                                                                                                                         | <b>DATE OF BIRTH</b><br>/ /                                                                                    | <b>VOTER REGISTRATION VOID NUMBER<sup>2</sup> (Optional)</b> |
| <b>TELEPHONE CONTACT INFORMATION (Optional)</b><br>Home: _____ Office: _____ Cell: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
| <b>FELONY CONVICTION STATUS (You MUST check one)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              | <b>LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN</b> |                                                                                                                         |                                                                                                                |                                                              |
| <input type="checkbox"/> I have not been finally convicted of a felony.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | <b>IN THE STATE OF TEXAS</b><br>____ year(s)<br>____ month(s)               |                                                                                                                         | <b>IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED</b><br>____ year(s)<br>____ month(s) |                                                              |
| <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
| *If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
| Before me, the undersigned authority, on this day personally appeared (name of candidate) _____, who being by me here and now duly sworn, upon oath says:<br>"I, (name of candidate) _____, of _____ County, Texas, being a candidate for the office of _____, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct." |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
| <b>X</b><br>_____<br><b>SIGNATURE OF CANDIDATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
| Sworn to and subscribed before me this the _____ day of _____, _____, by _____ (day) (month) (year) (name of candidate).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
| Signature of Officer Authorized to Administer Oath <sup>4</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                                                                             | Printed Name of Officer Authorized to Administer Oath                                                                   |                                                                                                                |                                                              |
| _____<br>Title of Officer Authorized to Administer Oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                                                                             | Notarial or Official Seal                                                                                               |                                                                                                                |                                                              |
| <b>TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:</b><br><input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.<br>This document and \$_____ filing fee or a nominating petition of _____ pages received. <input type="checkbox"/> <b>Voter Registration Status Verified</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |                                                                             |                                                                                                                         |                                                                                                                |                                                              |
| _____/_____/_____<br>Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | _____/_____/_____<br>Date Accepted                                          |                                                                                                                         | (See Section 1.007) _____<br>Signature of Filing Officer or Designee                                           |                                                              |

## INSTRUCTIONS

An application for a place on the general election for a city, school district or other political subdivision, may not be filed earlier than 30 days before the deadline prescribed by this code for filing the application. An application filed before that day is void. All fields of the application **must** be completed unless specifically marked optional.

For an election to be held on a uniform election date, the day of the filing deadline is the 78th day before Election Day.

If you have questions about the application, please contact the Secretary of State's Elections Division at 800-252-8683.

## NEPOTISM LAW

The candidate must sign this statement indicating his awareness of the nepotism law. When a candidate signs the application, it is an acknowledgment that the candidate is aware of the nepotism law. The nepotism prohibitions of chapter 573, Government Code, are summarized below:

No officer may appoint, or vote for or confirm the appointment or employment of any person related within the second degree by affinity (marriage) or the third degree by consanguinity (blood) to the officer, or to any other member of the governing body or court on which the officer serves when the compensation of that person is to be paid out of public funds or fees of office. However, nothing in the law prevents the appointment, voting for, or confirmation of anyone who has been continuously employed in the office or employment for the following period prior to the election or appointment of the officer or member related to the employee in the prohibited degree: six months, if the officer or member is elected at an election other than the general election for state and county officers.

No candidate may take action to influence an employee of the office to which the candidate is seeking election or an employee or officer of the governmental body to which the candidate is seeking election regarding the appointment or employment of a person related to the candidate in a prohibited degree as noted above. This prohibition does not apply to a candidate's actions with respect to a bona fide class or category of employees or prospective employees.

## FOOTNOTES

<sup>1</sup>An application for a place on the ballot, including any accompanying petition, is public information immediately on its filing. (Section 141.035, Texas Election Code)

<sup>2</sup>Inclusion of a candidate's VUID is optional. However, many candidates are required to be registered voters in the territory from which the office is elected at the time of the filing deadline. Please visit the Elections Division of the Secretary of State's website for additional information. <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

<sup>3</sup>Proof of release from the resulting disabilities of a felony conviction would include proof of judicial clemency under Texas Code of Criminal Procedure 42A.701, proof of executive pardon under Texas Code of Criminal Procedure 48.01, or proof of a restoration of rights under Texas Code of Criminal Procedure 48.05. (Texas Attorney General Opinion KP-0251)

**One of the following documents must be submitted with this application.**

Judicial Clemency under Texas Code of Criminal Procedure 42A.701

Executive Pardon under Texas Code of Criminal Procedure 48.01

Restoration of Rights under Texas Code of Criminal Procedure 48.05

<sup>4</sup>All oaths, affidavits, or affirmations made within this State may be administered and a certificate of the fact given by a judge, clerk, or commissioner of any court of record, a notary public, a justice of the peace, city secretary (for a city office), and the Secretary of State of Texas. See Chapter 602 of the Texas Government Code for the complete list of persons authorized to administer oaths.

**SOLICITUD DE INSCRIPCIÓN PARA UN LUGAR EN LA BOLETA DE UNA ELECCIÓN GENERAL  
PARA UNA CIUDAD, DISTRITO ESCOLAR U OTRA SUBDIVISIÓN POLÍTICA**

**TODA LA INFORMACIÓN ES REQUERIDA A MENOS QUE SE INDIQUE COMO OPCIONAL<sup>1</sup> El hecho de no proporcionar la información requerida puede resultar en el rechazo de la solicitud.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>SOLICITUD DE INSCRIPCIÓN PARA UN LUGAR EN LA BOLETA DE UNA ELECCIÓN GENERAL DE</b> _____<br>Para: Secretario(a) de la Ciudad/ Secretario(a) del Consejo _____ <b>(nombre de la elección)</b><br>Solicito que mi nombre <b>se incluya</b> en la boleta oficial mencionada anteriormente como candidato(a) al cargo indicado a continuación.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| <b>CARGO SOLICITADO</b> (Incluya cualquier número de cargo u otro número distintivo, si lo hay.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                   | <b>INDIQUE TÉRMINO</b><br><input type="checkbox"/> TÉRMINO COMPLETO <input type="checkbox"/> TÉRMINO INCOMPLETO                               |                                                                                |                                                                                                             |
| <b>NOMBRE COMPLETO</b> (Primer Nombre, Segundo Nombre, Apellido)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |               |                                                   | <b>ESCRIBA SU NOMBRE COMO DESEA QUE APAREZCA EN LA BOLETA*</b>                                                                                |                                                                                |                                                                                                             |
| <b>DIRECCIÓN DE RESIDENCIA PERMANENTE</b> (No incluya un apartado postal o una ruta rural. Si usted no tiene una dirección de residencia, describa la ubicación de la residencia.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                   | <b>DIRECCIÓN DE CORREO PÚBLICO (Opcional)</b> (Dirección en la que recibe la correspondencia relacionada con la campaña, si está disponible.) |                                                                                |                                                                                                             |
| <b>CIUDAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>ESTADO</b> | <b>CÓDIGO POSTAL</b>                              | <b>CIUDAD</b>                                                                                                                                 | <b>ESTADO</b>                                                                  | <b>CÓDIGO POSTAL</b>                                                                                        |
| <b>DIRECCIÓN DE CORREO ELECTRÓNICO PÚBLICO (Opcional)</b> (Dirección donde recibe correo electrónico relacionado con la campaña, si está disponible.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               | <b>OCUPACIÓN (No deje este espacio en blanco)</b> | <b>FECHA DE NACIMIENTO</b><br>____/____/____                                                                                                  | <b>VOID – NÚMERO ÚNICO DE IDENTIFICACIÓN DE VOTANTE<sup>2</sup> (Opcional)</b> |                                                                                                             |
| <b>INFORMACIÓN DE CONTACTO TELEFÓNICO (Opcional)</b><br>Hogar: _____ Trabajo: _____ Celular: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| <b>ESTADO DE CONDENA POR DELITO GRAVE (DEBE marcar una)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |               |                                                   | <b>DURACIÓN DE RESIDENCIA CONTINUA A PARTIR DE LA FECHA EN QUE ESTA SOLICITUD FUE JURADA</b>                                                  |                                                                                |                                                                                                             |
| <input type="checkbox"/> No he sido finalmente condenado por un delito grave.<br><input type="checkbox"/> He sido finalmente condenado por un delito grave, pero he sido indultado o liberado de otro modo de las discapacidades resultantes de esa condena por delito grave y he proporcionado prueba de este hecho con la presentación de esta solicitud. <sup>3</sup>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |               |                                                   | <b>EN EL ESTADO DE TEXAS</b><br>____ año(s)<br>____ mes(es)                                                                                   |                                                                                | <b>EN EL TERRITORIO/DISTRITO/PRECINTO DEL CUAL SE ELIGE EL CARGO BUSCADO</b><br>____ año(s)<br>____ mes(es) |
| <p>*Si usa un apodo como parte de su nombre para aparecer en la boleta, también está firmando y jurando las siguientes declaraciones: Juro además que mi apodo no constituye un lema ni contiene un título, ni indica un punto de vista o afiliación política, económica, social o religiosa. He sido comúnmente conocido por este apodo durante al menos tres años antes de esta elección. Por favor, revise las secciones 52.031, 52.032 y 52.033 del Código Electoral de Texas con respecto a las reglas sobre cómo se pueden incluir los nombres en la boleta oficial.</p> <p>Ante mí, la autoridad abajo firmante, en este día apareció personalmente (nombre del candidato) _____, quien estando a mi lado aquí y ahora debidamente juramentado, bajo juramento dice:<br/>"Yo, (nombre del candidato) _____, del condado de _____, Texas, siendo candidato para el cargo de _____, juro que apoyaré y defenderé la Constitución y las leyes de los Estados Unidos y del Estado de Texas. Soy un ciudadano de los Estados Unidos elegible para ocupar dicho cargo según la Constitución y las leyes de este estado. No se me ha determinado por un fallo final de una corte que ejerce la jurisdicción testamentaria que esté totalmente incapacitado mentalmente o parcialmente incapacitado sin derecho a voto. Soy consciente de la ley de nepotismo según el Capítulo 573 del Código de Gobierno. Soy consciente de que debo divulgar cualquier condena previa de un delito grave y, si he sido condenado, debo proporcionar prueba de que he sido indultado o liberado de otro modo de las discapacidades resultantes de dicha condena final por delito grave. Soy consciente de que proporcionar a sabiendas información falsa en la solicitud con respecto a mi posible estado de condena por delito grave constituye un delito menor de Clase B. Juro además que las declaraciones anteriores incluidas en mi solicitud son, en todos los aspectos, verdaderas y correctas."</p> <p style="text-align: center;"><b>X</b> _____<br/><b>FIRMA DEL CANDIDATO</b></p> |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| Jurado y suscrito ante mí este día _____ de _____ del _____ por _____.<br>(día) (mes) (año) (nombre de candidato)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |
| Firma del oficial autorizado para administrar el juramento <sup>4</sup><br>_____<br>Título del oficial autorizado para administrar el juramento                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                                                   | Nombre del oficial autorizado para administrar juramentos en letra de molde<br>_____<br>Notarial o sello oficial                              |                                                                                |                                                                                                             |
| <b>TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:</b><br><input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CASHIERS CHECK OR <input type="checkbox"/> PETITION IN LIEU OF A FILING FEE.<br>This document and \$_____ filing fee or a nominating petition of _____ pages received. <input type="checkbox"/> <b>Voter Registration Status Verified</b><br>_____/_____/_____<br>Date Received Date Accepted (See Section 1.007) _____<br>Signature of Filing Officer or Designee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |               |                                                   |                                                                                                                                               |                                                                                |                                                                                                             |

## INSTRUCCIONES

Una solicitud para un lugar en la elección general para una ciudad, distrito escolar u otra subdivisión política, no puede ser presentada antes de los 30 días antes de la fecha límite prescrita por este código para presentar la solicitud. Una solicitud presentada antes de ese día es nula. Todos los campos de la solicitud **deben** completarse a menos que estén específicamente marcados como opcional.

Para una elección que se lleve a cabo en una fecha de elección uniforme, el día de la fecha límite de presentación es el 78º día antes del día de la elección.

Si tiene preguntas sobre la solicitud, por favor póngase en contacto con la División de Elecciones del Secretario de Estado llamando al 800-252-8683.

## LEY DE NEPOTISMO

El candidato debe firmar esta declaración indicando su conocimiento de la ley del nepotismo. Cuando un candidato firma la solicitud, es un reconocimiento de que el candidato conoce la ley del nepotismo. Las prohibiciones de nepotismo del capítulo 573, Código de Gobierno, se resumen a continuación:

Ningún funcionario puede nombrar, votar o confirmar el nombramiento o empleo de cualquier persona emparentada dentro del segundo grado por afinidad (matrimonio) o del tercer grado por consanguinidad (sangre) con sí mismo, o con cualquier otro miembro del órgano de gobierno o corte en el que se desempeña cuando la compensación de esa persona debe pagarse con fondos públicos o honorarios del cargo. Sin embargo, nada en la ley impide el nombramiento, la votación o la confirmación de cualquier persona que haya estado empleada continuamente en la oficina o el empleo durante el período siguiente antes de la elección o el nombramiento del funcionario o miembro emparentado con el empleado en el grado prohibido: seis meses, si el funcionario o miembro es elegido en una elección que no sea la elección general para funcionarios estatales y del condado.

Ningún candidato puede tomar medidas para influir en un empleado del cargo al que aspira a ser elegido o en un empleado o funcionario del organismo gubernamental al que aspira a ser elegido en relación con el nombramiento o el empleo de una persona emparentada con el candidato en un grado prohibido, tal como se ha indicado anteriormente. Esta prohibición no se aplica a las acciones de un candidato con respecto a una clase o categoría de buena fe de empleados o empleados prospectos.

## NOTAS

<sup>1</sup>Una solicitud para un lugar en la boleta electoral, incluida cualquier petición que la acompañe, es información pública inmediatamente después de su presentación. (Sección 141.035, Código Electoral de Texas)

<sup>2</sup>La inclusión del número único de identificación de votante (VUID, por sus siglas en Inglés) es opcional. Sin embargo, a muchos candidatos se les exige que estén registrados como votantes en el territorio desde el cual se elige el cargo en el momento de la fecha límite de presentación. Por favor, visite el sitio web de la División de Elecciones de la Secretaría de Estado para obtener información adicional. <http://www.sos.state.tx.us/elections/laws/hb484-faq.shtml>

<sup>3</sup>La prueba de liberación de las discapacidades resultantes de una condena por un delito grave incluiría prueba de clemencia judicial según el Código de Procedimiento Penal de Texas 42A.701, prueba de indulto ejecutivo según el Código de Procedimiento Penal de Texas 48.01, o prueba de una restauración de derechos según el Código de Procedimiento Penal de Texas 48.05. (Opinión de Fiscal General de Texas KP-0251)

**Se debe enviar uno de los siguientes documentos con esta solicitud:**

Clemencia judicial según el Código de Procedimiento Penal de Texas 42A.701

Prueba de indulto ejecutivo según el Código de Procedimiento Penal de Texas 48.01

Prueba de una restauración de derechos según el Código de Procedimiento Penal de Texas 48.05

<sup>4</sup>Todos los juramentos, declaraciones juradas o afirmaciones hechas dentro de este estado pueden ser administrados y un certificado del hecho dado por un juez, secretario(a) o comisionado de cualquier corte de registro, un notario público, un juez de paz, secretario municipal (para una oficina de la ciudad) y el Secretario de Estado de Texas. Consulte el Capítulo 602 del Código del Gobierno de Texas para obtener la lista completa de personas autorizadas a administrar juramentos.

# AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA  
PG 1

1 CANDIDATE  
NAME

2 FILER ID #

3 Total pages filed:

See ACTA Instruction Guide for detailed instructions.

Use this form for changes to existing information only. Do not provide information previously disclosed.

4 CANDIDATE  
NAME

NEW

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

## OFFICE USE ONLY

Date Received

5 CANDIDATE  
MAILING  
ADDRESS

NEW

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

6 CANDIDATE  
PHONE

NEW

AREA CODE

PHONE NUMBER

EXTENSION

( )

Date Imaged

7 OFFICE HELD  
(if any)

NEW

8 OFFICE  
SOUGHT  
(if known)

NEW

9 CAMPAIGN  
TREASURER  
NAME

NEW

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

10 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)

NEW

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

11 CAMPAIGN  
TREASURER  
PHONE

NEW

AREA CODE

PHONE NUMBER

EXTENSION

( )

12 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Signature of Candidate

Date Signed

GO TO PAGE 2

**AMENDMENT:**  
**CANDIDATE MODIFIED REPORTING DECLARATION**

**FORM ACTA**  
**PG 2**

**13** CANDIDATE  
NAME

**14** MODIFIED  
REPORTING  
DECLARATION

NEW

**COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,140 in political contributions  
or make more than \$1,140 in political expenditures (excluding  
filing fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
will be required to file pre-election reports and, if necessary, a  
runoff report.

\_\_\_\_\_  
Year of election(s) or election cycle to  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

**This appointment is effective on the date it is filed with the appropriate filing authority.**

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

**Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC**

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# TEXAS ETHICS COMMISSION

## AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

### FORM ACTA—INSTRUCTION GUIDE



Revised January 1, 2026

Texas Ethics Commission, P.O. Box 12070, Austin, Texas 78711

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

(512) 463-5800 • TDD (800) 735-2989

*Promoting Public Confidence in Government*

## FORM ACTA–AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

### GENERAL INSTRUCTIONS

*These instructions are for the AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (Form ACTA). Use this form for changing information previously reported on Form CTA and for renewing your choice to report under the modified schedule. The information you enter on this form will replace the information from your previous APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (Form CTA).*

If any of the information required to be reported on your CAMPAIGN TREASURER APPOINTMENT changes, you should file an amendment. Use the AMENDMENT form (Form ACTA) to report the changes. Do not use the APPOINTMENT form (Form CTA).

You must also use the AMENDMENT form to renew your option to file under the modified schedule.

Except for your name at the top of the form (and your filer account number, if you file with the Texas Ethics Commission (Commission)), enter only the information that is *different* from what is on your current campaign treasurer appointment. Do not repeat information that has not changed. The “NEW” boxes emphasize that the information entered on this form should only be information that is different from what was previously reported. Any information entered in a space with a “NEW” box will replace the existing information.

### SPECIFIC INSTRUCTIONS

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

#### **PAGE 1**

- 1. CANDIDATE NAME:** Enter your name as it is on your current campaign treasurer appointment. Enter your name in the same way on Page 2, Section 13, of this form. If you are reporting a name change, enter your new name under Section 4.
- 2. FILER ID #:** If you are filing with the Commission, you were assigned a filer account number when you filed your initial campaign treasurer appointment. You should have received a letter acknowledging receipt of the form and informing you of your account number. Enter this number wherever you see “FILER ID #.” If you do not file with the Ethics Commission, you are not required to enter an account number.
- 3. TOTAL PAGES FILED:** After you have completed the form, enter the total number of pages of this form and any additional pages. A “page” is one side of a two-sided form. If you are not using a two-sided form, a “page” is a single sheet.

