

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: 5		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Connie	MI J	OFFICE USE ONLY		
	NICKNAME	LAST Drake	SUFFIX	Date Received RECEIVED JAN 14 2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; PO Box 1681	APT / SUITE #;	CITY; Sealy	STATE; TX ZIP CODE 77474		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 844-3025	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Lynn	MI E	Receipt # Amount \$		
	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; Sealy STATE; TX ZIP CODE 77474		
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 503-5315	EXTENSION	Date Imaged		
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 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 19	Year / 25	Month 12	Day / 31	Year / 25
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year / 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other General <input type="checkbox"/> Special Description				
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				
		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 Connie J Drake	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	<table> <tr> <td>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</td> <td>\$</td> </tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td>\$ 2,603.98</td> </tr> </table>	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)	\$ 2,603.98
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)	\$ 2,603.98				
EXPENDITURE TOTALS	<table> <tr> <td>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</td> <td>\$</td> </tr> <tr> <td>4. TOTAL POLITICAL EXPENDITURES</td> <td>\$ 1,855.18</td> </tr> </table>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	4. TOTAL POLITICAL EXPENDITURES	\$ 1,855.18
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
4. TOTAL POLITICAL EXPENDITURES	\$ 1,855.18				
CONTRIBUTION BALANCE	<table> <tr> <td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td> <td>\$ 1,748.80</td> </tr> </table>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,748.80		
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,748.80				
OUTSTANDING LOAN TOTALS	<table> <tr> <td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td>\$</td> </tr> </table>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$		
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$				

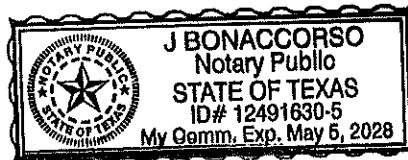
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 _____ day of January,

2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath J. Bonaccorso Printed name of officer administering oath J. Bonaccorso Title of officer administering oath Notary

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	\$ 2,603.98
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	\$ 1,855.18
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:
2 FILER NAME Connie J Drake			3 Filer ID (Ethics Commission Filers)
4 Date 12/23/2025	5 Full name of contributor Lynn Drake	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 2,000.00
	6 Contributor address; 804 N. Fowlkes	City; Sealy TX 77474	
8 Principal occupation / Job title (See Instructions) Deputy Constable		9 Employer (See Instructions) Harris County, Precinct 5	
Date 12/30/2025	Full name of contributor Clyde Drake Campaign	out-of-state PAC (ID#:)	Amount of contribution (\$) 603.98
	Contributor address; PO Box 1570	City; Sealy TX 77474	
Principal occupation / Job title (See Instructions) Justice of the Peace		Employer (See Instructions) Austin County	
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:	2 FILER NAME Connie J Drake		3 Filer ID (Ethics Commission Filers)
4 Date 12/20/2025	5 Payee name UZ Marketing		
6 Amount (\$) 917.10	7 Payee address; 5900 BINGLE HOUSTON TX 77092 <small>Check if individual's residence address.</small>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs	
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Connie J Drake		Office sought Justice of the Peace, Pct 3
Date 12/27/2025	Payee name UZ Marketing		
Amount (\$) 917.10	Payee address; 5900 BINGLE <small>Check if individual's residence address.</small> HOUSTON TX 77092		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Connie J Drake		Office sought Justice of the Peace, Pct 3
Date 12/29/2025	Payee name Citizens State Bank		
Amount (\$) 20.98	Payee address; 222 Main Street <small>Check if individual's residence address.</small> Sealy TX 77092		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Bank Charge	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Connie J Drake		Office sought Justice of the Peace, Pct 3
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Amended

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 RECEIVED JAN 30 2026 AUSTIN CO. TAX ASSESSOR COLLECTOR Date Hand Delivered or Mailed Date Received Date Hand Delivered or Mailed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; Sealy	STATE; TX	ZIP CODE 77474
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 844-3025	EXTENSION	Date Hand Delivered or Mailed Date Received Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Lynn	MI E	Receipt #	
	NICKNAME	LAST Drake	SUFFIX	Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 804 N Fowlkes			CITY; Sealy	STATE; TX
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	PHONE NUMBER 503-5315	EXTENSION	ZIP CODE 77474	
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
11 ELECTION	ELECTION DATE Month 3 / Day / 3 Year / 26	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	ELECTION TYPE General Special
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 EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN 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)	\$ 1,375.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 375.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,000.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

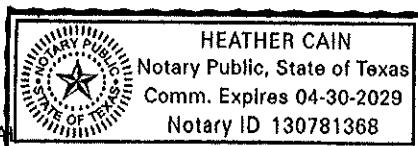
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEA

Sworn to and subscribed before me by Connie J Drake this the 30th day of January,

20 26, to certify which, witness my hand and seal of office.

