## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### RECEIVED

FORM C/OH JAN 10 2025 OVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (A) STIPM	COUNTY at pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	FIRST Wesley	мі О		EUSE ONLY
NAME	NICKNAME	LAST Peschel	SUFFI	A ECE	VED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	APT / SUITE #;	CITY; STATE; ZIP CC	DEC 10	2024 2014TY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delive	red or Date Postmarked
6 CAMPAIGN TREASURER	Ms/MRs/MR Mrs	<sub>FIRST</sub> Lisa	MI	Date Processed	Parioditi V
NAME	NICKNAME	LAST Kaspar	SUFFI		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before	election Runoff	treasure	r after campaign r appointment older Only)
	July 15	8th day before e	lection Exceeded Mo	, , , , , , , ,	port (Attach C/OH - FR)
10 PERIOD COVERED	Month 10	Day Year / 27 / 24	THROUGH	•	ear 24
11 ELECTION	Month Day	Year Primary	Runoff Othe Desc	ON TYPE or cription	
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT JP pct 2	(If known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFK	EHOLDER, THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDI ES MAY HAVE BEEN MADE WITHOUT UIRED TO REPORT THIS INFORMATION	THE CANDIDATE'S OR OFFICEH	IOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS		***************************************
		GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH

CAMPAIG	N FINANCE REPORT	CO	VER SI	HEET PG 2
15 C/OH NAME Wesley Peschel		16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N	\$	1,200.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	5)	\$ '	1,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	403.00
	4. TOTAL POLITICAL EXPENDITURES		\$	403.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY	\$	1,025.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$	0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is to equired to be reported by me under Title 15, Election Code.	rue and co	orrect and in	cludes all information
			or Officebol	dor
	Signature of C	> <del>31111162</del> (6	or Omcerior	uci
	/			
	Please complete either option belo	w:		
(1) Affidavit				
NOTARY STAMP/SEA	AL			
Sworn to and subscribed	before me by this th	e	_ day of _	
20, to certif	y which, witness my hand and seal of office.			
Signature of officer administ	ering oath Printed name of officer administering oath		Title of office	er administering oath
	OR			
(2) Unsworn Declarat	ion			
My name is Wesley Pe	eschel, and my date of birth	is 02/18/	/1982	
My address is 1326 Ind	ustry Rd , Industry ,		/8944 '	US
Executed in Austin	(street) (city)  County, State of Texas, on the 9 day of more		(zip code) , 20 25 (year)	(country)

Signature of Candidate/Officeholder (Declarant)

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILEF	FILER NAME 20 Filer ID (Ethics Com			on Filers)
Wesley	Peschel			
21 SCHE NAME	DULE SUBTOTALS FOF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,200.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			
5. I	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			
9,	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	D. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	2. 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	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 1
2 FILER NAME Wesley Pes	chel		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Wesley Peschel	7 Amount of contribution (\$)	
10/21/2024	6 Contributor address; City;	State; Zlp Code	200.00
8 Principal occu Firefighter	oatlon / Job title (See Instructions)	Employer (See Instruct City of Houston	ilons)
Dale	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
11/13/2024		State; Zlp Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
11/13/2024	RW Ranch Industries, LLC  Contributor address; City;	State; Zip Code	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
	ATTACH ADDITIONAL COPIES		

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

Event Expense Fees Food/Beverage Expense Glit/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out Of District
Other fenter a rategory not listed above)

