

**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 Filer)	2 Total pages filed:									
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>MR</i>	MI <i>C</i>	HOLLY OFFICEHOLDER THOMAS, COUNTY CLERK JASPER COUNTY, TEXAS Date Received <i>Christine Welds.</i>									
	NICKNAME <i>Willie</i>	LAST <i>STARK</i>	SUFFIX										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <i>[REDACTED]</i>	APT / SUITE #: <i>[REDACTED]</i>	CITY: <i>Kirbyville Tx 75956</i>	STATE: ZIP CODE <i>TX 75956</i>									
<input type="checkbox"/> Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION <i>(409) 423-4791</i>													
 6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST <i>Mr. RICHARD L.</i> NICKNAME LAST SUFFIX <i>LARRY Grissom</i>													
 7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: <i>[REDACTED]</i> CITY: <i>Kirbyville Tx</i> STATE: ZIP CODE <i>75956</i> (Residence or Business)													
 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION <i>(409) 622-2703</i>													
 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 <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 Day Year Month Day Year <i>7/16/2025</i> THROUGH <i>1/15/2026</i>													
 11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <i>1/1/</i> <input type="checkbox"/> General <input type="checkbox"/> Special Description													
 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) <i>Commissioner Pct. 3</i> <i>Commissioner Pct. 3</i>													
 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.													
<table border="1"> <tr> <td rowspan="4"> <input type="checkbox"/> Additional Pages </td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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		COMMITTEE CAMPAIGN TREASURER ADDRESS											

GO TO PAGE 2

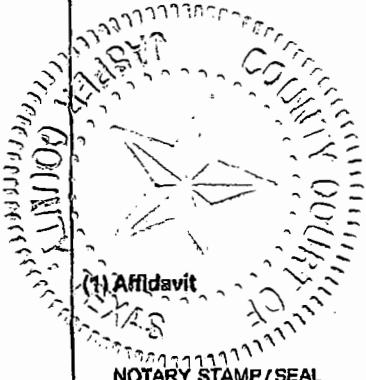
**CANDIDATE / OFFICEHOLDER
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15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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:

Sworn to and subscribed before me by Willie Stark this the 13th day of January.

20 24 to certify which, witness my hand and seal of office.

Christine Webb
Signature of officer administering oath

Christine Webb
Printed name of officer administering oath

Deputy Clerk
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)