

**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**

LOUIS

E

WARREN

**OFFICE USE ONLY**

Date Received

RECEIVED  
JAN 14 2026

BY *David Moya*

Date Hand-delivered or Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

**5 CANDIDATE  
MAILING  
ADDRESS**

**NEW**

**ADDRESS / PO BOX;**

**APT / SUITE #;**

**CITY;**

**STATE;**

**ZIP CODE**

PO Box 980 SEADRIFT, TX 77983

**6 CANDIDATE  
PHONE**

**NEW**

**AREA CODE**

**PHONE NUMBER**

**EXTENSION**

(512) 963-8423

**7 OFFICE HELD  
(if any)**

**NEW**

**8 OFFICE  
SOUGHT  
(if known)**

**NEW**

CONSTABLE PCT 4 CALHOUN COUNTY

**9 CAMPAIGN  
TREASURER  
NAME**

**NEW**

**MS / MRS / MR**

**FIRST**

**MI**

**NICKNAME**

**LAST**

**SUFFIX**

LOUIS

E

WARREN

**10 CAMPAIGN  
TREASURER  
STREET  
ADDRESS  
(residence or business)**

**NEW**

**STREET ADDRESS (NO PO BOX PLEASE);**

**APT / SUITE #;**

**CITY;**

**STATE;**

**ZIP CODE**

PO Box 980 SEADRIFT, TX 77983

**11 CAMPAIGN  
TREASURER  
PHONE**

**NEW**

**AREA CODE**

**PHONE NUMBER**

**EXTENSION**

(512) 963-8423

**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]*

Signature of Candidate

1/14/26

Date Signed

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# 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 LOUIS E NICKNAME LAST SUFFIX WARREN		OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 980 SEADRIFF, TX 77983		Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 963-8423			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI LOUIS E NICKNAME LAST SUFFIX WARREN			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 980 SEADRIFF, TX 77983			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (512) 963-8423			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED		Month Day Year    Month Day Year 7 / 1 / 2025 THROUGH 12 / 31 / 2025			
11 ELECTION		ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE		OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) CALHOUN COUNTY CORRECTOR # 1254	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages		THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE    COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY).	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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]

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 Louis E. Warren, and my date of birth is 06/30/1983

My address is Box 980 SEADRIK TX 77413  
(street) (city) (state) (zip code) (country)

Executed in CALHOUN County, State of TX, on the 14<sup>th</sup> day of JAN, 2020  
(month) (year)

[Signature]  
Signature of Candidate/Officeholder (Declarant)