Candidate/Officeholder/Political redit Card Payment	Committee Legal Services Salaries A  The Instruction Guide explains how to	vages/Contract Labor complete this form.	Other tenter a catego	y not asted above)	
Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)	
Date 10/31/2024	5 Payee name Bellville Times				
Amount (\$)	7 Payee address;	Clty;	State;	Zip Code	
256.00	106 East Palm Bellville, Tx 77418				
	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Advertising expense	News paper ar	ticle		
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name  Nesley Peschel	Office sought JP2		Office held	
Date	Payee name				
11/22/2024	Bellville Times				
Amount (\$)	Payee address;	City;	State;	Zíp Code	
147.00	106 East Palm Bellville, Tx 77418				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Advertising expense	News paper a	rticle	•	
	Check if travel outside of Texas, Complete Schedule T.	le T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check If Austlr	Check If Austin, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/O					
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MR	Wesley	MI O		USE ONLY
NAME	NICKNAME	LAST	SUFFIX	Date Received	
	, , , , , , , , , , , , , , , , , , , ,	Peschel	R	ECEIV	ED
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	]	
MAILING				JUL 15 202	5
ADDRESS			A 1 :		
Change of Address		<b>,</b>		STIN COUN	41 T
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	( !)	•			
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER	Mrs	L15 a		Date Processed	
NAME	NICKNAME	LAST	SUFFIX		
		• -		Date Imaged	
	STREET ADDRESS (	Kusper NO PO BOX PLEASE); APT / S	SUITE #: CITY:	STATE;	ZIP CODE
7 CAMPAIGN TREASURER	SIREEI ADDRESS (I	NO FO BOX FLEAGE), AFT TO	- Off 1	OME,	211 0002
ADDRESS					
(Residence or Business)			· · · · · · · · · · · · · · · · · ·		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE					
THORE	(				
9 REPORT TYPE	January 15	30th day before	election Runoff		îter campaign ppointment er Only)
	July 15	8th day before e	lection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year	r
COVERED	/ /	1/2025	THROUGH 6	130/2	025
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	Ē	
	Month Day	Year Primary	Runoff Other Description		
	11/5/	24 Genera	I Special		
				-	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	m)	
	UP F				
14 NOTICE FROM POLITICAL	THE CANDIDATE LOFFIC	EHALDER THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDITURES ES MAY HAVE BEEN MADE WITHOUT THE CAN JIRED TO REPORT THIS INFORMATION ONLY IF	VDIDATE'S OR OFFICEHOI	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Barras	GENERAL	COMMITTEE ADDRESS			
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TI	REASURER ADDRESS		
		GO TO	PAGE 2		
i					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME				16 File	er ID (Ethic	s Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGE	UNITEMIZED POLITICAL ES, LOANS, OR GUARAN IBUTIONS MADE ELECT		THAN	\$	0.00
	1	POLITICAL CONTRIBI THAN PLEDGES, LOANS	UTIONS S. OR GUARANTEES OF LO	ANS)	\$	0.00
EXPENDITURE TOTALS	3, TOTAL L	JNITEMIZED POLITICAL	EXPENDITURE.		\$	404.00
	4. TOTAL	POLITICAL EXPENDIT	TURES		\$	404.00
CONTRIBUTION BALANCE	1	POLITICAL CONTRIBUTION ORTING PERIOD	ONS MAINTAINED AS OF TH	IE LAST DAY	\$	621.37
OUTSTANDING LOAN TOTALS	1 2, , 2	PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS PERIOD	AS OF THE	\$	0.00
		er penalty of perjury, the by me under Title 15, Ele	at the accompanying report ection Code.	is true and o	correct and	includes all information
			Clanatura	of Candidate	or Office	holder
			Signature	or Candidate	e or Onice	noldel
l						
		Please comple	ete either option b	e[บพ.		
		i lease compr	ete citiici option b	CiOW.		
(d) Add Jours						
(1) Affidavit						
NOTARY STAMP/SE/	AL.					
			41.5		ما منظم	£
Sworn to and subscribed			(N	s the	day d	[
20, to certify	y which, witness my ha	and and seal of office.				
Signature of officer administ	tering oath	Printed name of offic	er administering oath		Title of o	officer administering oath
			OR			
			OR			1.4000-1
(2) Unsworn Declarat		. /				
My name is	Jestey Pe	schel	and my date of t	oirth is	2/18	7/82
My address is	26 Indu	stry Rol	. Industry	_, <u>.</u> /	78	144 Hustin
Executed in Aura	(stre	eet) State of Texa	S, on the $\mathcal{M}$ day of _	Ju 19	(zip code	(country) $USI$
				(month)	<u>(ye</u>	ear)
			Signature of	Candidate/Of	ficeholder	(Declarant)
i			5			,

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILERNAME Wester Perchel	nmissio	on Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	1	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
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 COI	NTRIBUTIONS	\$	404,00
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 FUN	IDS	\$	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	

## 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)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense Travel In District Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Payee name Nrw Ulm Enterprise Payee address; City; State; Zip Code PO Box 128 Category (See Categories listed at the top of this schedule) Abvertising expense News paper article **PURPOSE** OF **EXPENDITURE** Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T, Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Payee name Zip Code City: State; Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State: Zip Code Payee address; Clty; Amount (\$) Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought