## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	Gary Reese	MI SUFFIX	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	P.O. Box	x: APT/SUITE#: 0	CITY: STATE: ZIP CODE F+, Tx 77983	BY: 1 0 2025 D		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (36 )	PHONE NUMBER 74 6-1019	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS (MRS / MR  NICKNAME	Sandy LAST	L MI SUFFIX	Receipt # Amount \$  Date Processed		
		Reese		Date Imaged		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE) APT / SL	JITE #; CITY:	STATE; ZIP CODE		
TREASURER ADDRESS (Residence or Business)	404 W. (	Bay Ave. Seo	drift, Tx 779	83		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(979)	541-6881				
9 REPORT TYPE	January 15 July 15	30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month O I	Day Year / 2025	All Districts of Texas of Texa	Year / 30 / 2025		
11 ELECTION	Month Day	Year Primary  A General	Runoff Other Description  Special			
12 OFFICE	County Commissioner Pret. # 4 County Commissioner Pret. # 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.					
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Additional Pages	GENERAL	COMMITTEE ADDRESS				
or and a second	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME			
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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

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PLEAGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEAGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  5. TOTAL POLITICAL EXPENDITURES  CONTRIBUTION BALANCE  6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  OUTSTANDING LOAN TOTALS  I swear, or affirm, under penalty of perjury, that the accompanying report is true and cor required to be reported by me under Title 15, Election Contribute of Comm. Expires 05-15-2029 Notary Public, State of Taxas NOTARY STAMP/SEAL  Sworn to and subscribed before me by ARMAD	ID (Ethics Commission Filers)	The state of the s	Gary D. Rees	C/OH NAME
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APRIL TOWNSEND Notary Public, State of Texas Comm. Expires 05-15-2029 Notary ID 128901398  NOTARY STAMP/SEAL Sworn to and subscribed before me by Away D. Resse this the 10 to certify which, witness my hand and seal of officer administering oath Printed name of officer administering oath  My name is	\$	uarantees of Loans)	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,	AW 1
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OUTSTANDING LOAN TOTALS  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 correquired to be reported by me under Title 15, Election Code  Signature of Candidate of Please complete either option below:  APRIL TOWNSEND Notary Public, State of Texas Comm. Expires 05-15-2029 Notary ID 126901398  NOTARY STAMP/SEAL Sworn to and subscribed before me by AND ROUSE To certify which, witness my hand and seal of office.  Signature of officer administering oath Printed name of officer administering oath OR  (2) Unsworn Declaration  My name is	\$		4. TOTAL POLITICAL EXPENDITUR	4.
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NOTARY STAMP/SEAL  Sworn to and subscribed before me by	V			any.
Sworn to and subscribed before me by			Comm. Expires 05-15-2029	1) Affidavit
Signature of officer administering oath  Printed name of officer administering oath  OR  (2) Unsworn Declaration  My name is, and my date of birth is,  My address is, (street), (city), (state)	day of JULY,	e this the $10$	Marcu 7 120	
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(2) Unsworn Declaration  My name is, and my date of birth is,  My address is	Title of officer administering oatl	nistering oath		Signature of officer administering of
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(street) (city) (state)				
Executed in County, State of , on the day of (month)	(zip code) (country)		(street)	Section (Section Control Contr
	, 20	ne day of(month)	County, State of	Executed in
		Signature of Candidate/Office		