Heather Cain
Signature of officer administering oath

Heather Cain

Notary Public

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. ■ 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. ■ 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 State: TX Zip Code 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Connie	MI J			
	NICKNAME	LAST Drake	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting <input type="checkbox"/> 30th day before election <input type="checkbox"/> limit <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> 15th day after treasurer appointment (officeholder only) Other (specify) _____					
5 ORIGINAL PERIOD COVERED	Month 12	Day 4	Year 25	Month 12	Day 19	Year 25
THROUGH						

OFFICE USE ONLY
RECEIVED

Date Received:

FEB 02 2026

AUSTIN CO. TAX

ASSESSOR-COLLECTOR

Receipt #	Amount \$
Date Processed	
Date Imaged	

6 EXPLANATION OF CORRECTION

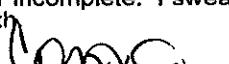
Page 2 "Contribution Balance" was inadvertently left blank. Total Political Contributions was corrected to \$1,000.00.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate/Officeholder

	Armando Alex Villena My Commission Expires 9/16/2028 (1) Affidavit Notary ID135529768
---	---

Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Connie J Drake this the 2nd day of Februray,

20 26, to certify which, witness my hand and seal of office.

Armando A. Villena

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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 RECEIVED				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
	PO Box 1681		Sealy	TX	77474			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(281)	844-3025						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Lynn	MI E	Date Hand-delivered or Date Postmarked				
	NICKNAME	LAST Drake	SUFFIX	Receipt # Amount \$				
			Date Processed					
			Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY;	STATE; ZIP CODE			
	804 N Fowlkes			Sealy	TX 77474			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(713)	503-5315						
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 1	Day / 1	Year / 26	Month 1	Day / 22	Year / 26		
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 26			ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)				
14 NOTICE FROM POLITICAL COMMITTEE(S) 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME						
		COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

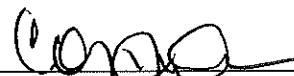
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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)	\$ 3,300.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3.98
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 4,616.79
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 488.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

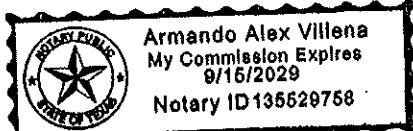
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

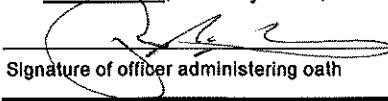
(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Connie J Drake this the 2nd day of February,

20 26, to certify which, witness my hand and seal of office.

 Signature of officer administering oath

Armando A. Villena Printed name of officer administering oath

Notary Public

Title of officer administering oath

OR

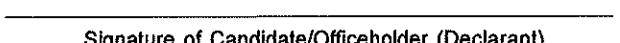
(2) Unsworn Declaration

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)



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 Connie J Drake			3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Full name of contributor Rusty Hoffpauir	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; 1545 10th Street	City; State; Zip Code Hempstead TX 77445	
8 Principal occupation / Job title (See Instructions) Reserve Deputy Sheriff		9 Employer (See Instructions) Waller County Sheriff's Department	
Date 01/16/2026	Full name of contributor Connie Drake	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 3,000.00
	Contributor address; PO Box 1681	City; State; Zip Code Sealy TX 77474	
Principal occupation / Job title (See Instructions) Assistant Chief Clerk		Employer (See Instructions) Harris County Constable, Precinct 5	
Date 01/21/2026	Full name of contributor Leroy Zapalac	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
	Contributor address; 202 Meadow Ln	City; State; Zip Code Sealy TX 77474	
Principal occupation / Job title (See Instructions) Retired		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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Connie J Drake	3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Payee name UZ Marketing	
6 Amount (\$) 369.02	7 Payee address; 5900 Bingle	City; Houston State; TX Zip Code 77092
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business Cards, Door Hangers
	(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 Connie J Drake	Office sought Justice of the Peace, Pct 3 Office held
Date 01/10/2026	Payee name UZ Marketing	
Amount (\$) 485.19	Payee address; 5900 Bingle	City; Houston State; TX Zip Code 77092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	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 Connie J Drake	Office sought Justice of the Peace, Pct 3 Office held
Date 01/13/2026	Payee name KULP	
Amount (\$) 402.00	Payee address; 515 E Jackson St	City; El Campo State; TX Zip Code 77437
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio Ads
	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 Connie J Drake	Office sought Justice of the Peace, Pct 3 Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Vages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Connie J Drake	3 Filer ID (Ethics Commission Filers)	
4 Date 01/16/2026	5 Payee name AL & M		
6 Amount (\$) 172.28	7 Payee address; 300 N Meyer	City; Sealy State; TX Zip Code 77474	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T-Posts	
	(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 Connie J Drake	Office sought Justice of the Peace, Pct 3	Office held
Date 01/16/2026	Payee name UZ Marketing		
Amount (\$) 514.30	Payee address; 5900 Bingle	City; Houston	State; TX Zip Code 77092
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs	
	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 Connie J Drake	Office sought Justice of the Peace, Pct 3	Office held
Date 01/19/2026	Payee name KTEX		
Amount (\$) 2,250.00	Payee address; PO Box 1280	City; Brenham	State; TX Zip Code 77874
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio Ads	
	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 Connie J Drake	Office sought Justice of the Peace, Pct 3	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3	2 FILER NAME Connie J Drake	3 Filer ID (Ethics Commission Filers)	
4 Date 01/19/2026	5 Payee name Sealy News		
6 Amount (\$) 424.00	7 Payee address; PO Box 548	City; State; Zip Code Columbus TX 78934	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Newspaper Ads	
	(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 Connie J Drake	Office sought Justice of the Peace, Pct 3	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

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1
2 FILER NAME Connie J Drake		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2026	5 Name of person from whom amount is received UZ Marketing	8 Amount (\$) 59.97
	6 Address of person from whom amount is received; City; State; Zip Code 5900 Bingle Houston TX 77092	
7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer Refund due to overpayment		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED