

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

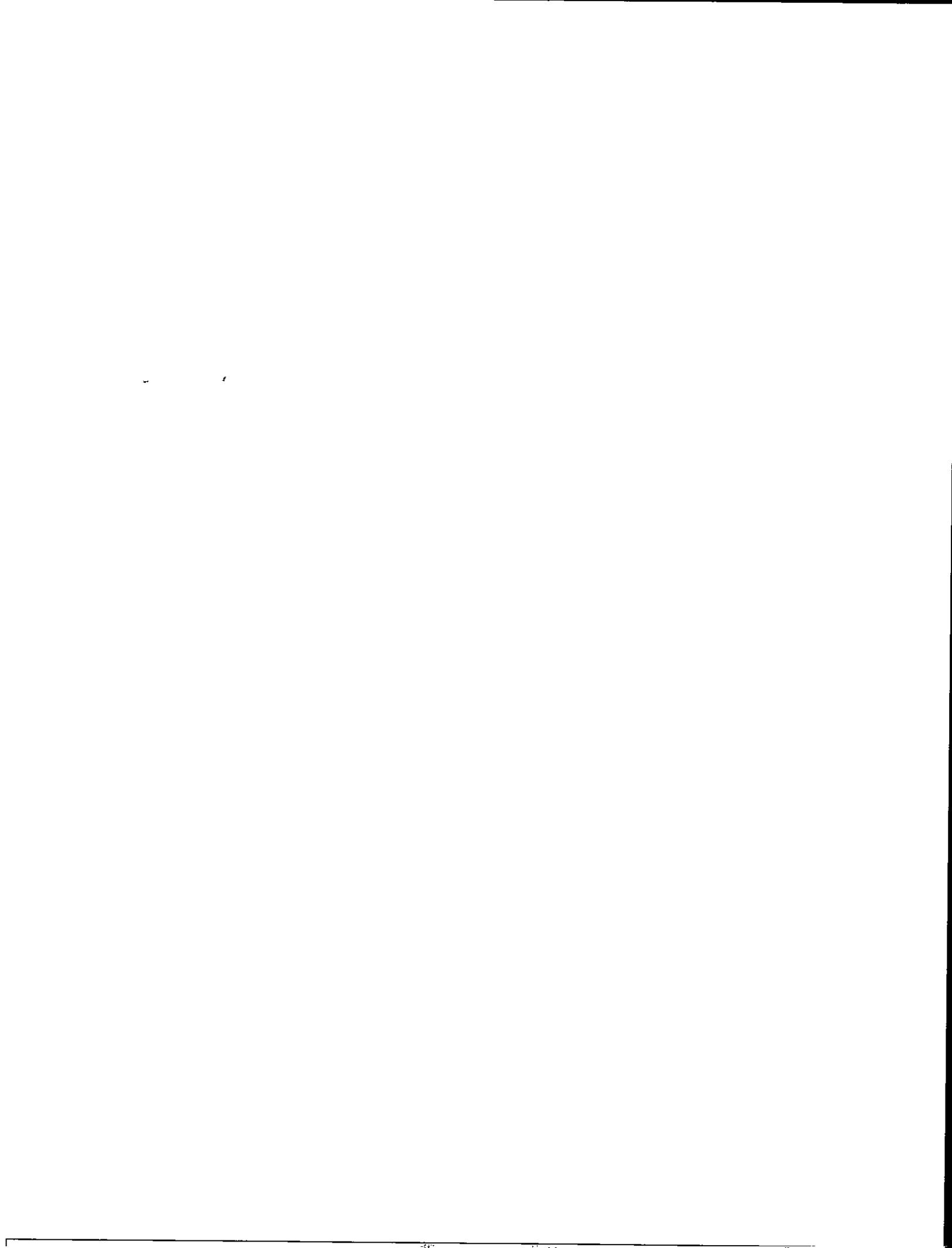
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filer)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Daniel	MI
	NICKNAME	LAST Bermea	SUFFIX JR.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS PO BOX,	APT / SUITE #	CITY STATE ZIP CODE
	PO Box 130 Port O'Connor, Tx 77982		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(432) 425-1527			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sonya	MI Gay
	NICKNAME	LAST Schumann	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE # CITY STATE ZIP CODE
		306 S. 5th St. Port O'Connor, Tx 77982	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(512) 639-3432			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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	THROUGH	Month Day Year
		1 / 1 / 2021 THROUGH 1 / 22 / 2023	
11 ELECTION	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
		3 3 2026	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		County Commissioner Pct. 4	
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	COMMITTEE ADDRESS
<input type="checkbox"/> GENERAL	N/A		
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

OFFICE USE ONLY

Date Received
**RECEIVED
FEB 02 2026
BY: M Salinas**

Date Hand-Delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	



**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;	\$ 3650.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3650.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1200.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1200.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3050.00
OUTSTANDING LOAN TOTALS	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.

Paul Barneaf
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

(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 <i>Daniel Bermea</i>		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>3650.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1200.00</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>



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: 1 of 3
2 FILER NAME Daniel Bermea		3 Filer ID (Ethics Commission Filers)
4 Date 11/7/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kay Salle	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code PO Box 477 Port O'CONNOR 77987		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/8	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shanna Stasny	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code PO Box 848 Port O'CONNOR TX 77987		
Principal occupation / Job title (See Instructions) Real Estate Agent.		Employer (See Instructions) RON BROWN Co.
Date 1/9	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Steven Stolle	Amount of contribution (\$) 1200.00
Contributor address; City; State; Zip Code 87 Coastal Loop Port O'CONNOR		
Principal occupation / Job title (See Instructions) Engineer OilField Co.		Employer (See Instructions)
Date 1/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Schirelack	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 460 Panorama R. La Grange, TX 78945		
Principal occupation / Job title (See Instructions) Retired.		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



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 of 3
2 FILER NAME Daniel Bermea		3 Filer ID (Ethics Commission Filers)
4 Date 1/19/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Randy Ham	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code P.O. Box 204 Port O Connor TX 77982		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions)
Date 1/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Brad Nelson	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 813 Milave Rockdale TX 76567		
Principal occupation / Job title (See Instructions) Owner of Bug Service		Employer (See Instructions)
Date 1/19/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donnie Vinklarek	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 408 N. 7th St. Port O Connor TX 77982		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1/19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rachel Watts	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 140 Carrie St. Port O'Connor TX 77982		
Principal occupation / Job title (See Instructions) Stocker		Employer (See Instructions) Speedy Stop

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



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:

3 of 3

2 FILER NAME

DANIE BERMEA

3 Filer ID (Ethics Commission Filers)

4 Date

1/19/26

5 Full name of contributor

MIKE DAVIS

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

175 Big Leaf SAN ANTONIO TX 78264

8 Principal occupation / Job title (See Instructions)

Salesman

9 Employer (See Instructions)

Jordan Ford H/d

Date

1/21/26

Full name of contributor

JOHNNY BROWN

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

607 Madison Port O'Connor TX 77982

Principal occupation / Job title (See Instructions)

Waiter

Employer (See Instructions)

Sharkey's

Date

1/21/26

Full name of contributor

DAVID HUBBARD

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$1000.00

Contributor address;

City;

State;

Zip Code

1112 VAN BUREN PORT O'CONNOR TX 77982

Principal occupation / Job title (See Instructions)

Owner of Utilities

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

