

# 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>3</b> CANDIDATE / OFFICEHOLDER NAME                                     | MS / MRS / MR<br>MR  | FIRST<br>HERBERT                      | MI<br>RAY  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br>JUL 9 2025 PM 2:01<br> |
|  | NICKNAME   | LAST<br>WRIGHT                        | SUFFIX<br>JR   |   |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address | ADDRESS / PO BOX;<br>305 Lazy B Ln   | APT / SUITE #;                        | CITY; STATE; ZIP CODE<br>Springtown, Texas 76082   |   |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                                    | AREA CODE<br>(817 )  | PHONE NUMBER<br>613-7431              | EXTENSION  | Date Hand-delivered or Date Postmarked                                    |
| <b>6</b> CAMPAIGN TREASURER NAME   | MS / MRS / MR<br>MRS   | FIRST<br>TOTTY                        | MI   | Receipt #      Amount \$  |
|  | NICKNAME   | LAST<br>HALL                          | SUFFIX   | Date Processed<br><br>Date Imaged   |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  |                                       | CITY; STATE; ZIP CODE<br>Springtown, Texas 76082   |   |
| <b>8</b> CAMPAIGN TREASURER PHONE  | AREA CODE<br>(817 )  | PHONE NUMBER<br>789-2008              | EXTENSION  |   |
| <b>9</b> REPORT TYPE   | <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)<br><input checked="" 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) |                                       |  |   |
| <b>10</b> PERIOD COVERED   | Month      Day      Year<br>1      /      7      /      25   |                                       | THROUGH  | Month      Day      Year<br>7      /      7      /      25                |
| <b>11</b> ELECTION   | ELECTION DATE<br>Month      Day      Year<br>/      /  |                                       | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary      Runoff      Other Description<br><input type="checkbox"/> General      Special |   |
| <b>12</b> OFFICE   | OFFICE HELD (if any)<br>Constable Pct1   |                                       | <b>13</b> OFFICE SOUGHT (if known)<br>Constable Pct 1  |   |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br>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                        |  |   |
|  | GENERAL  | COMMITTEE ADDRESS                     |  |   |
|  | SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME     |  |   |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |  |   |

**GO TO PAGE 2**

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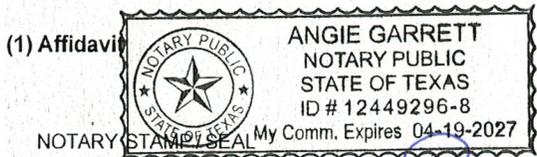
FORM C/OH  
COVER SHEET PG 2

|                                |   |   |
|--------------------------------|---|---|
| <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) | \$  |
|                                | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$  |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 978.94                                     |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                       |

**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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**



Sworn to and subscribed before me by Ray Wright this the 7 day of July, 2025, to certify which, witness my hand and seal of office.

*[Signature]* Angie Garrett Admin Asst.  
Signature of officer administering oath Printed name of officer administering oath 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)