

# 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: <b>6</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Daniel</b>	<b>OFFICE USE ONLY</b> <hr/> Date Received <div style="border: 1px solid black; padding: 5px; display: inline-block;">                     RECEIVED                      FEB 23 2026                      BY: <i>M Salinas</i> </div> <hr/> Date Hand-Delivered or Date Postmarked <hr/> Receipt #      Amount \$ <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME LAST SUFFIX <b>Bermea JR.</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE <b>PO Box 130 Port O Connor TX 77982</b>		
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION <b>(432) 425-1527</b>		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR FIRST MI <b>Sunny Schumann</b>	Date Hand-Delivered or Date Postmarked	
8 CAMPAIGN TREASURER PHONE	NICKNAME LAST SUFFIX <b>Sunny Schumann</b>	Receipt #      Amount \$	
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #, CITY, STATE, ZIP CODE <b>308 S. 5th Port O Connor, TX 77982</b>	Date Processed	
10 PERIOD COVERED	AREA CODE PHONE NUMBER EXTENSION <b>(512) 639-3432</b>	Date Imaged	
11 ELECTION	<input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	Date Hand-Delivered or Date Postmarked	
12 OFFICE	Month      Day      Year      THROUGH      Month      Day      Year <b>1 / 23 / 26      2 / 23 / 26</b>	Date Hand-Delivered or Date Postmarked	
13 OFFICE SOUGHT (if known)	ELECTION DATE      ELECTION TYPE Month      Day      Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	Date Hand-Delivered or Date Postmarked	
14 NOTICE FROM POLITICAL COMMITTEE(S)	OFFICE HELD (if any)      OFFICE SOUGHT (if known) <b>County Commissioner Pct. 4</b>		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages <input type="checkbox"/>

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1220.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1220.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3457.37
	4. TOTAL POLITICAL EXPENDITURES	\$ 3457.37
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 904.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**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.

*Daniel Bermea Jr.*  
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 Daniel Bermea Jr. and my date of birth is 09/04/1963  
 My address is 604 Madison Ave. Port O'Connor, TX 77982 Calhoun  
 (street) (city) (state) (zip code) (country)  
 Executed in Calhoun County, State of TX, on the 22 day of Feb, 2026  
 (month) (year)  
*Daniel Bermea Jr.*  
 Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH**

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

19 FILER NAME

*Dorlie Bermea*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1220.<sup>00</sup></i>
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3457.37</i>
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	\$

**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Daniel Barkmea C.P.		3 Filer ID (Ethics Commission Filers)
4 Date 1/23/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malcolm Heim	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 207 W. Jefferson Port O Connor TX 77982		
8 Principal occupation / Job title (See Instructions) OWNER		9 Employer (See Instructions) Sharkies Bar & Grill
Date 1/30/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN HARPER	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 201 W. Main St. Port O Connor 77982		
Principal occupation / Job title (See Instructions) OWNER		Employer (See Instructions) Madden's Lounge
Date 1/31/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Lincoln	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 23 Springfield Port Lavaca TX 77979		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self-employed
Date 1/31/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Junkermeier	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 201 Polk Port O Connor TX 77982		
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Vantage Marine
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1 of 2</b>	2 FILER NAME <b>Daniel Bermea</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>1/23/26</b>	5 Payee name <b>Port Lavaca Wave</b>	City:	State:	Zip Code:
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6 Amount (\$) <b>450.00</b>	7 Payee address: <b>107 E. AUSTIN PORT LAVACA TX 77979</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	(b) Description <b>ADD IN PAPER</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>1/23/26</b>	Payee name <b>Eclipse Signs</b>	City:	State:	Zip Code:
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Amount (\$) <b>1566.66</b>	Payee address: <b>PO Box 1710 Port Lavaca TX 77979</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>purchase signs</b>
	<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
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Date <b>1/29/26</b>	Payee name <b>Eclipse Signs</b>	City:	State:	Zip Code:
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Amount (\$) <b>730.69</b>	Payee address: <b>PO BOX 1710 PORT LAVACA TX 77979</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Purchase Signs</b>
	<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
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **2022**      2 FILER NAME: **DANIEL BERMEA**      3 Filer ID (Ethics Commission Filers)

4 Date: **2/17/26**      5 Payee name: **POC HARDWARE**      City:      State:      Zip Code

6 Amount (\$): **352.20**      7 Payee address: **1738 W. Adams Port O Connor TX 77982**

8 PURPOSE OF EXPENDITURE: **Advertising**      (b) Description: **purchase Lumber for signs**

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

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

Date: **2/10/26**      Payee name: **Eclipse Signs**      City:      State:      Zip Code

Amount (\$): **346.40**      Payee address: **PO Box 1710 Port Lavaca TX 77979**

PURPOSE OF EXPENDITURE: **Advertising**      Description: **purchase of signs**

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

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

Date: **2/13/26**      Payee name: **Tractor Supply**      City:      State:      Zip Code

Amount (\$): **11.45**      Payee address: **715 State Hwy 35 Port Lavaca TX 77979**

PURPOSE OF EXPENDITURE: **Advertising**      Description: **T-post for signs**

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

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

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