4. **CANDIDATE NAME:** Complete this section only if your name has *changed*. If your name has changed, enter your complete new name, including nicknames and suffixes (e.g., Sr., Jr., III) if applicable.
5. **CANDIDATE MAILING ADDRESS:** Complete this section only if your mailing address has *changed*. If your mailing address has changed, enter your complete new address, including zip code. This information will allow your filing authority to correspond with you. We recommend using a PO Box or other address where you receive mail, rather than your home address. This will be public information.
6. **CANDIDATE PHONE:** Complete this section only if your phone number has *changed*. If your phone number has changed, enter your new phone number, including the area code and extension, if applicable.
7. **OFFICE HELD:** If you are an officeholder, complete this section only if your office has *changed*. If your office has changed, please enter the new office held. Include the district, precinct, or other designation for the office, if applicable.
8. **OFFICE SOUGHT:** If you are a candidate, complete this section only if the office you seek has *changed*. If the office has changed, please enter the office you now seek, if known. Include the district, precinct, or other designation for the office, if applicable.

**Note:** Changing the office you are seeking may require you to file your reports with a different filing authority. See the Campaign Finance Guide for further information on filing with a different authority.

9. **CAMPAIGN TREASURER NAME:** Complete this section only if your campaign treasurer has *changed*. If your campaign treasurer has changed, enter the full name of your new campaign treasurer, including nicknames and suffixes (e.g., Sr., Jr., III), if applicable.

**Qualifications of Campaign Treasurer.** A person is ineligible for appointment as a campaign treasurer if the person is the campaign treasurer of a political committee that has outstanding filing obligations (including outstanding penalties). This prohibition does not apply if the committee in connection with which the ineligibility arose has not accepted more than \$5,000 in political contributions or made more than \$5,000 in political expenditures in any semiannual reporting period. A person who violates this prohibition is liable for a civil penalty not to exceed three times the amount of political contributions accepted or political expenditures made in violation of this provision.

10. **CAMPAIGN TREASURER STREET ADDRESS:** Complete this section only if your campaign treasurer's street address has *changed*. If your campaign treasurer's street address has changed, enter the complete new address of your campaign treasurer, including the zip code. You may enter either the treasurer's new business or residential street address. If you are your own treasurer, you may enter either your business or residential street address.
11. **CAMPAIGN TREASURER PHONE:** Complete this section only if your campaign treasurer's phone number has *changed*. If your campaign treasurer's phone number has

changed, enter the new phone number of your campaign treasurer, including the area code and extension, if applicable.

**12. CANDIDATE SIGNATURE:** Enter your signature after reading the summary. Your signature here indicates that you have read the following summary of the nepotism law; that you are aware of your responsibility to file timely reports; and that you are aware of the restrictions on contributions from corporations and labor organizations.

- The Texas nepotism law (Government Code, chapter 573) imposes certain restrictions on both officeholders and candidates. You should consult the statute in regard to the restrictions applicable to officeholders.
- A candidate may not take an affirmative action to influence an employee of the office to which the candidate seeks election in regard to the appointment, confirmation, employment or employment conditions of an individual who is related to the candidate within a prohibited degree.
- A candidate for a multi-member governmental body may not take an affirmative action to influence an officer or employee of the governmental body to which the candidate seeks election in regard to the appointment, confirmation, or employment of an individual related to the candidate in a prohibited degree.
- Two people are related within a prohibited degree if they are related within the third degree by consanguinity (blood) or the second degree by affinity (marriage). The *degree of consanguinity* is determined by the number of generations that separate them. If neither is descended from the other, the degree of consanguinity is determined by adding the number of generations that each is separated from a common ancestor. **Examples:** (1) first degree - parent to child; (2) second degree - grandparent to grandchild; or brother to sister; (3) third degree - great-grandparent to great-grandchild; or aunt to niece who is child of individual's brother or sister. A husband and wife are related in the first degree by affinity. A wife has the same degree of relationship by affinity to her husband's relatives as her husband has by consanguinity. For example, a wife is related to her husband's grandmother in the second degree by affinity.

**Note:** The changes you have made on this form will replace the information on your previous APPOINTMENT form (Form CTA).

## **PAGE 2**

**13. CANDIDATE NAME:** Enter your name as you did on Page 1, Section 1.

**14. MODIFIED REPORTING DECLARATION:** Sign this option if you wish to report under the modified reporting schedule.

The modified reporting option is not available for candidates for the office of state chair of a political party.

To the left of your signature, enter the year of the election or election cycle to which your selection of modified reporting applies.

Your selection of modified reporting is valid for an entire election cycle. For example, if you choose modified reporting before a primary election, your selection remains in effect for any runoff and for the general election and any related runoff. You must make this selection at least 30 days before the first election to which your selection applies.

An opposed candidate in an election is eligible to report under the modified reporting schedule if he or she does not intend to accept more than \$1,140 in political contributions or make more than \$1,140 in political expenditures in connection with an election. The amount of a filing fee paid to qualify for a place on the ballot does not count against the \$1,140 expenditure limit. An opposed candidate who reports under the modified schedule is not required to file pre-election reports (due 30 days and 8 days before an election) or runoff reports (due 8 days before a runoff). (Note: An *unopposed* candidate is not required to file pre-election reports in the first place.) The obligations to file semi-annual reports, special pre-election reports, or special session reports, if applicable, are not affected by selecting the modified schedule.

The \$1,140 maximums apply to each election within the cycle. In other words, you are limited to \$1,140 in contributions and expenditures in connection with the primary, an additional \$1,140 in contributions and expenditures in connection with the general election, and an additional \$1,140 in contributions and expenditures in connection with a runoff.

**Exceeding \$1,140 in contributions or expenditures.** If you exceed \$1,140 in contributions or expenditures in connection with an election, you must file according to the regular schedule. In other words, you must file pre-election reports and a runoff report, if you are in a runoff.

If you exceed either of the \$1,140 limits *after the 30th day before the election*, you must file a sworn report of contributions and expenditures within 48 hours after exceeding the limit. After that, you must file any pre-election reports or runoff reports that are due under the regular filing schedule.

Your selection is not valid for other elections or election cycles. Use another amendment form (ACTA) to renew your option to file under the modified schedule.

*For more information, see the Commission's campaign finance guide that applies to you.*

# CODE OF FAIR CAMPAIGN PRACTICES

## FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

**1 ACCOUNT NUMBER**  
(Ethics Commission Filers)

**2 TYPE OF FILER**

CANDIDATE ☐

POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6,  
then read and sign page 2.*

*If filing for a political committee, complete  
boxes 7 and 8, then read and sign page 2.*

**3 NAME OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

**4 TELEPHONE NUMBER  
OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

( )

**5 ADDRESS OF CANDIDATE**  
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

**6 OFFICE SOUGHT  
BY CANDIDATE**  
(PLEASE TYPE OR PRINT)

**7 NAME OF COMMITTEE**  
(PLEASE TYPE OR PRINT)

**8 NAME OF CAMPAIGN  
TREASURER**  
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

**GO TO PAGE 2**

# CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

## THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

---

Signature

---

Date

# 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 / MR FIRST MI

NICKNAME LAST SUFFIX

**4** CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

☐ Change of Address

**5** CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( )

**6** CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

**7** CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

**8** CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( )

**9** REPORT TYPE

☐ January 15

☐ 30th day before election

☐ 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

Month Day Year

THROUGH

**11** ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

**12** OFFICE

OFFICE HELD (if any)

**13** OFFICE SOUGHT (if known)

**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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

|                                |                                                                                                                                       |                                               |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>15 C/OH NAME</b>            |                                                                                                                                       | <b>16</b> Filer ID (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                            |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                        | \$                                            |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                            |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                                | \$                                            |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$                                            |
| <b>OUTSTANDING LOAN TOTALS</b> | 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 \_\_\_\_\_, 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\_\_\_\_\_.  
(month) (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) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                                     |
| 2.                                        | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.                                        | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                                     |
| 4.                                        | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$                                     |
| 5.                                        | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 6.                                        | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$                                     |
| 7.                                        | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.                                        | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.                                        | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                                     |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

**4** Date

**7** Amount of contribution (\$)

8 Principal occupation / Job title (See Instructions)

Date \_\_\_\_\_

Amount of contribution (\$)

Employer (See Instructions)

Date

Amount of contribution (\$)

Employer (See Instructions)

Date \_\_\_\_\_

Amount of contribution (\$)

Employer (See Instructions)

Revised 1/1/2026

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

|                                                                                                                                                                       |                                                                                                                                                                                                                         |                                                                                                                           |                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                      |                                                                                                                                                                                                                         | <b>1</b> Total pages Schedule A2:                                                                                         |                                                       |
| <b>2</b> FILER NAME                                                                                                                                                   |                                                                                                                                                                                                                         | <b>3</b> Filer ID (Ethics Commission Filers)                                                                              |                                                       |
| <b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                                                                                          |                                                                                                                                                                                                                         | \$                                                                                                                        |                                                       |
| <b>5</b> Date                                                                                                                                                         | <b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br><b>7</b> Contributor address;                      City;                      State;                      Zip Code | <b>8</b> Amount of Contribution \$<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <b>9</b> In-kind contribution description<br><br><br> |
| <b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)                                                                                      |                                                                                                                                                                                                                         | <b>11</b> Employer (FOR NON-JUDICIAL) (See Instructions)                                                                  |                                                       |
| <b>12</b> Contributor's principal occupation (FOR JUDICIAL)                                                                                                           |                                                                                                                                                                                                                         | <b>13</b> Contributor's job title (FOR JUDICIAL) (See Instructions)                                                       |                                                       |
| <b>14</b> Contributor's employer/law firm (FOR JUDICIAL)                                                                                                              |                                                                                                                                                                                                                         | <b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)                                                        |                                                       |
| <b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)                                                                                    |                                                                                                                                                                                                                         |                                                                                                                           |                                                       |
| Date                                                                                                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>.....<br>Contributor address;                      City;                      State;                      Zip Code                   | Amount of Contribution \$<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          | In-kind contribution description<br><br><br>          |
| 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)                                                                                              |                                                                                                                                                                                                                         |                                                                                                                           |                                                       |
|                                                                                                                                                                       |                                                                                                                                                                                                                         |                                                                                                                           |                                                       |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. |                                                                                                                                                                                                                         |                                                                                                                           |                                                       |

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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

|                                                                                                                                                                              |                                                                                                                                                                                                                     |                                              |                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                             |                                                                                                                                                                                                                     | <b>1</b> Total pages Schedule B:             |                                                                                                                                           |
| <b>2</b> FILER NAME                                                                                                                                                          |                                                                                                                                                                                                                     | <b>3</b> Filer ID (Ethics Commission Filers) |                                                                                                                                           |
| <b>4</b> TOTAL OF UNITEMIZED PLEDGES                                                                                                                                         |                                                                                                                                                                                                                     | \$                                           |                                                                                                                                           |
| <b>5</b> Date                                                                                                                                                                | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br><b>7</b> Pledgor address;                      City;                      State;                      Zip Code | <b>8</b> Amount of Pledge \$                 | <b>9</b> In-kind contribution description<br><br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| <b>10</b> Principal occupation / Job title (See Instructions)                                                                                                                |                                                                                                                                                                                                                     | <b>11</b> Employer (See Instructions)        |                                                                                                                                           |
| Date                                                                                                                                                                         | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;                      City;                      State;                      Zip Code                   | Amount of Pledge \$                          | In-kind contribution description<br><br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (See Instructions)                                                                                                                          |                                                                                                                                                                                                                     | Employer (See Instructions)                  |                                                                                                                                           |
| Date                                                                                                                                                                         | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;                      City;                      State;                      Zip Code                   | Amount of Pledge \$                          | In-kind contribution description<br><br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (See Instructions)                                                                                                                          |                                                                                                                                                                                                                     | Employer (See Instructions)                  |                                                                                                                                           |
| Date                                                                                                                                                                         | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;                      City;                      State;                      Zip Code                   | Amount of Pledge \$                          | In-kind contribution description<br><br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (See Instructions)                                                                                                                          |                                                                                                                                                                                                                     | Employer (See Instructions)                  |                                                                                                                                           |
| Date                                                                                                                                                                         | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><br>.....<br>Pledgor address;                      City;                      State;                      Zip Code                   | Amount of Pledge \$                          | In-kind contribution description<br><br>.....<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.          |
| Principal occupation / Job title (See Instructions)                                                                                                                          |                                                                                                                                                                                                                     | Employer (See Instructions)                  |                                                                                                                                           |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br><b>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</b> |                                                                                                                                                                                                                     |                                              |                                                                                                                                           |

# 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:                                                                                    |
| 2 FILER NAME                                                            |                                                                          | 3 Filer ID (Ethics Commission Filers)                                                                        |
| 4 TOTAL OF UNITEMIZED LOANS                                             |                                                                          | \$                                                                                                           |
| 5 Date of loan                                                          | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) | 9 Loan Amount (\$)                                                                                           |
| 6 Is lender a financial Institution?<br><br>Y N                         | 8 Lender address; City; State; Zip Code                                  | 10 Interest rate                                                                                             |
|                                                                         |                                                                          | 11 Maturity date                                                                                             |
| 12 Principal occupation / Job title (See Instructions)                  |                                                                          | 13 Employer (See Instructions)                                                                               |
| 14 Description of Collateral<br><input type="checkbox"/> none           |                                                                          | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | 17 Name of guarantor                                                     | 19 Amount Guaranteed (\$)                                                                                    |
|                                                                         | 18 Guarantor address; City; State; Zip Code                              |                                                                                                              |
| 20 Principal Occupation (See Instructions)                              |                                                                          | 21 Employer (See Instructions)                                                                               |
| Date of loan                                                            | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )   | Loan Amount (\$)                                                                                             |
| Is lender a financial Institution?<br><br>Y N                           | Lender address; City; State; Zip Code                                    | Interest rate                                                                                                |
|                                                                         |                                                                          | Maturity date                                                                                                |
| Principal occupation / Job title (See Instructions)                     |                                                                          | Employer (See Instructions)                                                                                  |
| Description of Collateral<br><input type="checkbox"/> none              |                                                                          | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input 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  
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) |
| 4 Date                                                       | 5 Payee name                                                                                                                                                  |                                       |
| 6 Amount (\$)                                                | 7 Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                   |                                       |
| 8<br><b>PURPOSE OF EXPENDITURE</b>                           | (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 |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                 | Office sought Office held             |
| Date                                                         | Payee name                                                                                                                                                    |                                       |
| Amount (\$)                                                  | Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                     |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | 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                                                         | Payee name                                                                                                                                                    |                                       |
| Amount (\$)                                                  | Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                     |                                       |
| <b>PURPOSE OF EXPENDITURE</b>                                | 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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 F2: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------|--------------|---------------------------------------|

|                                                   |    |
|---------------------------------------------------|----|
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | \$ |
|---------------------------------------------------|----|

|        |              |
|--------|--------------|
| 5 Date | 6 Payee name |
|--------|--------------|

|               |                                                                   |
|---------------|-------------------------------------------------------------------|
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code                            |
|               | <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                              |
|             | <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.

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

|      |                                                                                                                                           |  |
|------|-------------------------------------------------------------------------------------------------------------------------------------------|--|
| Date | 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

|                               |              |                                       |
|-------------------------------|--------------|---------------------------------------|
| 1 TOTAL PAGES<br>SCHEDULE F4: | 2 FILER NAME | 3 FILER ID (Ethics Commission Filers) |
|-------------------------------|--------------|---------------------------------------|

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

|                         |                               |
|-------------------------|-------------------------------|
| 5 CREDIT CARD<br>ISSUER | Name of financial institution |
|-------------------------|-------------------------------|

|           |                          |                              |                                     |
|-----------|--------------------------|------------------------------|-------------------------------------|
| 6 PAYMENT | (a) Amount Charged<br>\$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|-----------|--------------------------|------------------------------|-------------------------------------|

|         |                |                                                                                                               |
|---------|----------------|---------------------------------------------------------------------------------------------------------------|
| 7 PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code<br><input type="checkbox"/> Check if individual's residence address. |
|---------|----------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                 |                                                                                                                                                               |                 |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 8 PURPOSE OF<br>EXPENDITURE<br><br><input type="checkbox"/> Political<br><input type="checkbox"/> Non-Political | (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 |                 |

|                                                                 |                               |               |             |
|-----------------------------------------------------------------|-------------------------------|---------------|-------------|
| 9 Complete <b>ONLY</b> if direct<br>expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |
|-----------------------------------------------------------------|-------------------------------|---------------|-------------|

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

|       |                |                                                                                                               |
|-------|----------------|---------------------------------------------------------------------------------------------------------------|
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code<br><input type="checkbox"/> Check if individual's residence address. |
|-------|----------------|---------------------------------------------------------------------------------------------------------------|

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

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

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

|       |                |                                                                                                               |
|-------|----------------|---------------------------------------------------------------------------------------------------------------|
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code<br><input type="checkbox"/> Check if individual's residence address. |
|-------|----------------|---------------------------------------------------------------------------------------------------------------|

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

|                                                               |                               |               |             |
|---------------------------------------------------------------|-------------------------------|---------------|-------------|
| Complete <b>ONLY</b> if direct<br>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) |
| 4 Date                                                                                            | 5 Payee name                                                                                                                                                  |                                       |
| 6 Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><br><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                       |
|                                                                                                   | (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                                                                                              | Payee name                                                                                                                                                    |                                       |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br><br><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                                                                                              | Payee name                                                                                                                                                    |                                       |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br><br><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  
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.

|                                                                     |                                                                                                                                                                      |                                              |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> Total pages Schedule H:                                    | <b>2</b> FILER NAME                                                                                                                                                  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date                                                       | <b>5</b> Business name                                                                                                                                               |                                              |
| <b>6</b> Amount (\$)                                                | <b>7</b> Business address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                |                                              |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)                                                                                              | <b>(b)</b> Description                       |
|                                                                     | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name                                                                                                                                        | Office sought Office held                    |
| Date                                                                | Business name                                                                                                                                                        |                                              |
| Amount (\$)                                                         | Business address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                         |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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 (\$)                                                         | Business address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                         |                                              |
| <b>PURPOSE OF EXPENDITURE</b>                                       | 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.

|                                                   |                                                                               |                                                                                   |
|---------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule I:                  | <b>2</b> FILER NAME                                                           | <b>3</b> Filer ID (Ethics Commission Filers)                                      |
| <b>4</b> Date                                     | <b>5</b> Payee name                                                           |                                                                                   |
| <b>6</b> Amount (\$)                              | <b>7</b> Payee address;                                                       | City State Zip Code                                                               |
| <b>8</b><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b> | <b>(a)</b> Category (See instructions for examples of acceptable categories.) | <b>(b)</b> Description (See instructions regarding type of information required.) |
| Date                                              | Payee name                                                                    |                                                                                   |
| Amount (\$)                                       | Payee address;                                                                | City State Zip Code                                                               |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | 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                                                               |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | 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                                                               |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>             | 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.

|                                                                  |                                                                                                                          |                                              |
|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b> |                                                                                                                          | <b>1</b> Total pages Schedule K:             |
| <b>2</b> FILER NAME                                              |                                                                                                                          | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date                                                    | <b>5</b> Name of person from whom amount is received                                                                     | <b>8</b> Amount (\$)                         |
|                                                                  | <b>6</b> Address of person from whom amount is received;      City;      State;      Zip Code                            |                                              |
|                                                                  | <b>7</b> Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer |                                              |
| Date                                                             | Name of person from whom amount is received                                                                              | Amount (\$)                                  |
|                                                                  | Address of person from whom amount is received;      City;      State;      Zip Code                                     |                                              |
|                                                                  | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer          |                                              |
| Date                                                             | Name of person from whom amount is received                                                                              | Amount (\$)                                  |
|                                                                  | Address of person from whom amount is received;      City;      State;      Zip Code                                     |                                              |
|                                                                  | Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer          |                                              |
| Date                                                             | Name of person from whom amount is received                                                                              | Amount (\$)                                  |
|                                                                  | Address of person from whom amount is received;      City;      State;      Zip Code                                     |                                              |
|                                                                  | 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.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                     |                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | <b>1</b> Total pages Schedule T:             |
| <b>2</b> FILER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                     | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                     |                                              |
| <b>5</b> Contribution / Expenditure reported on:<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div> |                                                                                     |                                              |
| <b>6</b> Dates of travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>7</b> Name of person(s) traveling                                                |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>8</b> Departure city or name of departure location                               |                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>9</b> Destination city or name of destination location                           |                                              |
| <b>10</b> Means of transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>11</b> Purpose of travel (including name of conference, seminar, or other event) |                                              |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                     |                                              |
| Contribution / Expenditure reported on:<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>          |                                                                                     |                                              |
| Dates of travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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:<br><div style="display: flex; flex-wrap: wrap; justify-content: space-between; padding: 5px 0;"><div><input type="checkbox"/> Schedule A2</div><div><input type="checkbox"/> Schedule B</div><div><input type="checkbox"/> Schedule B(J)</div><div><input type="checkbox"/> Schedule C2</div><div><input type="checkbox"/> Schedule D</div><div><input type="checkbox"/> Schedule F1</div><div><input type="checkbox"/> Schedule F2</div><div><input type="checkbox"/> Schedule F4</div><div><input type="checkbox"/> Schedule G</div><div><input type="checkbox"/> Schedule H</div><div><input type="checkbox"/> Schedule COH-UC</div><div><input type="checkbox"/> Schedule B-SS</div></div>          |                                                                                     |                                              |
| Dates of travel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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)           |                                              |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                     |                                              |

# 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

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.

\_\_\_\_\_  
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.*

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

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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

NOTARY STAMP / SEAL

\_\_\_\_\_  
Signature of Filer

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 \_\_\_\_\_, 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\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Filer (Declarant)

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

# **TEXAS ETHICS COMMISSION**

## **CAMPAIGN FINANCE GUIDE FOR CANDIDATES AND OFFICEHOLDERS WHO FILE WITH LOCAL FILING AUTHORITIES**



**This guide is for candidates for and officeholders in the following positions:**

- **county offices;**
- **precinct offices;**
- **single-county district offices;**
- **city offices; and**
- **offices of other political subdivisions such as school districts**

This guide applies to candidates for and officeholders of justice of the peace. This guide does not apply to candidates for and judges of statutory county courts, statutory probate courts, or district courts. For those candidates and officeholders, the Ethics Commission makes available a CAMPAIGN FINANCE GUIDE FOR JUDICIAL CANDIDATES AND OFFICEHOLDERS.

The Ethics Commission also makes available a CAMPAIGN FINANCE GUIDE FOR CANDIDATES AND OFFICEHOLDERS WHO FILE WITH THE ETHICS COMMISSION, a CAMPAIGN FINANCE GUIDE FOR POLITICAL COMMITTEES, and a CAMPAIGN FINANCE GUIDE FOR POLITICAL PARTIES.

**Revised January 1, 2026**

**Texas Ethics Commission, P.O. Box 12070, Austin, Texas 78711**

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

**(512) 463-5800 • TDD (800) 735-2989**

*Promoting Public Confidence in Government*

# **CAMPAIGN FINANCE GUIDE FOR CANDIDATES AND OFFICEHOLDERS WHO FILE WITH LOCAL FILING AUTHORITIES**

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## **INTRODUCTION**

This guide is a summary of reporting requirements and other regulations set out in Title 15 of the Texas Election Code (Chs. 251-259) and in the rules adopted by the Texas Ethics Commission. This guide applies to candidates for and officeholders in most local offices in Texas.

This guide does not apply to candidates for or officeholders of statewide elective offices, the State Legislature, seats on the State Board of Education, or multi-county district offices. Nor does it apply to candidates for or judges of statutory county courts, statutory probate courts, or district courts.

### **IMPORTANT UPDATES**

As directed by section 571.064 of the Texas Government Code, the Commission is required to annually adjust certain reporting thresholds upward to the nearest multiple of \$10 in accordance with the percentage increase for the previous year in the Consumer Price Index for Urban Consumers published by the Bureau of Labor Statistics of the United States Department of Labor.

These changes will be made effective January 1<sup>st</sup> of each calendar year; the affected numbers and corresponding new thresholds are located in 1 T.A.C. §18.31, which can be found here: <https://www.ethics.state.tx.us/rules/>. The higher itemization thresholds will be reflected on the paper forms and in these instructions, as applicable.

Verify that you are using the correct thresholds and forms that apply to your filing. For example, if you are filing a campaign finance report or lobby activities report that is due in January of 2025, you must use the forms and instructions that are applicable to the period ending December 31, 2024.

### **OFFICEHOLDERS**

Officeholders as well as candidates are subject to regulation under Title 15. An officeholder who has a campaign treasurer appointment on file with a filing authority is a “candidate” for purposes of Title 15 and is subject to all the regulations applicable to candidates. An officeholder who does not have a campaign treasurer appointment on file is subject only to the regulations applicable to officeholders.

Most of the requirements discussed in this guide apply to both candidates (individuals who have a campaign treasurer appointment on file) and to officeholders who do not have a campaign treasurer appointment on file. The guide will indicate whether a particular requirement applies to individuals who have campaign treasurer appointments on file, to officeholders who do not have campaign treasurer appointments on file, or to both.

### **JUDICIAL CANDIDATES AND OFFICEHOLDERS**

Candidates for and officeholders in most judicial offices are subject to various restrictions that do not apply to other candidates and officeholders. Those candidates and officeholders should review the CAMPAIGN FINANCE GUIDE FOR JUDICIAL CANDIDATES AND OFFICEHOLDERS and the POLITICAL ADVERTISING GUIDE which are available on the commission’s website.

**Nonjudicial Officeholder Seeking Judicial Office.** Pursuant to Op. Tex. Ethics Comm’n No. 465 (2005), a nonjudicial officeholder who becomes a judicial candidate is required to file two campaign finance reports, one reporting nonjudicial activity and the other reporting judicial activity. Alternatively, a nonjudicial officeholder who becomes a judicial candidate may select to file a single report that includes both candidate and officeholder activity if the activity is clearly and properly reported. *See* the CAMPAIGN FINANCE GUIDE FOR JUDICIAL CANDIDATES AND OFFICEHOLDERS for more information.

## FEDERAL OFFICES

This guide does not apply to candidates for federal offices. Candidates for federal offices should contact the Federal Election Commission. The FEC’s toll-free number is (800) 424-9530.

## FILING AUTHORITIES

Title 15 requires candidates and officeholders to file various documents and reports with the appropriate filing authority.

The filing authority for a local candidate or officeholder depends on the nature of the office sought or held.

**County Clerk.** The county clerk (or the county elections administrator if the county has an elections administrator, or tax assessor-collector if the county’s commissioners court has transferred the filing authority function to the tax assessor-collector and the county clerk and tax assessor-collector have agreed to the transfer) is the appropriate filing authority for a candidate for:

- a county office;
- a precinct office;
- a district office (except for multi-county district offices);
- an office of a political subdivision other than a county if the political subdivision is within the boundaries of a single county and if the governing body of the political subdivision has not been formed; and
- An elected position on the board of directors of an appraisal district.

**Other local filing authority.** If a candidate is seeking an office of a political subdivision other than a county, the appropriate filing authority is the *clerk or secretary of the governing body* of the political subdivision. If the political subdivision has no clerk or secretary, the appropriate filing authority is the governing body’s presiding officer.

**Texas Ethics Commission.** The Texas Ethics Commission is the appropriate filing authority for candidates for:

- Multi-county district offices. (Reminder: This guide does not apply to multi-county district offices.)

- An office of a political subdivision other than a county if the political subdivision includes areas in more than one county and if the governing body of the political subdivision has not been formed.

## **POLITICAL COMMITTEES (PACS)**

Often a candidate or officeholder chooses to establish a specific-purpose political committee. A political committee is subject to *separate* filing requirements. Establishing a specific-purpose political committee does not relieve a candidate or officeholder of the obligation to file as an individual. For more information about political committees, see the Ethics Commission's CAMPAIGN FINANCE GUIDE FOR POLITICAL COMMITTEES.

## **FINANCIAL DISCLOSURE STATEMENTS**

Some local candidates and officeholders are required to file an annual personal financial statement in accordance with Government Code Chapter 572 or Local Government Code Chapter 159. This statement is not a campaign finance document, and is not addressed in this guide.

## **FEDERAL INCOME TAX**

This pamphlet does not address the federal tax implications of campaign finance. Questions regarding federal tax law should be directed to the Internal Revenue Service.

## **TEXAS ETHICS COMMISSION**

If you have a question about how Title 15 applies to you, you may call the Ethics Commission for assistance or you may request a written advisory opinion.

The Ethics Commission has authority to impose fines for violations of Title 15. If you have evidence that a person has violated Title 15, you may file a sworn complaint with the Ethics Commission.

The Ethics Commission's mailing address is P.O. Box 12070, Austin, Texas 78711. The phone number is (512) 463-5800. The Ethics Commission maintains a website at [www.ethics.state.tx.us](http://www.ethics.state.tx.us).

## **APPOINTING A CAMPAIGN TREASURER**

If you plan to run for a public office in Texas (except for a federal office), you must file an APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (FORM CTA) with the proper filing authority before you become a candidate, even if you do not intend to accept campaign contributions or make campaign expenditures. A "candidate" is a person who knowingly and willingly takes affirmative action for the purpose of gaining nomination or election to public office or for the purpose of satisfying financial obligations incurred by the person in connection with the campaign for nomination or election. Examples of affirmative action include:

- (A) the filing of a campaign treasurer appointment, except that the filing does not constitute candidacy or an announcement of candidacy for purposes of the

automatic resignation provisions of Article XVI, Section 65, or Article XI, Section 11, of the Texas Constitution;

- (B) the filing of an application for a place on the ballot;
- (C) the filing of an application for nomination by convention;
- (D) the filing of a declaration of intent to become an independent candidate or a declaration of write-in candidacy;
- (E) the making of a public announcement of a definite intent to run for public office in a particular election, regardless of whether the specific office is mentioned in the announcement;
- (F) before a public announcement of intent, the making of a statement of definite intent to run for public office and the soliciting of support by letter or other mode of communication;
- (G) the soliciting or accepting of a campaign contribution or the making of a campaign expenditure; and
- (H) the seeking of the nomination of an executive committee of a political party to fill a vacancy.

### **NO CAMPAIGN CONTRIBUTIONS OR EXPENDITURES WITHOUT TREASURER APPOINTMENT ON FILE**

Additionally, the law provides that you must file a campaign treasurer appointment form with the proper filing authority before you may accept a campaign contribution or make or authorize a campaign expenditure, including an expenditure from your personal funds. A filing fee paid to a filing authority to qualify for a place on a ballot is a campaign expenditure that may not be made before filing a campaign treasurer appointment form with the proper filing authority.

### **APPOINTING TREASURER TRIGGERS REPORTING DUTIES**

After a candidate has filed a form appointing a campaign treasurer, the candidate is responsible for filing periodic reports of contributions and expenditures. Filing reports is the responsibility of the candidate, not the campaign treasurer. Even if a candidate loses an election, he or she must continue filing reports until he or she files a final report. *See “Ending Filing Obligations”* in this guide. (An officeholder who files a final report, and thereby terminates his or her campaign treasurer appointment, may still be required to file semiannual reports of contributions and expenditures as an officeholder.)

### **QUALIFICATIONS OF CAMPAIGN TREASURER**

A person is ineligible for appointment as a campaign treasurer if the person is the campaign treasurer of a political committee that has outstanding filing obligations (including outstanding penalties). This prohibition does not apply if the committee in connection with which the ineligibility arose has not accepted more than \$5,000 in political contributions or made more than \$5,000 in political expenditures in any semiannual reporting period. A person who violates

this prohibition is liable for a civil penalty not to exceed three times the amount of political contributions accepted or political expenditures made in violation of this provision.

## **DUTIES OF CAMPAIGN TREASURER**

A candidate's campaign treasurer has no legal duties. (**Note:** The campaign treasurer of a *political committee* is legally responsible for filing reports.)

## **EFFECTIVE DATE OF APPOINTMENT**

A campaign treasurer appointment is effective when filed. A hand-delivered appointment takes effect on the date of delivery. A mailed appointment takes effect on the date of the postmark.

## **CODE OF FAIR CAMPAIGN PRACTICES**

A filing authority should provide to each individual who files a campaign treasurer appointment a form containing a Code of Fair Campaign Practices. A candidate may pledge to conduct his or her campaign in accordance with the principles and practices set out in the Code by signing the form and filing it with the appropriate filing authority.

## **APPOINTMENT BY OFFICEHOLDER**

If an officeholder files an appointment of campaign treasurer after a period in which he or she did not have a campaign treasurer appointment on file, the officeholder may have to file a report of contributions and expenditures no later than 15 days after filing the appointment of campaign treasurer. See "15th Day After Appointment of Campaign Treasurer by Officeholder" in this guide. An officeholder who *changes* a campaign treasurer is not required to file this report.

**Note:** An officeholder who has a campaign treasurer appointment on file is a candidate for purposes of Title 15.

## **FILING FOR A PLACE ON THE BALLOT**

Filing a campaign treasurer appointment and filing for a place on the ballot are two completely separate actions. The Secretary of State can provide information about filing for a place on the ballot. Call the Secretary of State at (512) 463-5650 or toll-free at (800) 252-8683.

## **CHANGING TREASURERS**

A candidate may change campaign treasurers at any time by filing an amended appointment of campaign treasurer (FORM ACTA). Filing an appointment of a new treasurer automatically terminates the appointment of the old treasurer.

## **TRANSFERRING TO A DIFFERENT FILING AUTHORITY**

If a candidate has a campaign treasurer appointment on file with one filing authority and wishes to accept campaign contributions or make campaign expenditures in connection with a candidacy for an office that would require reporting to a different filing authority, the candidate must file a new campaign treasurer appointment and a copy of the old campaign treasurer appointment (certified by original authority) with the second filing authority. The candidate should also

provide written notice to the original filing authority that future reports will be filed with another authority. In general, funds accepted in connection with one office may be used in connection with a campaign for a different office, as long as neither of the offices is a judicial office.

### **TERMINATING A CAMPAIGN TREASURER APPOINTMENT**

A candidate may terminate a campaign treasurer appointment by filing an amended appointment of campaign treasurer or by filing a final report.

A campaign treasurer may terminate his or her own appointment by notifying both the candidate and the filing authority in writing. The termination is effective on the date the candidate receives the notice or on the date the filing authority receives the notice, whichever is later.

### **DECIDING NOT TO RUN**

A campaign treasurer appointment does not simply expire. An individual who has a campaign treasurer appointment on file must file reports of contributions and expenditures until he or she files a final report with the filing authority. *See* “Ending Filing Obligations” in this guide.

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### **THINGS TO REMEMBER**

- If you plan to run for a public office in Texas (except for a federal office), you must file an APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (FORM CTA) with the proper filing authority before you become a candidate, even if you do not intend to accept campaign contributions or make campaign expenditures.
- A person may not accept a campaign contribution or make a campaign expenditure unless the person has a campaign treasurer appointment on file with the proper filing authority.
- Once a person files a form appointing a campaign treasurer, the person is a candidate for disclosure filing purposes and is responsible for filing periodic reports of contributions and expenditures with the proper filing authority until the person files a “final report.”
- The candidate, not the campaign treasurer, is responsible for filing periodic reports of contributions and expenditures.
- Filing a campaign treasurer appointment does not automatically “sign you up” for a place on the ballot. The Secretary of State can provide information about getting on the ballot. Call (512) 463-5650 or (800) 252-8683.

## POLITICAL CONTRIBUTIONS AND EXPENDITURES

Title 15 regulates political contributions and political expenditures. There are two types of political contributions: campaign contributions and officeholder contributions. Similarly, there are two kinds of political expenditures: campaign expenditures and officeholder expenditures.

### CAMPAIGN CONTRIBUTIONS

A person makes a campaign contribution to a candidate if the person provides or promises something of value with the intent that it be used in connection with a campaign. A contribution of goods or services is an “in-kind” campaign contribution. A loan is considered to be a contribution unless it is from an incorporated financial institution that has been in business for more than a year. Candidates must report all loans made for campaign purposes, including loans that are not “contributions.”

- Donations to a candidate at a fund-raiser are campaign contributions.
- The provision of office space to a candidate is an “in-kind” campaign contribution.
- A promise to give a candidate money is a campaign contribution.
- An item donated to be auctioned at a fund-raiser is an “in-kind” campaign contribution. The purchase of the item at the auction is also a contribution.
- A campaign volunteer is making a contribution in the form of personal services. (Contributions of personal services are sometimes not required to be reported. See “Contributions of Personal Services” in this guide.)

**Note:** An individual may not accept a campaign contribution without an appointment of campaign treasurer on file with the proper filing authority.

### CAMPAIGN EXPENDITURES

A campaign expenditure is a payment or an agreement to make a payment in connection with a campaign for an elective office.

- Paying a filing fee in connection with an application for a place on a ballot is a campaign expenditure.
- Purchasing stationery for fund-raising letters is a campaign expenditure.
- Renting a field to hold a campaign rally is a campaign expenditure.
- Paying people to put up yard signs in connection with an election is a campaign expenditure.

**Note:** An individual may not make a campaign expenditure unless he or she has a campaign treasurer appointment on file with the proper filing authority.

## OFFICEHOLDER CONTRIBUTIONS

The provision of or a promise to provide goods or services to an officeholder that is intended to defray expenses in connection with an officeholder's duties or activities is an officeholder contribution if the expenses are not reimbursable with public money. A contribution of goods or services is an "in-kind" officeholder contribution.

A loan from an incorporated financial institution that has been in business for more than a year is not considered a contribution, but an officeholder must report any such loans made for officeholder purposes.

An officeholder is not required to have a campaign treasurer appointment on file to accept officeholder contributions. An officeholder who does not have a campaign treasurer on file may not accept *campaign* contributions.

## OFFICEHOLDER EXPENDITURES

A payment or agreement to pay certain expenses in connection with an officeholder's duties or activities is an officeholder expenditure if the expenses are not reimbursable with public money.

An officeholder is not required to have a campaign treasurer appointment on file to make officeholder expenditures. An officeholder who does not have a campaign treasurer on file may not make *campaign* expenditures.

## CAMPAIGN EXPENDITURES BY OFFICEHOLDER

An officeholder who has a campaign treasurer appointment on file may accept both campaign contributions and officeholder contributions and make both campaign expenditures and officeholder expenditures. On a report, there is no need for an officeholder who is a candidate to distinguish between campaign contributions and officeholder contributions or between campaign expenditures and officeholder expenditures. Both campaign contributions and officeholder contributions are reported as "political contributions" and both campaign expenditures and officeholder expenditures are reported as "political expenditures."

An officeholder who does not have a campaign treasurer on file may accept officeholder contributions and make officeholder expenditures but may not accept campaign contributions or make campaign expenditures.

## PERMISSIBLE USE OF POLITICAL CONTRIBUTIONS

An officeholder may use officeholder contributions for campaign purposes if the officeholder has an appointment of campaign treasurer on file. Candidates and officeholders may not convert political contributions to personal use. See "Campaign Finance Restrictions" in this guide.

## USE OF POLITICAL FUNDS TO RENT OR PURCHASE REAL PROPERTY

A candidate or officeholder is prohibited from using political funds to purchase real property or to pay the interest on or principal of a note for the purchase of real property.

A candidate or officeholder may not knowingly make or authorize a payment from political funds for the rental or purchase of real property from: (1) a person related to the candidate or officeholder within the second degree of consanguinity or affinity as determined under Chapter 573, Government Code; or (2) a business in which the candidate or officeholder (or a person related to the candidate or officeholder within the second degree of consanguinity or affinity) has a participating interest of more than 10 percent, holds a position on the governing body, or serves as an officer. Tex. Elec. Code § 253.038 (a-1). This restriction applies to a payment made from political funds on or after September 1, 2007, without regard to whether the payment was made under a lease or other agreement entered into before that date.

## ACCEPTING CONTRIBUTIONS

A candidate or officeholder must report contributions that he or she has *accepted*. Receipt is different from acceptance. A decision to *accept* a contribution must be made by the end of the reporting period during which the contribution is received.

**Failure to make a determination about acceptance or refusal.** If a candidate or officeholder fails to make a timely determination to accept or refuse a contribution by the deadline, the contribution is considered to have been accepted.

**Returning refused contributions.** If a candidate or officeholder receives a political contribution but does not accept it, he or she must return the contribution not later than the 30th day after the end of the reporting period in which the contribution was received. Otherwise, the contribution is considered to have been accepted.

## REIMBURSEMENT FOR POLITICAL EXPENDITURES FROM PERSONAL FUNDS

If a candidate or officeholder makes political expenditures from personal funds, he or she may use political contributions to reimburse himself or herself if the expenditures are properly reported either on the reporting schedule for loans or on the reporting schedule for political expenditures from personal funds. In order for a candidate or officeholder to use political contributions to reimburse his or her personal funds, the political expenditure from personal funds must be properly reported on the report covering the period in which the expenditures are made. *A filed report may not be later corrected to indicate an intention to reimburse personal funds from political contributions.*

If a candidate or officeholder deposits personal funds in an account in which political contributions are held as permitted by section 253.0351(c) of the Election Code, the deposited amount must be reported as a loan and reimbursements to the candidate or officeholder may not exceed the amount reported as a loan. See “Campaign Expenditures from Personal Funds” in this guide for additional information.

## SEPARATE ACCOUNT REQUIRED

A candidate or officeholder must keep political contributions in one or more accounts that are separate from any other account maintained by the candidate or officeholder. (There is no requirement to keep campaign contributions in a separate account from officeholder contributions.)

## RESTRICTIONS INVOLVING LOBBYING

The 2019 legislature passed House Bill 2677 to amend Chapter 305 of the Government Code and Chapter 253 of the Election Code to enact the following restrictions. Each prohibition begins on September 27, 2019. For the language of the bill, go to <https://capitol.texas.gov/tlodocs/86R/billtext/html/HB02677F.htm>.

**Making Political Contributions and Direct Campaign Expenditures.** Unless expressly prohibited, a lobbyist may make political contributions and direct campaign expenditures. The campaign finance law, however, generally prohibits corporations and labor organizations from making political contributions. Tex. Elec. Code § 253.094.

Section 253.006 of the Election Code prohibits a person required to register as a lobbyist under Chapter 305 of the Government Code from making political contributions or direct campaign expenditures from certain sources of funds. A person required to register as a lobbyist is prohibited from making or authorizing a political contribution to another candidate, officeholder, or political committee, or making or authorizing a direct campaign expenditure, from political contributions accepted by:

- (1) the lobbyist as a candidate or officeholder;
- (2) a specific-purpose committee that supports the lobbyist as a candidate or assists the lobbyist as an officeholder; or
- (3) a political committee that accepted a political contribution from (1) or (2), described above, during the two years immediately before the contribution or expenditure was made.

**Two-Year Lobbying Prohibition After Making a Political Contribution or Direct Campaign Expenditure.** Section 253.007 of the Election Code prohibits lobbying by persons who make political contributions or direct campaign expenditures from certain sources of funds. A person who makes a political contribution to another candidate, officeholder, or political committee, or makes a direct campaign expenditure, from political contributions accepted by the person as a candidate or officeholder is prohibited from engaging in activities that require registration as a lobbyist under Chapter 305 of the Government Code for two years thereafter.

However, an exception to this prohibition allows a person who does not receive compensation other than reimbursement for actual expenses to lobby on behalf of a nonprofit organization, a group of low-income individuals, or a group of individuals with disabilities.

**Lobby Expenditures from Political Contributions.** Section 305.029 of the Government Code prohibits certain lobby expenditures made from political contributions. A lobbyist registered under Chapter 305 of the Government Code, or a person on behalf of the lobbyist and with the

lobbyist's consent or ratification, is prohibited from making a reportable lobby expenditure from a political contribution accepted by:

- (1) the lobbyist as a candidate or officeholder;
- (2) a specific-purpose committee that supports the lobbyist as a candidate or assists the lobbyist as an officeholder; or
- (3) a political committee that accepted a political contribution from (1) or (2), described above, during the two years immediately before the lobbyist made or authorized the expenditure.

## **INFORMATION REQUIRED ON REPORTS**

### **CONTRIBUTIONS**

A report must disclose the amount of each contribution or the value and nature of any in-kind contribution, as well as the name and address of the individual or political committee making the contribution, and the date of the contribution. (Detailed information about a contributor is not required to be reported if the contributor contributed \$110 or less during the reporting period. However, all contributions made electronically must be itemized with this information.)

### **PLEDGES**

Promises to transfer money, goods, services, or other things of value are contributions. If a filer accepts such a promise, he or she must report it (along with the information required for other contributions) on the reporting schedule for "pledges." Once a pledge has been received, it is reported on the appropriate receipts schedule for the reporting period in which the pledge is received. A pledge that is actually received in the same reporting period in which the pledge was accepted shall be reported only on the appropriate receipts schedule.

**Note:** A pledge is not a contribution unless it has been accepted.

**Example 1:** In June a supporter promises that he will give Juan Garcia \$1,000 in the last week before the November election. Juan accepts his promise. Juan must report the pledge on his July 15 report. Juan must also report a political contribution when the pledge is actually received. (**Note:** If Juan receives the pledge during the July semiannual reporting period then he does not report the pledge and only reports a political contribution. Also, if he never receives the \$1,000, he does not amend his report to delete the entry for the pledge.)

**Example 2:** At a party, an acquaintance says to Juan, "I'd like to give you some money; call me at my office." Juan agrees to call. At this point, Juan has accepted nothing and has nothing to report. Juan has not agreed to accept money; he has merely agreed to call.

### **LOANS**

Loans made for campaign or officeholder purposes are reportable. A filer must report the amount of a loan, the date the loan is made, the interest rate, the maturity date, the type of collateral, and the name and address of the lender. The filer must also report the name, address, principal occupation, and employer of any guarantor and the amount guaranteed by the

guarantor. (Detailed information is not required if a particular lender lent \$110 or less during a reporting period.) If a candidate or officeholder deposits personal funds in an account in which political contributions are held as permitted by section 253.0351(c) of the Election Code, the deposited amount must be reported as a loan. *See* “Campaign Expenditures from Personal Funds” in this guide for additional information.

**Note:** A loan from an incorporated financial institution that has been in business for more than one year is not a contribution. Other loans are considered to be contributions. This distinction is important because of the prohibition on contributions from banks and certain other financial institutions. *See* “Campaign Finance Restrictions” in this guide. All loans are reported on the same schedule, regardless of whether they are contributions. Additionally, the forgiveness of a loan is a reportable in-kind contribution. *See* 1 Tex. Admin. Code § 20.64.

## CONTRIBUTIONS OF PERSONAL SERVICES

A political contribution consisting of an individual's personal services is not required to be reported if the individual receives no compensation *from any source* for the services.

## CONTRIBUTIONS OF PERSONAL TRAVEL

A political contribution consisting of personal travel expense incurred by an individual is not required to be reported if the individual receives no reimbursement for the expense.

## CONTRIBUTIONS FROM OUT-OF-STATE POLITICAL COMMITTEES

There are restrictions on contributions from out-of-state political committees. The fact that a political committee has a mailing address outside of Texas does not mean that the committee is an out-of-state political committee for purposes of these restrictions. A political committee that has a campaign treasurer appointment on file in Texas is not an out-of-state political committee for purposes of these restrictions.

**Contributions over \$1,140 in a reporting period.** Before *accepting* more than \$1,140 in a reporting period from an out-of-state committee, a candidate or officeholder must obtain either (1) a written statement, certified by an officer of the out-of-state political committee, listing the full name and address of each person who contributed more than \$230 to the out-of-state political committee during the 12 months immediately preceding the contribution, *or* (2) a copy of the out-of-state political committee's statement of organization filed as required by law with the Federal Election Commission and certified by an officer of the out-of-state committee.

This documentation must be included with the report of contributions and expenditures for the period in which the contribution was received.

**Contributions of \$1,140 or less in a reporting period.** For a contribution of \$1,140 or less from an out-of-state committee in a reporting period, there is no requirement to obtain documentation *before accepting* the contribution. But there is a requirement to include certain documentation with the report of the contribution. The report must include *either* (1) a copy of the out-of-state political committee's statement of organization filed as required by law with the Federal Election Commission and certified by an officer of the out-of-state committee, *or* (2) the committee's name, address, and phone number; the name of the person appointing the

committee's campaign treasurer; and the name, address, and phone number of the committee's campaign treasurer.

## **EXPENDITURES**

A filer must report any campaign expenditure (regardless of whether it is made from political contributions or from personal funds) and any political expenditure (campaign or officeholder) from political contributions (regardless of whether the expenditure is a political expenditure). A filer must also report unpaid incurred obligations. *See* "Unpaid Incurred Obligations" in this guide. If the total expenditures to a particular payee do not exceed \$230 during the reporting period, a filer may report those expenditures as part of a lump sum. Otherwise, a filer must report the date of an expenditure, the name and address of the person to whom the expenditure is made, and the purpose of the expenditure.

## **UNPAID INCURRED OBLIGATIONS**

An expenditure that is not paid during the reporting period in which the obligation to pay the expenditure is incurred shall be reported on the Unpaid Incurred Obligations Schedule for the reporting period in which the obligation to pay is incurred.

The use of political contributions to pay an expenditure previously disclosed on an Unpaid Incurred Obligations Schedule shall be reported on the appropriate disbursements schedule for the reporting period in which the payment is made.

The use of personal funds to pay an expenditure previously disclosed on an Unpaid Incurred Obligations Schedule shall be reported on the Political Expenditure Made from Personal Funds Schedule for the reporting period in which the payment is made.

## **EXPENDITURES MADE BY CREDIT CARD**

An expenditure made by a credit card must be reported on the Expenditures Made to Credit Card Schedule for the reporting period in which the expenditure is made. The report must identify the vendor who receives the payment from the credit card company.

The use of political contributions to make a payment to a credit card company must be reported on the appropriate disbursements schedule for the reporting period in which the payment is made and identify the credit card company receiving the payment.

The use of personal funds to make a payment to a credit card company must be reported on the Political Expenditure Made from Personal Funds Schedule for the reporting period in which the payment is made and identify the credit card company receiving the payment.

## **CAMPAIGN EXPENDITURES FROM PERSONAL FUNDS**

A candidate must report all campaign expenditures, whether made from political contributions or from personal funds. In order to use political contributions to reimburse himself or herself for campaign expenditures from personal funds, the candidate must properly report the expenditures either on the reporting schedule for loans or on the reporting schedule for political expenditures from personal funds. If the candidate does not indicate the intention to seek reimbursement on that report, he or she may not later correct the report to permit reimbursement.

If a candidate or officeholder deposits personal funds in an account in which political contributions are held as permitted by section 253.0351(c) of the Election Code, the deposited amount must be reported as a loan on Schedule E. Political expenditures made from that loan, and any subsequent expenditures to reimburse the candidate or officeholder, must be reported on Schedule F1. The reimbursement may not exceed the amount reported as a loan. Any unexpended funds from such a loan are required to be included in the total amount of political contributions maintained as of the last day of the reporting period. Note: Personal funds deposited in an account in which political contributions are held are subject to the personal use restrictions.

## **OFFICEHOLDER EXPENDITURES FROM PERSONAL FUNDS**

An officeholder is not required to report *officeholder expenditures* made from personal funds unless he or she intends to be reimbursed from political contributions. This rule applies regardless of whether an officeholder has an appointment of campaign treasurer on file.

In order for an officeholder to use political contributions to reimburse an officeholder expenditure from personal funds, the officeholder must properly report the expenditures either on the reporting schedule for loans or on the reporting schedule for political expenditures from personal funds. If the officeholder does not indicate the intention to seek reimbursement, he or she may not later correct the report to permit reimbursement.

If a candidate or officeholder deposits personal funds in an account in which political contributions are held as permitted by section 253.0351(c) of the Election Code, the deposited amount must be reported as a loan on Schedule E. Political expenditures made from that loan, and any subsequent expenditures to reimburse the candidate or officeholder, must be reported on Schedule F1. The reimbursement may not exceed the amount reported as a loan. Any unexpended funds from such a loan are required to be included in the total amount of political contributions maintained as of the last day of the reporting period. Note: Personal funds deposited in an account in which political contributions are held are subject to the personal use restrictions.

## **DIRECT EXPENDITURES**

A direct campaign expenditure is “a campaign expenditure that does not constitute a campaign contribution by the person making the expenditure.” As a practical matter, a direct campaign expenditure is an expenditure to support a candidate incurred without the candidate’s prior consent or approval.

If a candidate or officeholder makes a direct campaign expenditure to support *another* candidate or officeholder, the expenditure must be included on the reporting schedule for political expenditures, and the report must indicate that the expenditure was a direct campaign expenditure.

## **SUPPORTING POLITICAL COMMITTEES**

A political committee that accepts political contributions or makes political contributions on behalf of a candidate or officeholder is required to give the candidate or officeholder notice of

that fact. The candidate or officeholder must report the receipt of such a notice on the report covering the period in which he or she receives the notice.

## **PAYMENTS TO A BUSINESS OF THE CANDIDATE OR OFFICEHOLDER**

A candidate or officeholder is required to report payments from political funds to a business in which the candidate or officeholder has a participating interest of more than 10 percent; a position on the governing body of the business; *or* a position as an officer of a business.

A candidate or officeholder may not make a payment to such a business if the payment is for personal services rendered by the candidate or officeholder or by the spouse or dependent child of the candidate or officeholder. (Nor may a candidate or officeholder use political contributions to pay directly for such personal services.) Other payments to such a business are permissible only if the payment does not exceed the amount necessary to reimburse the business for actual expenditures made by the business. *See generally* Op. Tex. Ethics Comm'n No. 35 (1992).

A candidate or officeholder may not make or authorize a payment from political funds for the rental or purchase of real property from such a business. *See* "Use of Political Funds to Rent or Purchase Real Property" in this guide.

## **INTEREST EARNED AND OTHER CREDITS/GAINS/REFUNDS**

A candidate or officeholder is required to disclose information regarding the following types of activity from political contributions:

- any credit, interest, rebate, refund, reimbursement, or return of a deposit fee resulting from the use of a political contribution or an asset purchased with a political contribution, the amount of which exceeds \$140;
- any proceeds of the sale of an asset purchased with a political contribution, the amount of which exceeds \$140; and
- any other gain from a political contribution, the amount of which exceeds \$140.

A candidate or officeholder must use Schedule K to report such information. Although you are not required to do so, you may also report any credit/gain/refund or interest that does not exceed \$140 in the period on this schedule. (Previously, this was an optional schedule because a candidate or officeholder was not required to report this information.) A candidate or officeholder may not use interest and other income from political contributions for personal purposes. Political expenditures made from such income must be reported on the expenditures schedule.

## **PURCHASE OF INVESTMENTS**

A candidate or officeholder must report any investment purchased with a political contribution, the amount of which exceeds \$140. This information must be disclosed on Schedule F3 of the campaign finance report.

## TOTAL POLITICAL CONTRIBUTIONS MAINTAINED

The law requires you to disclose the total amount of political contributions accepted, including interest or other income on those contributions, maintained in one or more accounts in which political contributions are deposited as of the last day of the reporting period. The “total amount of political contributions maintained” includes: the total amount of political contributions maintained in one or more accounts, including the balance on deposit in banks, savings and loan institutions and other depository institutions; the present value of any investments that can be readily converted to cash, such as certificates of deposit, money market accounts, stocks, bonds, treasury bills, etc.; and the balance of political contributions accepted and held in any online fundraising account over which the filer can exercise control by making a withdrawal, expenditure, or transfer. 1 Tex. Admin. Code § 20.50.

The total amount of political contributions maintained does NOT include personal funds that the filer intends to use for political expenditures, *unless* the personal funds have been disclosed as a loan to your campaign and deposited into an account in which political contributions are held as permitted by section 253.0351(c) of the Election Code. Any unexpended funds from such a loan are required to be included in the total amount of political contributions maintained as of the last day of the reporting period. Note: Personal funds deposited in an account in which political contributions are held are subject to the personal use restrictions.

## TIME OF ACCEPTING CONTRIBUTION

A filer must report the date he or she *accepts* a political contribution. The date of receipt may be different from the date of acceptance. See “Accepting Contributions” in this guide.

## TIME OF MAKING EXPENDITURE

For reporting purposes, an expenditure is made when the amount of the expenditure is readily determinable. An expenditure that is not paid during the reporting period in which the obligation to pay is incurred must be reported on the reporting schedule for “Unpaid Incurred Obligations,” and then reported again on the appropriate expenditure schedule when payment is actually made. If a filer cannot determine the amount of an expenditure until a periodic bill, the date of the expenditure is the date the bill is received.

**Credit Card Expenditures.** For purposes of 30 day and 8 day pre-election reports, the date of an expenditure made by a credit card is the date of the purchase, not the date of the credit card bill. For purposes of other reports, the date of an expenditure made by a credit card is the date of receipt of the credit card statement that includes the expenditure. For additional information regarding how to report expenditures made by credit card, see “Expenditures Made by Credit Card” in this guide.

## PREPARING REPORTS

### FORMS

Reporting forms are available at <http://www.ethics.state.tx.us>. An individual who is both a candidate and an officeholder files one report for each reporting period and is not required to distinguish between campaign activity and officeholder activity.

### SIGNATURE REQUIRED

The candidate or officeholder, not the campaign treasurer, must sign reports.

### FILING DEADLINES

The next section of this guide explains the types of reports candidates and officeholders are required to file. Annual filing schedules are available at <http://www.ethics.state.tx.us>.

**Note:** Deadlines for filing reports for special elections or runoff elections will not be listed on the filing schedule. Call the Ethics Commission for specific information in these cases.

### PERIODS COVERED BY REPORTS

Each report covers activity during a specific time period. Generally, a report begins where the last report ended. For a candidate's first report, the beginning date will be the date the campaign treasurer appointment was filed. For an officeholder who is appointed to an elective office and who did not have a campaign treasurer appointment on file at the time of the appointment, the beginning date for the first report will be the date the officeholder took office. Generally, there should not be gaps between the periods covered or overlapping time periods. See "Reports" below for information about filing deadlines and periods covered by reports.

