

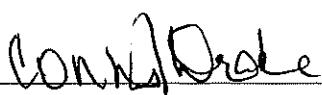
APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE NAME		MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
		Connie	J	Filer ID #			
		NICKNAME	LAST	SUFFIX	Date Received		
		Drake			RECEIVED		
3 CANDIDATE MAILING ADDRESS		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		P. O. Box 1681 Sealy TX 77474			DEC 04 2025		
4 CANDIDATE PHONE		AREA CODE	PHONE NUMBER	EXTENSION			
		(281)	844-3025	Receipt # Amount \$			
5 OFFICE HELD (if any)		Date Processed					
6 OFFICE SOUGHT (if known)		Date Imaged					
7 CAMPAIGN TREASURER NAME		MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
		Lynn E.			Drake		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)		STREET ADDRESS;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		804 N. Fowlkes Sealy TX 77474					
9 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION			
		(713)	503-5315				
10 CANDIDATE SIGNATURE		<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p>					
						<u>12-3-2025</u> Date Signed	

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

PG 2

1 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	<p>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING</p> <p>• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •</p> <p>• The modified reporting option is valid for one election cycle only. • (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p>• Candidates for the office of state chair of a political party may NOT choose modified reporting. •</p> <p>I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p> <hr/> <p>Year of election(s) or election cycle to which declaration applies</p> <hr/> <p>Signature of Candidate</p>

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

RECEIVED

DEC 10 2025

AUSTIN COUNTY
ELECTIONS

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

<p>1 ACCOUNT NUMBER (Ethics Commission Filers)</p>		<p>2 TYPE OF FILER</p> <p>CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/></p> <p><i>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</i></p>		
<p>3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)</p>		<p>TITLE (Dr., Mr., Ms., etc.)</p> <p>Connie</p>	<p>FIRST</p> <p>MI</p>	
		<p>NICKNAME</p> <p>Drake</p>		<p>SUFFIX (SR., JR., III, etc.)</p>
<p>4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)</p>		<p>AREA CODE</p> <p>(281)</p>	<p>PHONE NUMBER</p> <p>844-3025</p>	<p>EXTENSION</p>
<p>5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)</p>		<p>STREET/PO BOX:</p> <p>PO Box 1681</p>	<p>APT/SUITE #:</p>	<p>CITY:</p> <p>Sealy</p> <p>STATE:</p> <p>TX</p> <p>ZIP CODE</p> <p>77474</p>
<p>6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)</p>		<p>Justice of the Peace, Precinct 3</p>		
<p>7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)</p>				
<p>8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)</p>		<p>TITLE (Dr., Mr., Ms., etc.)</p> <p>Lynn</p>	<p>FIRST</p> <p>MI</p>	
		<p>NICKNAME</p> <p>Drake</p>		<p>SUFFIX (SR., JR., III, etc.)</p>

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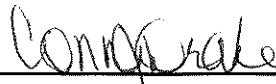
CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature

December 8, 2025

Date

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 Connie	MI J	OFFICE USE ONLY		
	NICKNAME	LAST Drake	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; Sealy	STATE; ZIP CODE TX 77474		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 844-3025	EXTENSION	AUSTIN CO. TAX ASSESSOR-COLLECTOR Date Hand Delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Lynn	MI E	Receipt #		
	NICKNAME	LAST Drake	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 804 N Fowlkes			CITY; TX ZIP CODE Sealy 77474		
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 503-5315	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input checked="" 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 12	Day / 4 /	Year 25	Month 12	Day / 19 /	Year 25
11 ELECTION	ELECTION DATE Month 3 / Day / 3 / Year 26	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description Special	ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Justice of the Peace, Precinct 3		
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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
		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 Connie J Drake		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)	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,375.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 375.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

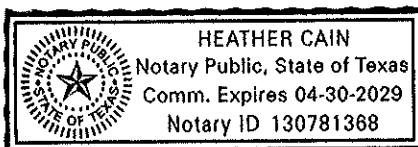
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Connie J Drake this the 17th day of December,

20 25, to certify which, witness my hand and seal of office.

Heather Cain

Heather Cain

Notary Public

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)

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

19 FILER NAME Connie J Drake	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,375.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 375.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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: 1
2 FILER NAME Connie J Drake			3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2025	5 Full name of contributor Connie J Drake	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 1,375.00
6 Contributor address; PO Box 1681		City; Sealy TX 77474	
8 Principal occupation / Job title (See Instructions) Assistant Chief Clerk		9 Employer (See Instructions) Harris County Constable, Precinct 5	
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)	
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)	
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.

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: 1	2 FILER NAME Connie J Drake	3 Filer ID (Ethics Commission Filers)		
4 Date 12/03/2025	5 Payee name Austin County Republican Party			
6 Amount (\$) 375.00	7 Payee address; 856 W. Main St	City; Bellville	State; TX	Zip Code 77418
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fee		
	(c) Check if travel outside of Texas. Complete Schedule T. 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		
	Check if travel outside of Texas. Complete Schedule T. 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		
	Check if travel outside of Texas. Complete Schedule T. 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