

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 Gary	MI D.	OFFICE USE ONLY Date Received		
	NICKNAME	LAST Reese	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE		
P.O. Box 132 Seadrift, Tx 77983						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(361) 746-1019						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Sandy	MI L.	Receipt # _____ Amount \$ _____ Date Hand-delivered or Date Postmarked		
	NICKNAME	LAST Reese	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:		
404 W. Bay Ave. Seadrift, Tx		77983	STATE: ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(979) 541-6881						
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 <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
07/01/2025				THROUGH 12/31/2025		
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				
03/03/2026						
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
Cty. Commissioner Pct. #4			Cty. Commissioner Pct. #4			
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE		COMMITTEE NAME		
		<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS		
		<input type="checkbox"/> SPECIFIC		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

Gary D. Reese

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

CONTRIBUTION
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$

750.00

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING
LOAN TOTALS

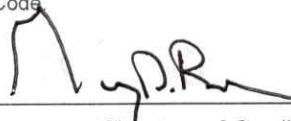
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

14,376.11

18 SIGNATURE

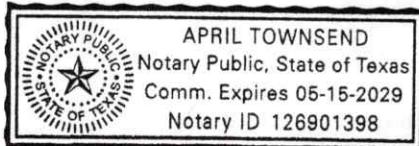
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Gary D. Reese this the 7 day of January,
2026, to certify which, witness my hand and seal of office.

April Townsend Signature of officer administering oath

April Townsend Printed name of officer administering oath

Notary Public 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	<i>Gary D. Reese</i>	
20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL 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	\$ 150.00	
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	\$	

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 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor 6 Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address; City; State; Zip Code	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)
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.			

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 <i>Gary D. Reese</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ <i>150.00</i>
5 Date of loan <i>11-8-2025</i>	7 Name of lender <i>Sandy Reese</i>	8 out-of-state PAC (ID# _____) 9 Loan Amount (\$) <i>150.00</i>	
6 Is lender a financial institution? <i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	8 Lender address; <i>404 W. Bay Ave. Seadrift, TX 77983</i>	City;	State; Zip Code
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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? <i>Y</i> <input checked="" type="checkbox"/> <i>N</i>	Lender address;	City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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	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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City:	State; Zip Code
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 (\$)	Payee address;	City:	State; Zip Code
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 (\$)	Payee address;	City:	State; Zip Code
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			