### DEADLINE ON WEEKEND OR HOLIDAY

If the due date for a report falls on a Saturday, Sunday, or legal holiday, the report is due on the next regular business day.

### 5 P.M. DEADLINE

The deadline for filing a report is 5 p.m. on the due date.

### DELIVERY BY MAIL OR OTHER CARRIER

For most reporting deadlines, a document is considered timely filed if it is properly addressed with postage or handling charges prepaid and bears a postmark or receipt mark of a common or contract carrier indicating a time on or before the deadline.

**Pre-Election Reports.** A report due 30 days before an election and a report due 8 days before an election must be *received* by the appropriate filing authority no later than the report due date to be considered filed on time.

## RETENTION OF RECORDS USED FOR REPORTS

A filer must keep records of all information used to prepare a report of contributions and expenditures, including, for example, receipts or ledgers of contributions and expenditures. A filer must maintain the records for two years after the deadline for the report.

## REPORTS

### SEMIANNUAL REPORTS

Generally, candidates and officeholders are required to file reports of contributions and expenditures by January 15 and July 15 of each year. The reports filed on these dates are known as semiannual reports. These reports must be filed even if there is no activity to report for the period covered.

However, there is an exception to this requirement for officeholders who file with a local filing authority, do not have a campaign treasurer appointment on file, and do not accept more than \$1,140 in officeholder contributions or make more than \$1,140 in officeholder expenditures during the period covered by the report.

### REPORTS DUE 30 DAYS AND 8 DAYS BEFORE AN ELECTION

An *opposed* candidate in an upcoming election must file reports of contributions and expenditures 30 days and 8 days before the election. Each of these pre-election reports must be *received* by the appropriate filing authority no later than the report due date. (A person who has elected modified reporting and who remains eligible for modified reporting is not required to file these reports. See “Modified Reporting” in this guide.)

An opposed candidate is a candidate who has an opponent whose name is printed on the ballot. If a candidate’s only opposition is a write-in candidate, that candidate is considered unopposed for filing purposes. (**Note:** A write-in candidate who accepts political contributions or makes political expenditures is subject to the reporting requirements discussed in this guide.)

The report that is due 30 days before the election covers the period that begins on the first day after the period covered by the last required report and ends the 40th day before the election. If this is a filer’s first required report, the period covered by the report begins on the day the filer filed a campaign treasurer appointment.

The report that is due 8 days before the election covers the period that begins on the first day after the period covered by the last required report and ends on the 10th day before the election.

### REPORT DUE 8 DAYS BEFORE A RUNOFF ELECTION

A candidate in a runoff must file a report 8 days before the runoff election. A runoff report must be *received* by the appropriate filing authority no later than the report due date. (A candidate who has elected modified reporting and who remains eligible for modified reporting is not required to file this report. See “Modified Reporting” below.)

This report covers a period that begins either the first day after the period covered by the last required report or the day the filer filed a campaign treasurer appointment (if this is the filer's first report of contributions and expenditures). The period covered by the runoff report ends the 10th day before the runoff election.

## **MODIFIED REPORTING**

On the campaign treasurer appointment form, there is an option to choose modified reporting for the next election cycle. Modified reporting excuses an opposed candidate from filing reports 30 days and 8 days before an election and 8 days before a runoff. An opposed candidate is eligible for modified reporting only if the candidate does not intend to exceed either \$1,140 in contributions or \$1,140 in expenditures (excluding filing fees) in connection with an election.

If an opposed candidate selects modified reporting but exceeds a threshold before the 30th day before the election, the candidate must file reports 30 days and 8 days before the election.

If an opposed candidate selects modified reporting but exceeds the \$1,140 threshold for contributions or expenditures after the 30th day before the election, the filer must file a report within 48 hours of exceeding the threshold. (The filer must meet this deadline even if it falls on a weekend or a holiday.) At that point, the filer is no longer eligible for modified reporting and must file according to the regular filing schedule.

A selection to file on the modified reporting schedule lasts for an entire election cycle. In other words, the selection is valid for a primary, a primary runoff, and a general election (as long as the candidate does not exceed one of the \$1,140 thresholds). A candidate must submit an amended campaign treasurer appointment (FORM ACTA) to select modified reporting for a different election cycle.

## **"15<sup>TH</sup> DAY AFTER APPOINTMENT OF CAMPAIGN TREASURER BY AN OFFICEHOLDER" REPORT**

An officeholder must file a report after filing a campaign treasurer appointment. (A report is not required after a *change* in campaign treasurers.) This report of contributions and expenditures is due no later than 15 days after the campaign treasurer appointment was filed. The report must cover the period that begins the day after the period covered by the last required report. The period ends on the day before the campaign treasurer appointment was filed. (**Note:** A person who is *appointed* to elective office may not have filed any previous reports. In that case, the beginning date for the report due 15 days after the campaign treasurer appointment is the date the officeholder took office.) The report is not required if the officeholder did not accept more than \$1,140 in contributions or make more than \$1,140 in expenditures by the end of the reporting period.

## **FINAL REPORT**

See "Ending Filing Obligations" below.

## **ANNUAL REPORT OF UNEXPENDED CONTRIBUTIONS**

See "Ending Filing Obligations" below.

## FINAL DISPOSITION OF UNEXPENDED CONTRIBUTIONS REPORT

See “Ending Filing Obligations” below.

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### THINGS TO REMEMBER

- An officeholder must file semiannual reports for any period during which he or she is an officeholder. (There is an exception to this rule for officeholders who do not have a campaign treasurer appointment on file and who do not accept more than \$1,140 in political contributions or make more than \$1,140 in political expenditures during the period covered by the report.)
- An opposed candidate in an election must file reports of contributions and expenditures 30 days and 8 days before the election, unless the candidate has selected (and remains eligible for) modified reporting. An opposed candidate who has not selected modified reporting must also file a report 8 days before a runoff election. A report due 30 days before an election and a report due 8 days before an election must be received by the appropriate filing authority no later than the report due date.
- An unopposed candidate is not required to file reports 30 days before an election or 8 days before an election but is required to file semiannual reports.
- A candidate who selects modified reporting must file semiannual reports.

A filer who selects modified reporting for one election cycle will be required to file on the regular reporting schedule for the next election cycle unless the filer submits an amended campaign treasurer appointment selecting modified reporting for the next election cycle.

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## ENDING FILING OBLIGATIONS

### FINAL REPORT

If a filer expects to accept no further political contributions and to make no further political expenditures and if the filer expects to take no further action to get elected to a public office, the filer may file a final report. Filing a final report terminates a filer’s campaign treasurer appointment and relieves the filer from any additional filing obligations *as a candidate*. (Note: A candidate who does not have a campaign treasurer appointment on file may still be required to file a personal financial statement in accordance with Chapter 572 of the Government Code or Chapter 159 of the Local Government Code.) If the filer is an officeholder, the filer will still be subject to the filing requirements applicable to officeholders. A filer who is not an officeholder at the time of filing a final report *and* who has surplus political funds or assets will be required to file annual reports of unexpended contributions and a report of final disposition of unexpended contributions. See “Annual Report of Unexpended Contributions” and “Report of Final Disposition of Unexpended Contributions” below.

A filer who intends to continue accepting contributions to pay campaign debts should *not* terminate his or her campaign treasurer appointment. An individual must have a campaign treasurer appointment on file to accept contributions to offset campaign debts or to pay campaign debts.

Terminating a campaign treasurer appointment does not relieve a filer of responsibility for any delinquent reports or outstanding civil penalties.

## **ANNUAL REPORT OF UNEXPENDED CONTRIBUTIONS**

The following individuals must file annual reports of unexpended contributions:

- a former officeholder who did not have a campaign treasurer appointment on file at the time of leaving office and who retained any of the following after filing his or her last report: political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
- a former candidate (a person who previously had a campaign treasurer appointment on file) who was not an officeholder at the time of filing a final report and who retained any of the following at the time of filing a final report: political contributions, interest or other income from political contributions, or assets purchased with political contributions.

Annual reports are due not earlier than January 1 and not later than January 15 of each year. An annual report (FORM C/OH-UC) must contain the following information: (1) information about expenditures from or disposition of surplus funds or assets; (2) the amount of interest or other income earned on surplus funds during the previous year; and (3) the total amount of surplus funds and assets at the end of the previous year.

The obligation to file annual reports ends when the former candidate or officeholder files a report of final disposition of unexpended contributions.

## **REPORT OF FINAL DISPOSITION OF UNEXPENDED CONTRIBUTIONS**

A former candidate or former officeholder who has disposed of all surplus funds and assets must file a report of final disposition of unexpended contributions. This report may be filed as soon as all funds have been disposed of.

A former candidate or former officeholder has six years from the date of filing a final report or leaving office (whichever is later) to dispose of surplus funds and assets. The latest possible date for filing a report of unexpended contributions is 30 days after the end of that six-year period.

At the end of the six-year period, a former candidate or officeholder *must* dispose of surplus assets or funds in one of the following ways:

- The former candidate or officeholder may give them to the political party with which he or she was affiliated when last on the ballot;

- The former candidate or officeholder may contribute them to a candidate or a political committee. (This triggers a requirement to file a report of the contribution.);
  - The former candidate or officeholder may give them to the comptroller for deposit in the state treasury to be used to finance primary elections;
  - The former candidate or officeholder may give them to one or more contributors, but the total returned to any person may not exceed the aggregate amount accepted from that person during the last two years during which the former candidate or officeholder accepted political contributions;
  - The former candidate or officeholder may give them to certain charitable organizations; or
  - The former candidate or officeholder may give them to a public or private post-secondary educational institution or an institution of higher education as defined by section 61.003(8), Education Code, for the purpose of assisting or creating a scholarship program.
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## **THINGS TO REMEMBER**

- Anyone who has an appointment of campaign treasurer on file must file periodic reports of campaign contributions and expenditures.
  - An individual who expects no further reportable activity in connection with his or her candidacy, files a final report and thereby terminates his or her campaign treasurer appointment. (Note: A candidate who does not have a campaign treasurer appointment on file may still be required to file a personal financial statement in accordance with Chapter 572 of the Government Code or Chapter 159 of the Local Government Code.)
  - An officeholder may be required to file semiannual reports even if he or she does not have a campaign treasurer appointment on file. A local officeholder who has not accepted more than \$1,140 in contributions or made more than \$1,140 in expenditures in a semiannual period since terminating his or her campaign treasurer appointment is not required to file a semiannual report for that period.
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## **PENALTIES FOR REPORTING VIOLATIONS**

Any citizen may file a criminal complaint with the district attorney, a civil complaint with the Ethics Commission, or a civil action against a candidate or officeholder for violations of Title 15. Any penalty stemming from such complaints would be assessed against *the candidate or officeholder*, not the campaign treasurer.

## **CAMPAIGN FINANCE RESTRICTIONS**

Chapter 253 of the Election Code contains a number of restrictions regarding the acceptance and use of political contributions, including the following:

1. An individual may not accept a campaign contribution or make a campaign expenditure (including a campaign expenditure from personal funds) without a campaign treasurer appointment on file. Tex. Elec. Code § 253.031. An officeholder may accept officeholder contributions and make officeholder expenditures regardless of whether he or she has a campaign treasurer appointment on file.
2. Political contributions from labor organizations and from most corporations are prohibited. Tex. Elec. Code § 253.091, *et seq.* Partnerships that include one or more corporate partners are subject to the prohibition.
3. Certain documentation must be obtained in order to accept contributions from an out-of-state political committee. Tex. Elec. Code § 253.032. *See* “Contributions from Out-of-State Political Committees” in this guide.
4. Cash contributions of more than \$100 in the aggregate from one contributor in a reporting period are prohibited. (Here “cash” means coins and currency, not checks.) Tex. Elec. Code § 253.033.
5. The use of political contributions to purchase real property is prohibited. There is also a restriction on the use of political funds to rent or purchase real property from a person related to the candidate or officeholder within the second degree of consanguinity or affinity or from a business in which the candidate or officeholder or such a relative has a participating interest of more than 10 percent, holds a position on the governing body, or serves as an officer. Tex. Elec. Code § 253.038.
6. Texas law does not allow anonymous contributions. Also, reports must disclose the actual source of a contribution, not an intermediary. Tex. Elec. Code § 253.001.
7. Personal use of political contributions is prohibited. Tex. Elec. Code § 253.035.
8. A candidate or officeholder may not use political contributions to pay for personal services rendered by the candidate or officeholder or by the spouse, or dependent children of the candidate or officeholder. There are also restrictions of a candidate’s or officeholder’s use of political contributions to make payments to a business in which the candidate or officeholder holds a participating interest of more than 10 percent, a position on the governing body of the business, or a position as an officer of the business. *See* Op. Tex. Ethics Comm’n No. 35 (1992) (regarding the combined effect of this prohibition and the prohibition on corporate contributions). Tex. Elec. Code § 253.041.

There are restrictions on the use of political contributions to reimburse political expenditures from personal funds. *See* “Reimbursement for Political Expenditures from Personal Funds,” in this guide.

9. A candidate, officeholder, or political committee may not accept political contributions in the Capitol, the Capitol Extension, or a courthouse. “Courthouse” means any building owned by the state, a county, or a municipality, or an office or part

of a building leased to the state, a county, or a municipality, in which a justice or judge sits to conduct court proceedings. Tex. Elec. Code § 253.039.

10. A person required to register as a lobbyist is prohibited from making or authorizing a political contribution to another candidate, officeholder, or political committee, or making or authorizing a direct campaign expenditure, from political contributions accepted by: (1) the lobbyist as a candidate or officeholder; (2) a specific-purpose committee that supports or assists the lobbyist as a candidate or officeholder; or (3) a political committee that accepted a political contribution from (1) or (2), described above, during the two years immediately before the contribution or expenditure was made. Tex. Elec. Code § 253.006.
11. A person who makes a political contribution to another candidate, officeholder, or political committee, or makes a direct campaign expenditure, from political contributions accepted by the person as a candidate or officeholder is prohibited from engaging in activities that require registration as a lobbyist for two years thereafter. This does not apply to a person who does not receive compensation other than reimbursement for actual expenses to lobby on behalf of a nonprofit organization, a group of low-income individuals, or a group of individuals with disabilities. Tex. Elec. Code § 253.007.
12. A registered lobbyist, or a person on behalf of the lobbyist and with the lobbyist's consent or ratification, is prohibited from making a reportable lobby expenditure from a political contribution accepted by: (1) the lobbyist as a candidate or officeholder; (2) a specific-purpose committee that supports or assists the lobbyist as a candidate or officeholder; or (3) a political committee that accepted a political contribution from (1) or (2), described above, during the two years immediately before the lobbyist made or authorized the expenditure. Tex. Gov't Code § 305.029.
13. Federal law generally prohibits the acceptance of contributions from foreign sources. Contact the Federal Election Commission for more detailed information.

# CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC  
COVER SHEET PG 1

|                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|-------------------------------------|-----|------|---|---|---------|---|---|---|-------------|
| <b>The C/OH-UC Instruction Guide explains how to complete this form.</b>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1 Filer ID</b> (Ethics Commission Filers) |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <b>2 CANDIDATE / OFFICEHOLDER NAME</b>                                                                                                                                                                                                                                                                                 | MS/MRS/MR FIRST MI<br><hr style="border-top: 1px dashed black;"/> NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              | <b>OFFICE USE ONLY</b>                                                                                                                                                                                                                                                            |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
|                                                                                                                                                                                                                                                                                                                        | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><br><input type="checkbox"/> change of address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | Date Received<br><br><br>Date Hand-delivered or Date Postmarked<br><br><table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 50%;">Receipt #</td> <td style="border: none; width: 50%;">Amount \$</td> </tr> </table> Date Processed<br><br>Date Imaged | Receipt #                               | Amount \$                                  |                                     |     |      |   |   |         |   |   |   |             |
| Receipt #                                                                                                                                                                                                                                                                                                              | Amount \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <b>4 REPORT TYPE</b>                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Annual <input type="checkbox"/> Final Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              | Date Processed                                                                                                                                                                                                                                                                    |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <b>5 PERIOD COVERED</b>                                                                                                                                                                                                                                                                                                | <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">Month</td> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Year</td> <td style="border: none; text-align: center;">Month</td> <td style="border: none; text-align: center;">Day</td> <td style="border: none; text-align: center;">Year</td> </tr> <tr> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;">THROUGH</td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;">/</td> </tr> </table> |                                              | Month                                                                                                                                                                                                                                                                             | Day                                     | Year                                       | Month                               | Day | Year | / | / | THROUGH | / | / | / | Date Imaged |
| Month                                                                                                                                                                                                                                                                                                                  | Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Year                                         | Month                                                                                                                                                                                                                                                                             | Day                                     | Year                                       |                                     |     |      |   |   |         |   |   |   |             |
| /                                                                                                                                                                                                                                                                                                                      | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | THROUGH                                      | /                                                                                                                                                                                                                                                                                 | /                                       | /                                          |                                     |     |      |   |   |         |   |   |   |             |
| <b>6 TOTALS</b>                                                                                                                                                                                                                                                                                                        | 1. TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | \$                                                                                                                                                                                                                                                                                |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
|                                                                                                                                                                                                                                                                                                                        | 2. TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              | \$                                                                                                                                                                                                                                                                                |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <b>7 SIGNATURE</b> 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.                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 10px;"></div> Signature of Candidate/Officeholder                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <b>Please complete either option below:</b>                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <b>(1) Affidavit</b>                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| 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.                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">Signature of officer administering oath</td> <td style="border: none; width: 33%;">Printed name of officer administering oath</td> <td style="border: none; width: 33%;">Title of officer administering oath</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   | Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |     |      |   |   |         |   |   |   |             |
| Signature of officer administering oath                                                                                                                                                                                                                                                                                | Printed name of officer administering oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Title of officer administering oath          |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <b>OR</b>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <b>(2) Unsworn Declaration</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| My name is _____, and my date of birth is _____.                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| My address is _____, _____, _____, _____, _____.<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>(street)</span> <span>(city)</span> <span>(state)</span> <span>(zip code)</span> <span>(country)</span> </div>                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| Executed in _____ County, State of _____, on the _____ day of _____, 20_____.<br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>(month)</span> <span>(year)</span> </div>                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |
| <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 10px;"></div> Signature of Candidate/Officeholder (Declarant)                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                                                                                                                                                                                                                                                                   |                                         |                                            |                                     |     |      |   |   |         |   |   |   |             |

**C/OH REPORT OF UNEXPENDED CONTRIBUTIONS:  
EXPENDITURES****FORM C/OH-UC****PG 2**

|                                                                                                                                                                                    |                                                                                                                                                    |                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>8</b> C/OH NAME                                                                                                                                                                 |                                                                                                                                                    | <b>9</b> Filer ID (Ethics Commission Filers)                                                                                                                 |
| <b>10</b> Date                                                                                                                                                                     | <b>11</b> Payee name                                                                                                                               | <b>13</b> Amount (\$)                                                                                                                                        |
|                                                                                                                                                                                    | <b>12</b> Payee address; City; State; Zip Code<br><br><input type="checkbox"/> Check if individual's residence address.                            |                                                                                                                                                              |
| <b>14</b> Purpose of expenditure (See instructions regarding type of information required.)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |                                                                                                                                                    | <b>15</b> Is expenditure a contribution to a candidate, officeholder, or political committee?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Date                                                                                                                                                                               | <div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div><input type="checkbox"/> Check if individual's residence address.</div> | Amount (\$)                                                                                                                                                  |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           |                                                                                                                                                    | Is expenditure a contribution to a candidate, officeholder, or political committee?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No           |
| Date                                                                                                                                                                               | <div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div><input type="checkbox"/> Check if individual's residence address.</div> | Amount (\$)                                                                                                                                                  |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           |                                                                                                                                                    | Is expenditure a contribution to a candidate, officeholder, or political committee?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No           |
| Date                                                                                                                                                                               | <div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div><input type="checkbox"/> Check if individual's residence address.</div> | Amount (\$)                                                                                                                                                  |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           |                                                                                                                                                    | Is expenditure a contribution to a candidate, officeholder, or political committee?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No           |
| Date                                                                                                                                                                               | <div>Payee name</div> <div>Payee address; City; State; Zip Code</div> <div><input type="checkbox"/> Check if individual's residence address.</div> | Amount (\$)                                                                                                                                                  |
| Purpose of expenditure (See instructions regarding type of information required.)<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           |                                                                                                                                                    | Is expenditure a contribution to a candidate, officeholder, or political committee?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No           |

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**



## 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.*

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

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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

NOTARY STAMP / SEAL

\_\_\_\_\_  
Signature of Filer

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 \_\_\_\_\_, 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\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Filer (Declarant)

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

**TEXAS ETHICS COMMISSION**

**CANDIDATE/OFFICEHOLDER REPORT  
OF UNEXPENDED CONTRIBUTIONS**

**FORM C/OH-UC – INSTRUCTION GUIDE**

**(TEC PAPER FILERS ONLY)**

**For Reports Due on or after January 1, 2026**



**Revised July 1, 2025**

**Texas Ethics Commission, P.O. Box 12070, Austin, Texas 78711**

**[www.ethics.state.tx.us](http://www.ethics.state.tx.us)**

**(512) 463-5800 • TDD (800) 735-2989**

*Promoting Public Confidence in Government*

## **FORM C/OH-UC: CANDIDATE/OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS**

*These instructions are for candidates and officeholders using FORM C/OH-UC: CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS. Use Form C/OH-UC for filing either an annual report of unexpended contributions or a report of the final disposition of unexpended contributions.*

### **GENERAL INSTRUCTIONS**

**ANNUAL REPORT OF UNEXPENDED CONTRIBUTIONS.** You must file this report if one of the following descriptions applies to you:

- (1) You filed a final report as a candidate at a time when you were not an officeholder and you had unexpended political contributions, interest, assets, or other money earned from political contributions at the time you filed the final report; or
- (2) You ceased to be an officeholder at a time when you did not have a campaign treasurer on file, and you had unexpended political contributions, interest, assets, or other money earned from political contributions at the time you ceased to be an officeholder.

