

# 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 Mr	FIRST Clint	MI A	OFFICE USE ONLY		
	NICKNAME	LAST Lang	SUFFIX	Date Received <b>RECEIVED</b> JAN 21 2026 BY: <i>Joe Miller</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 6890 County Road 3420 Lampasas, TX 76550			Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512 )	PHONE NUMBER 734-1300	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Daniel	MI I	Receipt #   Amount \$		
	NICKNAME	LAST Lang	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 1401 W. Avenue C Lampasas, TX 76550			STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 512 )	PHONE NUMBER 525-2455	EXTENSION			
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 8	Day / 13	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"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Lampasas County Commissioner Pct 4		
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 <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 Clint Alan Lang	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) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 500.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 531.49
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 1,673.59
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 128.26
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1,301.85

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Clint Lang, and my date of birth is March 31, 1967.  
My address is 6890 County Road 347D, Lampasas, Tx, 76550, USA.  
(street) (city) (state) (zip code) (country)

Executed in Lampasas County, State of Texas, on the 21 day of January, 20 26.

Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b> Clint Alan Lang	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,301.85
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,142.10
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**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
<b>2 FILER NAME</b> Clint Alan Lang		<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> 12/03/2025	<b>5 Full name of contributor</b> Roland and Wanda Lang <b>6 Contributor address;</b> 6416 County Road 3420 Lampasas, TX 76550	<b>7 Amount of contribution (\$)</b> <b>500.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b> Retired, farmer/rancher		<b>9 Employer (See Instructions)</b>
Date	Full name of contributor  Contributor address; City; State; Zip Code	out-of-state PAC (ID#:  Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor  Contributor address; City; State; Zip Code	out-of-state PAC (ID#:  Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor  Contributor address; City; State; Zip Code	out-of-state PAC (ID#:  Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**LOANS****SCHEDULE E**

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 E: <b>2</b>
<b>2 FILER NAME</b> <b>Clint Alan Lang</b>		3 Filer ID (Ethics Commission Filers)
<b>4 TOTAL OF UNITEMIZED LOANS</b>		\$
<b>5 Date of loan</b> <b>08/20/2025</b>	<b>7 Name of lender</b> <b>Clint and Wendy Lang</b>	<b>8 out-of-state PAC (ID#:</b> _____ )
<b>6 Is lender a financial institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>9 Loan Amount (\$)</b> <b>50.00</b>	<b>10 Interest rate</b> <b>0.00</b>
		<b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b>		<b>13 Employer (See Instructions)</b>
<b>14 Description of Collateral</b> ■ none		<b>15</b> ✓ Check if personal funds were deposited into political account (See Instructions)
<b>16 GUARANTOR INFORMATION</b> ■ not applicable	<b>17 Name of guarantor</b>	<b>19 Amount Guaranteed (\$)</b>
	<b>18 Guarantor address; City; State; Zip Code</b>	
<b>20 Principal Occupation (See Instructions)</b>		<b>21 Employer (See Instructions)</b>
<b>Date of loan</b> <b>09/02/2025</b>	<b>Name of lender</b> <b>Clint and Wendy Lang</b>	<b>Loan Amount (\$)</b> <b>200.00</b>
<b>Is lender a financial institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b> <b>6890 County Road 3420 Lampasas, TX 76550</b>	<b>Interest rate</b> <b>0.00</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> ■ none		✓ Check if personal funds were deposited into political account (See Instructions)
<b>GUARANTOR INFORMATION</b> ■ not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

**LOANS****SCHEDULE E**

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 E: <b>2</b>
<b>2 FILER NAME</b> <b>Clint Alan Lang</b>			3 Filer ID (Ethics Commission Filers)
<b>4 TOTAL OF UNITEMIZED LOANS</b>			\$
<b>5 Date of loan</b> <b>09/30/2025</b>	<b>7 Name of lender</b> <b>Clint and Wendy Lang</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>9 Loan Amount (\$)</b> <b>300.00</b>
<b>6 Is lender a financial institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8 Lender address;</b> <b>6890 County Road 3420</b>	City: _____ State: _____ Zip Code: _____	<b>10 Interest rate</b> <b>0.00</b> <b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b>		<b>13 Employer (See Instructions)</b>	
<b>14 Description of Collateral</b> <input type="checkbox"/> none		<b>15</b> ✓ Check if personal funds were deposited into political account (See Instructions)	
<b>16 GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable	<b>17 Name of guarantor</b>	<b>19 Amount Guaranteed (\$)</b>	
	<b>18 Guarantor address;</b> <b>6890 County Road 3420</b>	City: _____ State: _____ Zip Code: _____	
<b>20 Principal Occupation (See Instructions)</b>		<b>21 Employer (See Instructions)</b>	
<b>Date of loan</b> <b>11/17/2025</b>	<b>Name of lender</b> <b>Clint and Wendy Lang</b>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>Loan Amount (\$)</b> <b>751.85</b>
<b>Is lender a financial institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Lender address;</b> <b>6890 County Road 3420</b>	City: _____ State: _____ Zip Code: _____	<b>Interest rate</b> <b>0.00</b> <b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Description of Collateral</b> <input type="checkbox"/> none		✓ Check if personal funds were deposited into political account (See Instructions)	
<b>GUARANTOR INFORMATION</b> <input type="checkbox"/> not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>	
	<b>Guarantor address;</b> <b>6890 County Road 3420</b>	City: _____ State: _____ Zip Code: _____	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender 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 1 Clint Alan Lang	3 Filer ID (Ethics Commission Filers)	
4 Date 12/09/2025	5 Payee name Banner Buzz		
6 Amount (\$) 335.65	7 Payee address; 1200 Northbrook Parkway, Ste 180 Suwanee, Georgia 30024	City; State; Zip Code	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Political yard signs	
	(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 12/10/2025	Payee name Banner Buzz		
Amount (\$) 56.45	Payee address; 1200 Northbrook Parkway, Ste 180 Suwanee, Georgia 30024	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Political yard signs - Meet & Greet	
	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 11/17/2025	Payee name Lampasas County Republican Party		
Amount (\$) 750.00	Payee address; PO Box 1094	City; State; Zip Code	
Lampasas, TX 76550			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Candidate filing fee	
	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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			