You must file an Unexpended Contributions - Annual report not earlier than January 1 and not later than January 15 of the year after each year in which you maintained unexpended contributions or assets. You must complete Form C/OH-UC and designate the report as an annual report by checking the “Annual” box.

You must continue to file Unexpended Contributions - Annual reports until you have disposed of all your unexpended contributions or assets. Once you have disposed of all your contributions or assets, you must file an Unexpended Contributions - Final report.

You may not retain unexpended contributions or assets longer than six years after the date you filed your final report or ceased being an officeholder, as applicable. If you still maintain unexpended assets at the end of the six-year period, you must dispose of the assets in one of the following ways:

- (1) You may give them to the political party with which you were affiliated when your name was last on the ballot.
- (2) You may give them to a candidate or a political committee. If you do so, however, you must file a report on Form AS IF-SPAC as described below under “Extra Reporting for a Contribution to a Candidate or Political Committee.”
- (3) You may give them to the comptroller for deposit in the state treasury to be used to finance primary elections.
- (4) You may give them to one or more persons from whom you received political contributions, but the total returned to any person may not exceed the aggregate

amount accepted from that person during the last two years during which you were accepting political contributions.

- (5) You may give them to a recognized charitable organization formed for educational, religious, or scientific purposes that is exempt from taxation under Section 501(c)(3), Internal Revenue Code of 1986, and its subsequent amendments.
- (6) You may give them to a public or private post-secondary educational institution or an institution of higher education as defined by Section 61.003(8), Education Code, for the purpose of assisting or creating a scholarship program.

You may dispose of unexpended contributions or assets in this manner at any time during the six-year period.

**EXTRA REPORTING FOR CONTRIBUTION TO CANDIDATE OR POLITICAL COMMITTEE.** If you contribute unexpended contributions or assets to another candidate or political committee, you must report the contribution twice. You must include the contribution on your Annual Report and you must also report the contribution on a AS IF-SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT (Form AS IF-SPAC). You must file the AS IF-SPAC report with the filing authority with whom the candidate or political committee files reports by the date by which the candidate or political committee receiving the contribution must report the receipt of the contribution.

**NOTE:** If the candidate or political committee files with the Texas Ethics Commission (Commission), you will need a separate “AS IF-SPAC” filer ID to file the AS IF-SPAC report. Please contact the Commission for help in establishing an AS IF-SPAC filer ID.

**FINAL DISPOSITION OF UNEXPENDED CONTRIBUTIONS REPORT.** You must file a report of the final disposition of your unexpended contributions or assets. Complete Form C/OH-UC and designate the report as an “Unexpended Contributions – Final” report by checking the “Final Disposition” box. The report is due no later than the 30th day after the end of the six-year period.

## SPECIFIC INSTRUCTIONS

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

### **PAGE 1**

- 1. FILER ID:** If you are filing with the Commission, you were assigned a filer identification (ID) number when you filed your initial campaign treasurer appointment. You should have received a letter acknowledging receipt of the form and informing you of your filer ID number. Enter this number wherever you see “Filer ID.” If you do not file with the Commission, you are not required to enter a filer ID number.
- 2. CANDIDATE/OFFICEHOLDER NAME:** Enter your full name, including nicknames and suffixes (e.g., Sr., Jr., III), if applicable. Your entry here should be the same as in your APPOINTMENT OF CAMPAIGN TREASURER BY A CANDIDATE (CTA). Enter your name in the same way wherever you see “C/OH NAME”.

- 3. CANDIDATE/OFFICEHOLDER ADDRESS:** Enter your complete mailing address. Your entry here should be the same as the address in your APPOINTMENT OF CAMPAIGN TREASURER BY A CANDIDATE (CTA). If your mailing address has changed since you last gave notice of your address, check the “Change of Address” box.

- 4. REPORT TYPE:** Check the appropriate box.

**“Annual” Box:** Check this box if you are filing an Unexpended Contributions - Annual report.

**“Final Disposition” Box:** Check this box if you are filing an Unexpended Contributions - Final report.

- 5. PERIOD COVERED:**

Annual Reports. For your first Unexpended Contributions - Annual report, the start date is the day after the day you filed your Final Report. The start date for all other Unexpended Contributions - Annual reports is January 1 of the previous year. The end date for all Unexpended Contributions - Annual reports is December 31 of the previous year.

Final Disposition Report. For an Unexpended Contributions – Final report, the start date is the day after the period covered by your most recent Unexpended Contributions - Annual report. The end date is the date you file the report.

- 6. TOTALS:** Complete this section only if you are filing an Annual Report. If you are not filing an Annual Report, go to section 7.

**Line 1.** Enter the total amount of unexpended political contributions and assets that you maintained as of December 31 of the previous year. (Note: Unlike other reports, you are not required to also disclose the total amount of expenditures entered in this Unexpended Contributions report. You are only required to disclose your unexpended balance as of December 31.)

**Line 2.** Enter the total amount of interest and other income earned on unexpended political contributions and assets during the previous year ending December 31.

- 7. SIGNATURE:** Complete this section only after you have completed all other appropriate sections and schedules. You must always sign a report that you file. You must complete this section even if you have no schedules to attach. **ONLY THE CANDIDATE OR OFFICEHOLDER FILING THE REPORT MAY SIGN THE AFFIDAVIT.**

If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says “Signature of Candidate/Officeholder” (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say “Signature of Candidate/Officeholder (Declarant)” (an electronic signature is not acceptable), and fill out the unsworn declaration section.

---

**PAGE 2**

8. **C/OH (CANDIDATE/OFFICEHOLDER) NAME:** Enter your full name as you did on Form C/OH-UC, Page 1.
9. **FILER ID:** If you are filing with the Commission, enter your filer ID number. If you do not file with the Commission, you are not required to enter a filer ID number.
10. **DATE:** Enter the date the expenditure was made.

**Credit Card Expenditures:** There is a special reporting rule for expenditures made by credit card. The date of a credit card expenditure is either the date of the charge or the date the credit card statement is received. *A filer can never go wrong by disclosing the date of the expenditure as the date of the charge.*

11. **PAYEE NAME:** Enter the full name of the payee. If the payee is an individual, enter the full name, first, last, and suffix (Jr., III, etc.) if applicable (title is optional). If the payee is an entity, enter the full name of the entity.

12. **PAYEE ADDRESS:** Enter the complete address of the payee.

**“Check if individual’s residence address” box:** Check the box if the payee’s address is the payee’s residence.

13. **AMOUNT:** Enter the exact amount of the expenditure payment.
14. **PURPOSE OF EXPENDITURE:** Enter a brief statement or description of the expenditure. The brief statement or description must include the item or service purchased and must be sufficiently specific to make the reason for the expenditure clear.

**“Check if Travel Outside of Texas” box:** The law requires detailed information regarding in-kind contributions and political expenditures for travel outside of Texas. This information should be reported on Schedule T and attached to this form. Schedule T can be found on the Commission's website at [https://www.ethics.state.tx.us/forms/Schedule\\_T.pdf](https://www.ethics.state.tx.us/forms/Schedule_T.pdf).

15. **IS THE EXPENDITURE A CONTRIBUTION TO A CANDIDATE, OFFICEHOLDER, OR POLITICAL COMMITTEE?** If the expenditure was a contribution to a candidate, officeholder, or political committee, check the “Yes” box. If you check “Yes,” you must file an additional report for this expenditure on Form AS IF-SPAC. See the **“Extra Reporting For Contribution To Candidate Or Political Committee”** section in the General Instructions for this form.

If the expenditure was not a contribution to a candidate, officeholder, or political committee, check the “No” box.

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

|                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |           |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------|
| See CTA Instruction Guide for detailed instructions.                        |                                                                                                                                                                                                                                                                                                                                                                                                      | 1 Total pages filed:              |           |
| 2 CANDIDATE<br>NAME                                                         | MS / MRS / MR FIRST MI                                                                                                                                                                                                                                                                                                                                                                               | OFFICE USE ONLY                   |           |
|                                                                             | NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                                                 | Filer ID #                        |           |
| 3 CANDIDATE<br>MAILING<br>ADDRESS                                           | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                               | Date Received                     |           |
|                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                      | Date Hand-delivered or Postmarked |           |
| 4 CANDIDATE<br>PHONE                                                        | AREA CODE PHONE NUMBER EXTENSION<br><br>( )                                                                                                                                                                                                                                                                                                                                                          | Receipt #                         | Amount \$ |
|                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                      | Date Processed                    |           |
| 5 OFFICE<br>HELD<br>(if any)                                                |                                                                                                                                                                                                                                                                                                                                                                                                      | Date Imaged                       |           |
| 6 OFFICE<br>SOUGHT<br>(if known)                                            |                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |           |
| 7 CAMPAIGN<br>TREASURER<br>NAME                                             | MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX                                                                                                                                                                                                                                                                                                                                                              |                                   |           |
| 8 CAMPAIGN<br>TREASURER<br>STREET<br>ADDRESS<br><br>(residence or business) | STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                 |                                   |           |
| 9 CAMPAIGN<br>TREASURER<br>PHONE                                            | AREA CODE PHONE NUMBER EXTENSION<br><br>( )                                                                                                                                                                                                                                                                                                                                                          |                                   |           |
| 10 CANDIDATE<br>SIGNATURE                                                   | <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p>_____<br/>Signature of Candidate</p> <p>_____<br/>Date Signed</p> |                                   |           |
| GO TO PAGE 2                                                                |                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |           |

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA  
PG 2

11 CANDIDATE  
NAME

12 MODIFIED  
REPORTING  
DECLARATION

## COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before  
the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••  
(An election cycle includes a primary election, a general election, and any related runoffs.)

• Candidates for the office of state chair of a political party  
may NOT choose modified reporting. ••

I do not intend to accept more than \$1,140 in political contributions or  
make more than \$1,140 in political expenditures (excluding filing  
fees) in connection with any future election within the election  
cycle. I understand that if either one of those limits is exceeded, I  
will be required to file pre-election reports and, if necessary, a  
runoff report.

\_\_\_\_\_  
Year of election(s) or election cycle to  
which declaration applies

\_\_\_\_\_  
Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

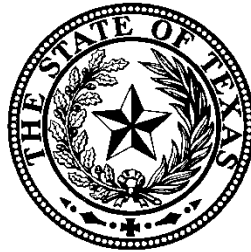
Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

**TEXAS ETHICS COMMISSION**

**APPOINTMENT OF A CAMPAIGN TREASURER**  
**BY A CANDIDATE**

**FORM CTA--INSTRUCTION GUIDE**



**Revised January 1, 2026**

**Texas Ethics Commission, P.O. Box 12070, Austin, Texas 78711**

[www.ethics.state.tx.us](http://www.ethics.state.tx.us)

**(512) 463-5800 • TDD (800) 735-2989**

*Promoting Public Confidence in Government*

# FORM CTA—INSTRUCTION GUIDE

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## **APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE**

### **GENERAL INSTRUCTIONS**

*These instructions are for the APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (Form CTA). Use Form CTA only for appointing your campaign treasurer. Use the AMENDMENT (Form ACTA) for changing information previously reported on Form CTA and for renewing your choice to report under the modified schedule. Note: Candidates for most judicial offices use Form JCTA to file a campaign treasurer appointment.*

### **DUTIES OF A CANDIDATE OR OFFICEHOLDER**

As a candidate or officeholder, you alone, not the campaign treasurer, are responsible for filing this form and all candidate/officeholder reports of contributions, expenditures, and loans. Failing to file a report on time or filing an incomplete report may subject you to criminal or civil penalties.

### **QUALIFICATIONS OF CAMPAIGN TREASURER**

A person is ineligible for appointment as a campaign treasurer if the person is the campaign treasurer of a political committee that has outstanding filing obligations (including outstanding penalties). This prohibition does not apply if the committee in connection with which the ineligibility arose has not accepted more than \$5,000 in political contributions or made more than \$5,000 in political expenditures in any semiannual reporting period. A person who violates this prohibition is liable for a civil penalty not to exceed three times the amount of political contributions accepted or political expenditures made in violation of this provision. Note: A candidate may appoint himself or herself as his or her own campaign treasurer.

### **DUTIES OF A CAMPAIGN TREASURER**

State law does not impose any obligations on a candidate's campaign treasurer.

### **REQUIREMENT TO FILE BEFORE BEGINNING A CAMPAIGN**

If you plan to run for a public office in Texas (except for a federal office), you must file this form when you become a candidate even if you do not intend to accept campaign contributions or make campaign expenditures. A "candidate" is a person who knowingly and willingly takes affirmative action for the purpose of gaining nomination or election to public office or for the purpose of satisfying financial obligations incurred by the person in connection with the campaign for nomination or election. Examples of affirmative action include:

- (A) the filing of a campaign treasurer appointment, except that the filing does not constitute candidacy or an announcement of candidacy for purposes of the automatic resignation provisions of Article XVI, Section 65, or Article XI, Section 11, of the Texas Constitution;
- (B) the filing of an application for a place on the ballot;

- (C) the filing of an application for nomination by convention;
- (D) the filing of a declaration of intent to become an independent candidate or a declaration of write-in candidacy;
- (E) the making of a public announcement of a definite intent to run for public office in a particular election, regardless of whether the specific office is mentioned in the announcement;
- (F) before a public announcement of intent, the making of a statement of definite intent to run for public office and the soliciting of support by letter or other mode of communication;
- (G) the soliciting or accepting of a campaign contribution or the making of a campaign expenditure; and
- (H) the seeking of the nomination of an executive committee of a political party to fill a vacancy.

Additionally, the law provides that you must file this form before you may accept a campaign contribution or make or authorize a campaign expenditure, including an expenditure from your personal funds. A filing fee paid to a filing authority to qualify for a place on a ballot is a campaign expenditure that may not be made before filing a campaign treasurer appointment form with the proper filing authority.

If you are an officeholder, you may make officeholder expenditures and accept officeholder contributions without having a campaign treasurer appointment on file. If you do not have a campaign treasurer appointment on file and you wish to accept *campaign* contributions or make *campaign* expenditures in connection with your office or for a different office, you must file this form before doing so. In such a case, a sworn report of contributions, expenditures, and loans will be due no later than the 15th day after filing this form.

## WHERE TO FILE A CAMPAIGN TREASURER APPOINTMENT

The appropriate filing authority depends on the office sought or held.

**a. Texas Ethics Commission.** The Texas Ethics Commission (Commission) is the appropriate filing authority for the Secretary of State and for candidates for or holders of the following offices:

- Governor, Lieutenant Governor, Attorney General, Comptroller, Treasurer, Land Commissioner, Agriculture Commissioner, Railroad Commissioner.
- State Senator or State Representative.
- Supreme Court Justice, Court of Criminal Appeals Judge, and Court of Appeals Judge.\*

- State Board of Education.
- A multi-county district judge\* or multi-county district attorney.
- A single-county district judge.\*
- An office of a political subdivision other than a county if the political subdivision includes areas in more than one county and if the governing body of the political subdivision has not been formed.
- A chair of the state executive committee of a political party with a nominee on the ballot in the most recent gubernatorial election.
- A county chair of a political party with a nominee on the ballot in the most recent gubernatorial election if the county has a population of 350,000 or more.

\* Judicial candidates use FORM JCTA to appoint a campaign treasurer.

**b. County Clerk.** The county clerk (or the county elections administrator or tax assessor, as applicable) is the appropriate local filing authority for a candidate for:

- A county office.
- A precinct office.
- A district office (except for multi-county district offices).
- An office of a political subdivision other than a county if the political subdivision is within the boundaries of a single county and if the governing body of the political subdivision has not been formed.
- An elected position on the board of directors of an appraisal district.

**c. Local Filing Authority.** If a candidate is seeking an office of a political subdivision other than a county, the appropriate filing authority is the *clerk or secretary of the governing body* of the political subdivision. If the political subdivision has no clerk or secretary, the appropriate filing authority is the governing body's presiding officer. Basically, any political subdivision that is authorized by the laws of this state to hold an election is considered a local filing authority. Examples are cities, school districts, and municipal utility districts.

## FILING WITH A DIFFERENT AUTHORITY

If you have a campaign treasurer appointment on file with one authority, and you wish to accept campaign contributions or make or authorize campaign expenditures in connection with another office that would require filing with a different authority, you must file a new campaign treasurer appointment and a copy of your old campaign treasurer appointment (certified by the old authority) with the new filing authority before beginning your campaign. You should also

provide written notice to the original filing authority that your future reports will be filed with another authority; use Form CTA-T for this purpose.

## **FORMING A POLITICAL COMMITTEE**

As a candidate, you must file an APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (FORM CTA). You may also form a specific-purpose committee to support your candidacy. Remember that filing a campaign treasurer appointment for a political committee does not eliminate the requirement that a candidate file his or her own campaign treasurer appointment (FORM CTA) and the related reports.

**NOTE:** *See the Campaign Finance Guide for Political Committees for further information about specific-purpose committees.*

## **CHANGING A CAMPAIGN TREASURER**

If you wish to change your campaign treasurer, simply file an amended campaign treasurer appointment (FORM ACTA). This will automatically terminate the outgoing campaign treasurer appointment.

## **AMENDING A CAMPAIGN TREASURER APPOINTMENT**

If *any* of the information reported on the campaign treasurer appointment (FORM CTA) changes, file an AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE (FORM ACTA) to report the change.

## **REPORTING REQUIREMENT FOR CERTAIN OFFICEHOLDERS**

If you are an officeholder who appoints a campaign treasurer after a period of not having one, you must file a report of contributions, expenditures, and loans no later than the 15th day after your appointment is effective. This requirement is not applicable if you are a candidate or an officeholder who is merely changing campaign treasurers.

## **TERMINATING A CAMPAIGN TREASURER APPOINTMENT**

You may terminate your campaign treasurer appointment at any time by:

- 1) filing a campaign treasurer appointment for a successor campaign treasurer, or
- 2) filing a final report.

Remember that you may not accept any campaign contributions or make or authorize any campaign expenditures without a campaign treasurer appointment on file. You may, however, accept officeholder contributions and make or authorize officeholder expenditures.

If your campaign treasurer quits, he or she must give written notice to both you and your filing authority. The termination will be effective on the date you receive the notice or on the date your filing authority receives the notice, whichever is later.

## FILING A FINAL REPORT

For filing purposes, you are a “candidate” as long as you have an appointment of campaign treasurer on file. If you do not expect to accept any further campaign contributions or to make any further campaign expenditures, you may file a final report of contributions and expenditures. A final report terminates your appointment of campaign treasurer and relieves you of the obligation of filing further reports as a candidate. If you have surplus funds, or if you retain assets purchased with political funds, you will be required to file annual reports. (*See instructions for FORM C/OH - UC.*) If you are an officeholder at the time of filing a final report, you may be required to file semiannual reports of contributions, expenditures, and loans as an officeholder.

If you do not have an appointment of campaign treasurer on file, you may not accept *campaign* contributions or make *campaign* expenditures. A payment on a campaign debt is a campaign expenditure. An officeholder who does not have an appointment of campaign treasurer on file may accept *officeholder* contributions and make *officeholder* expenditures.

To file a final report, you must complete the CANDIDATE/OFFICEHOLDER CAMPAIGN FINANCE REPORT (FORM C/OH), check the “final” box on Page 1, Section 9, and complete and attach the DESIGNATION OF FINAL REPORT (FORM C/OH-FR).

## ELECTRONIC FILING

All persons filing campaign finance reports with the Commission are required to file those reports electronically unless the person is entitled to claim an exemption. Please check the Commission’s website at <http://www.ethics.state.tx.us> for information about exemptions from the electronic filing requirements.

## GUIDES

All candidates should review the applicable Commission’s campaign finance guide. Guides are available on the Commission’s website at <http://www.ethics.state.tx.us>.

## SPECIFIC INSTRUCTIONS

*Each numbered item in these instructions corresponds to the same numbered item on the form.*

### PAGE 1

- 1. TOTAL PAGES FILED:** After you have completed the form, enter the total number of pages of this form and any additional pages. A “page” is one side of a two-sided form. If you are not using a two-sided form, a “page” is a single sheet.
- 2. CANDIDATE NAME:** Enter your full name, including nicknames and suffixes (e.g., Sr., Jr., III), if applicable. Enter your name in the same way on Page 2, Section 11, of this form.
- 3. CANDIDATE MAILING ADDRESS:** Enter your complete mailing address, including zip code. This information will allow your filing authority to correspond with you. **We recommend using a PO Box or other address where you receive mail, rather than your home**

address. This will be public information. If this information changes, please notify your filing authority immediately.

4. **CANDIDATE PHONE:** Enter your phone number, including the area code and extension, if applicable.
5. **OFFICE HELD:** If you are an officeholder, please enter the office you currently hold. Include the district, precinct, or other designation for the office, if applicable.
6. **OFFICE SOUGHT:** If you are a candidate, please enter the office you seek, if known. Include the district, precinct, or other designation for the office, if applicable.
7. **CAMPAIGN TREASURER NAME:** Enter the full name of your campaign treasurer, including nicknames and suffixes (e.g., Sr., Jr., III), if applicable.
8. **CAMPAIGN TREASURER STREET ADDRESS:** Enter the complete street address of your campaign treasurer, including the zip code. You may enter either the treasurer's business or residential street address. If you are your own treasurer, you may enter either your business or residential street address.
9. **CAMPAIGN TREASURER PHONE:** Enter the phone number of your campaign treasurer, including the area code and extension, if applicable.
10. **CANDIDATE SIGNATURE:** Enter your signature after reading the summary. Your signature here indicates that you have read the following summary of the nepotism law; that you are aware of your responsibility to file timely reports; and that you are aware of the restrictions on contributions from corporations and labor organizations.
  - The Texas nepotism law (Government Code, chapter 573) imposes certain restrictions on both officeholders and candidates. You should consult the statute in regard to the restrictions applicable to officeholders.
  - A candidate may not take an affirmative action to influence an employee of the office to which the candidate seeks election in regard to the appointment, confirmation, employment or employment conditions of an individual who is related to the candidate within a prohibited degree.
  - A candidate for a multi-member governmental body may not take an affirmative action to influence an officer or employee of the governmental body to which the candidate seeks election in regard to the appointment, confirmation, or employment of an individual related to the candidate in a prohibited degree.
  - Two people are related within a prohibited degree if they are related within the third degree by consanguinity (blood) or the second degree by affinity (marriage). The degree of consanguinity is determined by the number of generations that separate them. If neither is descended from the other, the degree of consanguinity is determined by adding the number of generations that each is separated from a common ancestor. Examples: (1) first degree - parent to child; (2) second degree - grandparent to grandchild; or brother to sister; (3) third degree - great-grandparent

to great-grandchild; or aunt to niece who is child of individual's brother or sister. A husband and wife are related in the first degree by affinity. A wife has the same degree of relationship by affinity to her husband's relatives as her husband has by consanguinity. For example, a wife is related to her husband's grandmother in the second degree by affinity.

## **PAGE 2**

**11. CANDIDATE NAME:** Enter your name as you did on Page 1.

**12. MODIFIED REPORTING DECLARATION:** Sign this option if you wish to report under the modified reporting schedule.

The modified reporting option is not available for candidates for the office of state chair of a political party and candidates for county chair of a political party.

To the left of your signature, enter the year of the election or election cycle to which your selection of modified reporting applies.

Your selection of modified reporting is valid for an entire election cycle. For example, if you choose modified reporting before a primary election, your selection remains in effect for any runoff and for the general election and any related runoff. You must make this selection at least 30 days before the first election to which your selection applies.

An opposed candidate in an election is eligible to report under the modified reporting schedule if he or she does not intend to accept more than \$1,140 in political contributions or make more than \$1,140 in political expenditures in connection with an election. The amount of a filing fee paid to qualify for a place on the ballot does not count against the \$1,140 expenditure limit. An opposed candidate who reports under the modified schedule is not required to file pre-election reports (due 30 days and 8 days before an election) or runoff reports (due 8 days before a runoff). (Note: An *unopposed* candidate is not required to file pre-election reports in the first place.) The obligations to file semiannual reports, special pre-election reports (formerly known as telegram reports), or special session reports, if applicable, are not affected by selecting the modified schedule.

The \$1,140 maximums apply to each election within the cycle. In other words, you are limited to \$1,140 in contributions and expenditures in connection with the primary, an additional \$1,140 in contributions and expenditures in connection with the general election, and an additional \$1,140 in contributions and expenditures in connection with a runoff.

**EXCEEDING \$1,140 IN CONTRIBUTIONS OR EXPENDITURES.** If you exceed \$1,140 in contributions or expenditures in connection with an election, you must file according to the regular filing schedule. In other words, you must file pre-election reports and a runoff report, if you are in a runoff.

If you exceed either of the \$1,140 limits *after the 30th day before the election*, you must file a sworn report of contributions and expenditures within 48 hours after exceeding the limit. After that, you must file any pre-election reports or runoff reports that are due under the regular filing schedule.

Your selection is not valid for other elections or election cycles. Use the AMENDMENT (FORM ACTA) to renew your option to file under the modified schedule for a different election year or election cycle.

*For more information, see the Commission's campaign finance guide that applies to you.*

ELECTION CODE

TITLE 15. REGULATING POLITICAL FUNDS AND CAMPAIGNS

CHAPTER 258. FAIR CAMPAIGN PRACTICES

Sec. 258.001. SHORT TITLE. This chapter may be cited as the Fair Campaign Practices Act.

Added by Acts 1997, 75th Leg., ch. 168, Sec. 1, eff. Sept. 1, 1997.

Sec. 258.002. PURPOSE. (a) The purpose of this chapter is to encourage every candidate and political committee to subscribe to the Code of Fair Campaign Practices.

(b) It is the intent of the legislature that every candidate and political committee that subscribes to the Code of Fair Campaign Practices will follow the basic principles of decency, honesty, and fair play to encourage healthy competition and open discussion of issues and candidate qualifications and to discourage practices that cloud the issues or unfairly attack opponents.

Added by Acts 1997, 75th Leg., ch. 168, Sec. 1, eff. Sept. 1, 1997.

Sec. 258.003. DELIVERY OF COPY OF CODE. (a) When a candidate or political committee files its campaign treasurer appointment, the authority with whom the appointment is filed shall give the candidate or political committee a blank form of the Code of Fair Campaign Practices and a copy of this chapter.

(b) The authority shall inform each candidate or political committee that the candidate or committee may subscribe to and file the code with the authority and that subscription to the code is voluntary.

Added by Acts 1997, 75th Leg., ch. 168, Sec. 1, eff. Sept. 1, 1997.

Sec. 258.004. TEXT OF CODE. The Code of Fair Campaign Practices reads as follows:

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens

may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Signature |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Added by Acts 1997, 75th Leg., ch. 168, Sec. 1, eff. Sept. 1, 1997.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| <p data-bbox="181 349 1494 591">Sec. 258.005. FORMS. The commission shall print copies of the Code of Fair Campaign Practices and shall supply the forms to the authorities with whom copies of the code may be filed in quantities and at times requested by the authorities.</p> <p data-bbox="181 604 1494 658">Added by Acts 1997, 75th Leg., ch. 168, Sec. 1, eff. Sept. 1, 1997.</p>                                                                                                                                                                                                                                                                                         |           |
| <p data-bbox="181 725 1494 1034">Sec. 258.006. ACCEPTANCE AND PRESERVATION OF COPIES. (a) An authority with whom a campaign treasurer appointment is filed shall accept each completed copy of the code submitted to the authority that is properly subscribed to by a candidate or the campaign treasurer of a political committee.</p> <p data-bbox="181 1048 1494 1236">(b) Each copy of the code accepted under this section shall be preserved by the authority with whom it is filed for the period prescribed for the filer's campaign treasurer appointment.</p> <p data-bbox="181 1249 1494 1303">Added by Acts 1997, 75th Leg., ch. 168, Sec. 1, eff. Sept. 1, 1997.</p> |           |
| <p data-bbox="181 1370 1494 1559">Sec. 258.007. SUBSCRIPTION TO CODE VOLUNTARY. The subscription to the Code of Fair Campaign Practices by a candidate or a political committee is voluntary.</p> <p data-bbox="181 1572 1494 1626">Added by Acts 1997, 75th Leg., ch. 168, Sec. 1, eff. Sept. 1, 1997.</p>                                                                                                                                                                                                                                                                                                                                                                        |           |
| <p data-bbox="181 1693 1494 1935">Sec. 258.008. INDICATION ON POLITICAL ADVERTISING. A candidate or a political committee that has filed a copy of the Code of Fair Campaign Practices may so indicate on political advertising in a form to be determined by the commission.</p> <p data-bbox="181 1948 1494 2002">Added by Acts 1997, 75th Leg., ch. 168, Sec. 1, eff. Sept. 1, 1997.</p>                                                                                                                                                                                                                                                                                        |           |
| <p data-bbox="181 2069 1494 2257">Sec. 258.009. CIVIL CAUSE OF ACTION. This chapter does not create a civil cause of action for recovery of damages or for enforcement of this chapter.</p> <p data-bbox="181 2271 1494 2325">Added by Acts 1997, 75th Leg., ch. 168, Sec. 1, eff. Sept. 1, 1997.</p>                                                                                                                                                                                                                                                                                                                                                                              |           |

# **POLITICAL ADVERTISING**

## **What You Need to Know**



The Texas Election Code requires certain disclosures and notices on political advertising. The law also prohibits certain types of misrepresentation in political advertising and campaign communications. This brochure explains what you need to know to insure that your political advertising and campaign communications comply with the law.

If you are not sure what the law requires, do the cautious thing. Use the political advertising disclosure statement whenever you think it might be necessary, and do not use any possibly misleading information in political advertising or a campaign communication. If you are using political advertising or campaign communications from a prior campaign, you should check to see if the law has changed since that campaign.

Candidates for federal office should check with the Federal Election Commission at (800) 424-9530 for information on federal political advertising laws.

**NOTICE:** This guide is intended only as a general overview of the disclosure statements that must appear on political advertising as required under [Chapter 255 of the Election Code](#), which is distinct from political reporting requirements under [Chapter 254 of the Election Code](#).

**Texas Ethics Commission**  
**P.O. Box 12070**  
**Austin, Texas 78711-2070**

**(512) 463-5800**

**TDD (800) 735-2989**

**Visit us at [www.ethics.state.tx.us](http://www.ethics.state.tx.us).**

## REQUIRED DISCLOSURE ON POLITICAL ADVERTISING

### I. What Is Political Advertising?

The disclosure statement and notice requirements discussed in this section apply to “political advertising.” In the law, “political advertising” is a specifically defined term. Do not confuse this special term with your own common-sense understanding of advertising.

To figure out if a communication is political advertising, you must look at what it says and where it appears. If a communication fits in one of the categories listed in Part A (below) and if it fits in one of the categories listed in Part B (below), it is political advertising.

#### Part A. What Does It Say?

1. Political advertising includes communications supporting or opposing a candidate for nomination or election to either a public office or an office of a political party (including county and precinct chairs).
2. Political advertising includes communications supporting or opposing an officeholder, a political party, or a measure (a ballot proposition).

#### Part B. Where Does It Appear?

1. Political advertising includes communications that appear in pamphlets, circulars, fliers, billboards or other signs, bumper stickers, or similar forms of written communication.
2. Political advertising includes communications that are published in newspapers, magazines, or other periodicals in return for consideration.
3. Political advertising includes communications that are broadcast by radio or television in return for consideration.
4. Political advertising includes communications that appear on an Internet website.

### II. When Is a Disclosure Statement Required?

The law provides that political advertising that contains express advocacy is required to include a disclosure statement. The person who causes the political advertising to be published, distributed, or broadcast is responsible for including the disclosure statement.

The law does not define the term “express advocacy.” However, the law does provide that political advertising is deemed to contain express advocacy if it is authorized by a candidate, an agent of a candidate, or a political committee filing campaign finance reports. Therefore, a disclosure statement is required any time a candidate, a candidate’s agent, or a political committee authorizes political advertising.

The precise language of political advertising authorized by someone other than a candidate, the candidate's agent, or a political committee will determine if the advertising contains express advocacy and is therefore required to include a disclosure statement. Generally, the question is whether the communication expressly advocates the election or defeat of an identified candidate, or expressly advocates the passage or defeat of a measure, such as a bond election. The inclusion of words such as "vote for," "elect," "support," "defeat," "reject," or "Smith for Senate" would clearly constitute express advocacy, but express advocacy is not limited to communications that use those words. Similar phrases, such as "Cast your ballot for X," would also constitute express advocacy. Additionally, in 2007, the United States Supreme Court held that an advertisement included express advocacy or its functional equivalent "if the ad is susceptible to no reasonable interpretation other than as an appeal to vote for or against a specific candidate." *FEC v. Wis. Right to Life, Inc.*, 551 U.S. 449 (2007). It is a question of fact whether a particular communication constitutes express advocacy. If you are not sure whether political advertising contains express advocacy, do the cautious thing and include the disclosure statement. That way, there is no need to worry about whether you have violated the law.

Remember: The concept of "express advocacy" is relevant in determining whether political advertising is required to include a disclosure statement. However, the political advertising laws governing the right-of-way notice, misrepresentation, and use of public funds by political subdivisions will apply to political advertising regardless of whether the advertising contains express advocacy.

### **III. What Should the Disclosure Statement Say?**

A disclosure statement must include the following:

1. the words "political advertising" or a recognizable abbreviation such as "pol. adv."; and
2. the full name of one of the following: (a) the person who paid for the political advertising; (b) the political committee authorizing the political advertising; or (c) the candidate or specific-purpose committee supporting the candidate, if the political advertising is authorized by the candidate.

The disclosure statement must appear on the face of the political advertising or be clearly spoken if the political advertising is audio only and does not include written text.

The advertising should not be attributed to entities such as "Committee to Elect John Doe" unless a specific-purpose committee named "Committee to Elect John Doe" has filed a campaign treasurer appointment with the Ethics Commission or a local filing authority.

### **IV. Are There Any Exceptions to the Disclosure Statement Requirement?**

The following types of political advertising do not need the disclosure statement:

1. t-shirts, balloons, buttons, emery boards, hats, lapel stickers, small magnets, pencils, pens, pins, wooden nickels, candy wrappers, and similar materials;
2. invitations or tickets to political fundraising events or to events held to establish support for a candidate or officeholder;

3. an envelope that is used to transmit political advertising, provided that the political advertising in the envelope includes the disclosure statement;
4. circulars or fliers that cost in the aggregate less than \$500 to publish and distribute;
5. political advertising printed on letterhead stationery, if the letterhead includes the name of one of the following: (a) the person who paid for the advertising, (b) the political committee authorizing the advertising, or, (c) the candidate or specific-purpose committee supporting the candidate, if the political advertising is authorized by the candidate. (Note: There is also an exception for holiday greeting cards sent by an officeholder, provided that the officeholder's name and address appear on the card or the envelope.)
6. postings or re-postings on an Internet website if the person posting or re-posting is not an officeholder, candidate, or political committee and did not make an expenditure exceeding \$100 in a reporting period for political advertising beyond the basic cost of hardware messaging software and bandwidth;
7. an Internet social media profile webpage of a candidate or officeholder, if the webpage clearly and conspicuously displays the full name of the candidate or officeholder; and
8. postings or re-postings on an Internet website if the advertising is posted with a link to a publicly viewable Internet webpage that either contains the disclosure statement or is an Internet social media profile webpage of a candidate or officeholder that clearly and conspicuously displays the candidate's or officeholder's full name.

#### **V. What Should I Do If I Discover That My Political Advertising Does Not Contain a Disclosure Statement?**

The law prohibits a person from using, causing or permitting to be used, or continuing to use political advertising containing express advocacy if the person knows it does not include the disclosure statement. A person is presumed to know that the use is prohibited if the Texas Ethics Commission notifies the person in writing that the use is prohibited. If you receive notice from the Texas Ethics Commission that your political advertising does not comply with the law, you should stop using it immediately.

If you learn that a political advertising sign designed to be seen from the road does not contain a disclosure statement or contains an inaccurate disclosure statement, you should make a good faith attempt to remove or correct those signs that have been distributed. You are not required to attempt to recover other types of political advertising that have been distributed with a missing or inaccurate disclosure statement.

#### **VI. The Fair Campaign Practices Act.**

The [Fair Campaign Practices Act](#) sets out basic rules of decency, honesty, and fair play to be followed by candidates and political committees during a campaign. A candidate or political committee may choose to subscribe to the voluntary code by signing a copy of the code and filing it with the authority with whom the candidate or committee is required to file its campaign

treasurer appointment. A person subscribing to the code may indicate that fact on political advertising by including the following or a substantially similar statement:

**(Name of the candidate or political committee, as appropriate) subscribes to the Code of Fair Campaign Practices.**

## **VII. Special Notice to Political Subdivisions and School Districts.**

You may not use public funds or resources for political advertising. Please see our “Publications and Guides” section of our website for more information.

## **ROAD SIGNS**

### **I. When Is the “Right-Of-Way” Notice Required?**

All written political advertising that is meant to be seen from a road must carry a “right-of-way” notice. It is a criminal offense to omit the “right-of-way” notice in the following circumstances:

1. if you enter into a contract or agreement to print or make written political advertising meant to be seen from a road; or
2. if you instruct another person to place the written political advertising meant to be seen from a road.

### **II. What Should the “Right-Of-Way” Notice Say?**

Section 259.001 of the Texas Election Code prescribes the exact language of the notice:

**NOTICE: IT IS A VIOLATION OF STATE LAW (CHAPTERS 392 AND 393, TRANSPORTATION CODE) TO PLACE THIS SIGN IN THE RIGHT-OF-WAY OF A HIGHWAY.**

### **III. Do Yard Signs Have to Have the “Right-Of-Way” Notice?**

Yes. The “right-of-way” notice requirement applies to signs meant to be seen from any road. The notice requirement assures that a person responsible for placing signs is aware of the restriction on placing the sign in the right-of-way of a highway.

### **IV. What About Bumper Stickers?**

Bumper stickers do not need the “right-of-way” notice. They do, however, need a political advertising disclosure statement.

### **V. Where May I Place My Signs and How Long May Signs Be Posted?**

For information about exactly where you may or may not place signs, or for information regarding the length of time your signs may be posted, check with your city or county government or your homeowner’s association. The Texas Ethics Commission does not have

jurisdiction over matters involving the location of signs, and the length of time that they may be posted.

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## MISREPRESENTATION

### I. Are There Restrictions on the Contents of Political Advertising?

Political advertising and campaign communications may not misrepresent a person's identity or official title, nor may they misrepresent the true source of the advertising or communication. The election law does not address other types of misrepresentation in political advertising or campaign communications.

Note that the misrepresentation rules apply to both political advertising and campaign communications. "Campaign communication" is a broader term than "political advertising."

A "campaign communication" means "a written or oral communication relating to a campaign for nomination or election to public office or office of a political party or to a campaign on a measure."

### II. Misrepresentation of Office Title.

A candidate may not represent that he or she holds an office that he or she does not hold at the time of the representation. **If you are not the incumbent in the office you are seeking, you must make it clear that you are seeking election rather than reelection by using the word "for" to clarify that you don't hold that office.** The word "for" must be at least one-half the type size as the name of the office and should appear immediately before the name of the office. For example, a non-incumbent may use the following formats:

**Vote John Doe  
for Attorney General**

**John Doe  
For  
Attorney General**

A non-incumbent may not be allowed to use the following verbiage:

**Elect John Doe  
Attorney General**

**John Doe  
Attorney General**

### **III. Misrepresentation of Identity or Source.**

A person violates the law if, with intent to injure a candidate or influence the result of an election, the person misrepresents the source of political advertising or a campaign communication or if the person misrepresents his or her own identity or the identity of his or her agent in political advertising or in a campaign communication. (If someone else is doing something for you, that person is your agent.) For example, you may not take out an ad in favor of your opponent that purports to be sponsored by a notoriously unpopular group.

### **IV. Use of State Seal.**

Only current officeholders may use the state seal in political advertising.

### **V. Criminal Offenses.**

Be aware that many violations of the Election Code are criminal offenses. For example, unlawfully using public funds for political advertising can be a Class A misdemeanor. So can misrepresenting one's identity or office title in political advertising. For more details on these offenses and political advertising in general, see [Chapter 255 of the Election Code](#).

# Political and Campaign Signs

Revised 3/12/2026



## Interstate and Primary Highways

During campaign season, the landscape blooms with a special kind of flower - the political sign. Unlike wildflowers which are welcome anywhere, putting campaign signs on public lands is illegal. So, before you plant that sign, learn the law and keep Texas beautiful.

TxDOT only controls the location of commercial signs and never controls the content of any signage. If you have questions about what may be on a political sign, please contact the Texas Ethics Commission at (512) 463-5800.

## Frequently Asked Questions

### **Where can I place political signs?**

- 1) not in the highway right of way.
- 2) not in a location that poses a safety hazard (e.g. blocking sight to a driveway); and
- 3) placed with the landowner's permission.

Always make sure to check with local authorities (cities, counties, etc.) as they may have their own restrictions on sign placement.

### **When can I place political signs?**

Cities and counties may have their own time restrictions for political signs, however TxDOT does not enforce any timing restrictions.

### **There is a sign on private property posing a safety hazard.**

If you believe a sign or signs create a safety hazard, contact local law enforcement as they can have the owner remove or relocate their sign(s).

### **There are signs located on the Right of Way (ROW)**

Signs cannot be placed on the ROW as per Texas Transportation Code §393.002.

“A sheriff, constable, or other trained volunteer authorized by the commissioners court of a county may confiscate a sign placed in violation of Section 393.002.”

[TEX. TRANS. CODE §393.003]. For state-maintained highways, your local TxDOT district office also has the authority to remove signs located on state owned right of way.

### **Where is the ROW?**

If you are unsure where the ROW starts or ends, you should contact your local TxDOT district office.

## **Contact Us**

The contact information for your local TxDOT office can be found online at:

- [www.txdot.gov](http://www.txdot.gov)
- About
- TxDOT Districts

Then find your county and select the “Discover” link for specific contact information.

For any other questions concerning signs along Texas highways, contact the TxDOT Commercial Signs Regulatory Section: [CSRP@txdot.gov](mailto:CSRP@txdot.gov)



## TEXAS ETHICS COMMISSION

### 2026 FILING SCHEDULE FOR REPORTS DUE IN CONNECTION WITH ELECTIONS HELD ON UNIFORM ELECTION DATES

This is a filing schedule for reports to be filed in connection with elections held on uniform election dates in May and November. Examples of elections held on uniform election dates are elections for school board positions and city offices. The uniform election dates in 2026 are May 2 and November 3.

Candidates and officeholders must file semiannual reports (due on January 15, 2026, and July 15, 2026). In addition, a candidate who has an opponent on the ballot in an election held on a uniform election date must file two pre-election reports (unless the candidate has elected modified reporting).

The campaign treasurer of a political committee that is involved in an election held on a uniform election date must also file pre-election reports (unless the committee is a general-purpose political committee that files monthly or a specific-purpose political committee that files on the modified reporting schedule). This schedule sets out the due dates for pre-election reports in connection with elections on uniform election dates. Please consult the 2026 REGULAR FILING SCHEDULE FOR GENERAL-PURPOSE POLITICAL COMMITTEES (GPAC), COUNTY EXECUTIVE COMMITTEES (CEC), AND SPECIFIC-PURPOSE POLITICAL COMMITTEES (SPAC) for a complete listing of political committee deadlines.

Candidates for and officeholders in local offices regularly filled at the general election for state and county officers (the November election in even-numbered years) should use the 2026 FILING SCHEDULE FOR CANDIDATES AND OFFICEHOLDERS FILING WITH THE COUNTY CLERK OR ELECTIONS ADMINISTRATOR.

#### EXPLANATION OF THE FILING SCHEDULE CHART

**COLUMN I: REPORT DUE DATE** - This is the date by which the report must be filed. If the due date for a report falls on a Saturday, Sunday, or legal holiday, the report is due on the next regular business day. This schedule shows the extended deadline where applicable. A report transmitted to the Texas Ethics Commission over the Internet is considered timely filed if it is transmitted *by midnight, Central Time Zone, on the night of the filing deadline*. For most filing deadlines, a report filed on paper is considered timely filed if it is deposited with the U.S. Post Office or a common or contract carrier properly addressed with postage and handling charges prepaid, or hand-delivered to the filing authority by the filing deadline. **Pre-Election Reports:** A report due 30 days before an election and a report due 8 days before an election must be *received* by the appropriate filing authority no later than the report due date to be considered timely filed.

**COLUMN II: TYPE OF REPORT (WHO FILES)** - This column gives the report type and explains which reporting form to use and which filers are required to file the report.

**COLUMN III: BEGINNING DATE OF PERIOD COVERED** - This column sets out the beginning date of the time period covered by the report. Use the latest one of the applicable dates. The "date of campaign treasurer appointment" is the beginning date only for the *first* report filed after filing a campaign treasurer appointment. For officeholders recently appointed to an elective office, the beginning date for the first report will be the date the officeholder took office, provided that he or she was not already filing as an officeholder or candidate at the time of the appointment. (*NOTE: If you are ever confused about the beginning date for a required report, remember this rule: **There should never be gaps between reporting periods and, generally, there should not be overlaps.***)

**COLUMN IV: ENDING DATE OF PERIOD COVERED** - This column sets out the ending date of the time period covered by the report. The report must include reportable activity occurring on the ending date.

Please consult the CAMPAIGN FINANCE GUIDE FOR CANDIDATES AND OFFICEHOLDERS WHO FILE WITH LOCAL FILING AUTHORITIES or the CAMPAIGN FINANCE GUIDE FOR POLITICAL COMMITTEES for further information.

| <b><u>COLUMN I</u></b><br><b>DUE DATE</b> | <b><u>COLUMN II</u></b><br><b>TYPE OF REPORT<br/>(WHO FILES)</b>                                                                                                                                                                                                                                                   | <b><u>COLUMN III</u></b><br><b>BEGINNING DATE OF<br/>PERIOD COVERED</b>                                                           | <b><u>COLUMN IV</u></b><br><b>ENDING DATE<br/>OF PERIOD<br/>COVERED</b> |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Thursday,<br/>January 15, 2026</b>     | <b>January semiannual</b><br>[FORM C/OH] (all local candidates and officeholders, except for officeholders who do not have a campaign treasurer appointment on file and who do not exceed \$1,110 in contributions or expenditures for the reporting period)<br>[FORM GPAC] (all GPACs)<br>[FORM SPAC] (all SPACs) | July 1, 2025, <u>or</u><br>the date of campaign treasurer appointment, <u>or</u><br>the day after the date the last report ended. | December 31, 2025                                                       |
| <b>Thursday,<br/>January 15, 2026</b>     | <b>Annual report of unexpended contributions</b><br>[FORM C/OH-UC]<br>(former candidates and former officeholders who have filed a final report and who retained unexpended contributions or assets purchased with contributions)                                                                                  | January 1, 2025, <u>or</u><br>the day after the date the final report was filed.                                                  | December 31, 2025                                                       |

**REPORTS DUE BEFORE THE MAY 2, 2026, UNIFORM ELECTION**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      |                |
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| <b>Thursday,<br/>April 2, 2026</b><br><br><b>NOTE: This report must be <u>received</u> by the appropriate filing authority no later than April 2, 2026.</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>30th day before the May 2, 2026, uniform election</b><br>[FORM C/OH] (all local candidates who have an opponent on the ballot in the May 2 election and who do not file on the modified reporting schedule)<br>[FORM GPAC] (all GPACs that are involved in the May 2 election)<br>[FORM SPAC] (all SPACs that do not file on the modified reporting schedule and that supported or opposed an opposed candidate or a measure in the May 2 election) | January 1, 2026, <u>or</u><br>the date of campaign treasurer appointment, <u>or</u><br>the day after the date the last report ended. | March 23, 2026 |
| <b>NOTE:</b> A political committee must file pre-election reports if the committee is involved in the election during each pre-election reporting period. <b>A political committee must file an 8-day pre-election report if the committee filed a 30-day pre-election report, even if there is no activity to report during the 8-day reporting period.</b> The campaign treasurer of a political committee may be required to file 30-day and 8-day pre-election reports in connection with elections not listed on this schedule. |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                      |                |

| <b><u>COLUMN I</u></b><br><b>DUE DATE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b><u>COLUMN II</u></b><br><b>TYPE OF REPORT<br/>(WHO FILES)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b><u>COLUMN III</u></b><br><b>BEGINNING DATE OF<br/>PERIOD COVERED</b>                                                                      | <b><u>COLUMN IV</u></b><br><b>ENDING DATE<br/>OF PERIOD<br/>COVERED</b>                                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Friday,<br/>April 24, 2026</b><br><br><b>NOTE: This report must be <u>received</u> by the appropriate filing authority no later than April 24, 2026.</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>8th day before May 2, 2026,<br/>uniform election</b><br><br>[FORM C/OH] (all local candidates who have an opponent on the ballot in the May 2 election and who do not file on the modified reporting schedule)<br><br>[FORM GPAC] (all GPACs that filed a “30th Day Before Election Report” or that are involved in the May 2 election)<br><br>[FORM SPAC] (all SPACs that do not file on the modified reporting schedule and that filed a “30th Day Before Election Report” or that supported or opposed an opposed candidate or a measure in the May 2 election) | March 24, 2026, <u>or</u><br><br>the date of campaign treasurer appointment, <u>or</u><br><br>the day after the date the last report ended.  | April 22, 2026<br><br><b>NOTE:</b> Daily pre-election reports of contributions accepted and direct campaign expenditures made after April 22, 2026, may be required. Please consult the Campaign Finance Guide for further information. |
| <b>Wednesday,<br/>July 15, 2026</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>July semiannual</b><br><br>[FORM C/OH] (all local candidates and officeholders, except for officeholders who do not have a campaign treasurer appointment on file and who do not exceed \$1,140 in contributions or expenditures for the reporting period)<br><br>[FORM GPAC] (all GPACs)<br><br>[FORM SPAC] (all SPACs)                                                                                                                                                                                                                                           | January 1, 2026, <u>or</u><br><br>the date of campaign treasurer appointment, <u>or</u><br><br>the day after the date the last report ended. | June 30, 2026                                                                                                                                                                                                                           |
| <b>NOTE:</b> A political committee must file pre-election reports if the committee is involved in the election during each pre-election reporting period. <b>A political committee must file an 8-day pre-election report if the committee filed a 30-day pre-election report, even if there is no activity to report during the 8-day reporting period.</b> The campaign treasurer of a political committee may be required to file 30-day and 8-day pre-election reports in connection with elections not listed on this schedule. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                              |                                                                                                                                                                                                                                         |

| <b><u>COLUMN I</u></b><br><b>DUE DATE</b> | <b><u>COLUMN II</u></b><br><b>TYPE OF REPORT<br/>(WHO FILES)</b> | <b><u>COLUMN III</u></b><br><b>BEGINNING DATE OF<br/>PERIOD COVERED</b> | <b><u>COLUMN IV</u></b><br><b>ENDING DATE<br/>OF PERIOD<br/>COVERED</b> |
|-------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
|-------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|

**REPORTS DUE BEFORE THE NOVEMBER 3, 2026, UNIFORM ELECTION**

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monday,<br/>October 5, 2026</b><br><br><i>Deadline is extended<br/>because of weekend.</i><br><br><b>NOTE: This report<br/>must be <u>received</u> by<br/>the appropriate<br/>filing authority no<br/>later than October 5,<br/>2026.</b> | <b>30th day before the November 3,<br/>2026, uniform election</b><br><br>[FORM C/OH] (all local<br>candidates who have an opponent<br>on the ballot in the November 3<br>election and who do not file on the<br>modified reporting schedule)<br><br>[FORM GPAC] (all GPACs that<br>are involved in the November 3<br>election)<br><br>[FORM SPAC] (all SPACs that<br>do not file on the modified<br>reporting schedule and that<br>supported or opposed an opposed<br>candidate or a measure in the<br>November 3 election)                                                                                                             | July 1, 2026, <u>or</u><br><br>the date of campaign<br>treasurer appointment, <u>or</u><br><br>the day after the date the last<br>report ended.       | September 24, 2026                                                                                                                                                                                                                                                                           |
| <b>Monday,<br/>October 26, 2026</b><br><br><b>NOTE: This report<br/>must be <u>received</u> by<br/>the appropriate<br/>filing authority no<br/>later than October<br/>26, 2026.</b>                                                          | <b>8th day before the November 3,<br/>2026, uniform election</b><br><br>[FORM C/OH] (all local<br>candidates who have an opponent<br>on the ballot in the November 3<br>election and who do not file on the<br>modified reporting schedule)<br><br>[FORM GPAC] (all GPACs that<br>filed a “30th Day Before Election<br>Report” or that are involved in the<br>November 3 election)<br><br>[FORM SPAC] (all SPACs that<br>do not file on the modified<br>reporting schedule and that filed a<br>“30th Day Before Election<br>Report” or that supported or<br>opposed an opposed candidate or a<br>measure in the November 3<br>election) | September 25, 2026, <u>or</u><br><br>the date of campaign<br>treasurer appointment, <u>or</u><br><br>the day after the date the last<br>report ended. | October 24, 2026<br><br><b>NOTE: Daily pre-<br/>election reports of<br/>contributions<br/>accepted and direct<br/>campaign<br/>expenditures made<br/>after October 24,<br/>2026, may be<br/>required. Please<br/>consult the<br/>Campaign Finance<br/>Guide for further<br/>information.</b> |

**NOTE:** A political committee must file pre-election reports if the committee is involved in the election during each pre-election reporting period. **A political committee must file an 8-day pre-election report if the committee filed a 30-day pre-election report, even if there is no activity to report during the 8-day reporting period.** The campaign treasurer of a political committee may be required to file 30-day and 8-day pre-election reports in connection with elections not listed on this schedule.

| <b><u>COLUMN I</u></b><br><b>DUE DATE</b> | <b><u>COLUMN II</u></b><br><b>TYPE OF REPORT<br/>(WHO FILES)</b>                                                                                                                                                                                                                                                               | <b><u>COLUMN III</u></b><br><b>BEGINNING DATE OF<br/>PERIOD COVERED</b>                                                                   | <b><u>COLUMN IV</u></b><br><b>ENDING DATE<br/>OF PERIOD<br/>COVERED</b> |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Friday,<br/>January 15, 2027</b>       | <b>January semiannual</b><br><br>[FORM C/OH] (all local candidates and officeholders, except for officeholders who do not have a campaign treasurer appointment on file and who do not exceed \$1,140 in contributions or expenditures for the reporting period)<br><br>[FORM GPAC] (all GPACs)<br><br>[FORM SPAC] (all SPACs) | July 1, 2026, <i>or</i><br><br>the date of campaign treasurer appointment, <i>or</i><br><br>the day after the date the last report ended. | December 31, 2026                                                       |
| <b>Friday,<br/>January 15, 2027</b>       | <b>Annual report of unexpended contributions</b><br><br>[FORM C/OH-UC]<br>(former candidates and former officeholders who have filed a final report and who retained unexpended contributions or assets purchased with contributions)                                                                                          | January 1, 2026, <i>or</i><br><br>the day after the date the final report was filed.                                                      | December 31, 2026                                                       |