

# 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: <u>2</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mr</u> <u>Joseph</u> NICKNAME <u>Joe</u>			FIRST <u>Joseph</u> LAST <u>Vest</u>	MI <u>A</u> SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX:			APT / SUITE #:	CITY: STATE: ZIP CODE
<u>604 SW 19<sup>th</sup> Seminole TX 79360</u>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <u>(432)</u>	PHONE NUMBER <u>230-1083</u>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Mr</u>	FIRST <u>Joseph</u>	MI <u>A</u>	NICKNAME LAST <u>Joe</u> <u>Jest</u>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):			APT / SUITE #:	CITY: STATE: ZIP CODE
<u>604 SW 19<sup>th</sup> Seminole TX 79360</u>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(432)</u>	PHONE NUMBER <u>230-1083</u>	EXTENSION		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month <u>/</u>	Day <u>/</u>	Year <u>/</u>	Month Day Year THROUGH	
11 ELECTION	ELECTION DATE Month Day Year <u>03/02/2026</u>			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) <u>County Sheriff</u>			13 OFFICE SOUGHT (if known) <u>County Sheriff</u>	
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.				
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME		
		<input type="checkbox"/> GENERAL			
		<input type="checkbox"/> SPECIFIC			

**GO TO PAGE 2**

**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH  
COVER SHEET PG 2**

**15 CANDIDATE NAME**

Joseph A Vest

**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) \$ 6000.00

2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 5128.58

**CONTRIBUTION  
BALANCE**

4. **TOTAL POLITICAL EXPENDITURES** \$ 871.42

**OUTSTANDING  
LOAN TOTALS**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$

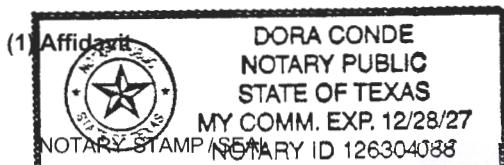
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

**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.

JA Vest

Signature of Candidate

**Please complete either option below:**



Sworn to and subscribed before me by Joe Vest this the 15<sup>th</sup> day of January,

20 2016, to certify which, witness my hand and seal of office.

Dora Conde

Dora Conde

Notary

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 (Declarant)

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

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<u>Joseph A. West</u>	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <u>6,000.00</u>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <u>5728.58</u>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> 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.

<p>The Instruction Guide explains how to complete this form.</p>				<b>1</b> Total pages Schedule A1: 1
<b>2</b> FILER NAME <i>Joseph A. Vest</i>				<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>11/12/2025</i>	<b>5</b> Full name of contributor <i>Triton Energy</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		<b>7</b> Amount of contribution (\$) <i>\$5,000.00</i>
<b>6</b> Contributor address; <i>537 US Highway 385 S</i>	City; <i>Seminole TX</i>	State; Zip Code <i>79360</i>		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)		
Date <i>12/22/2025</i>	Full name of contributor <i>Mike Carter</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$500.00</i>
Contributor address; <i>1305 Hobbs Hwy Seminole TX 79360</i>		City; <i></i>	State; Zip Code <i></i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date <i>01/13/2026</i>	Full name of contributor <i>Tex-Mex Construction</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) <i>\$500.00</i>
Contributor address; <i>113 SW Ave C Seminole TX 79360</i>		City; <i></i>	State; Zip Code <i></i>	
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.				

**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	3 Filer ID (Ethics Commission Filers)	
3	Joseph A Vest		
4 Date	5 Payee name		
11/12/2025	Gaines County Republican Party		
6 Amount (\$)	7 Payee address:	City; State; Zip Code	
\$750.00		Seminole TX 79360	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Other Fees	Filing Fee	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
11/15/2025	Joseph A Vest		
Amount (\$)	Payee address:	City; State; Zip Code	
\$200.00	604 SW 19 <sup>th</sup>	Seminole TX 79360	
P  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	Ad-Food/Beverage Expense	Campaign Lunch -	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
11/25/2025	H G Signs LLC		
Amount (\$)	Payee address:	City; State; Zip Code	
\$1208.44	1303 N Main	Seminole TX 79360	
P  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Signs, Banners, Cards	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
Joseph A. Vest		County Sheriff	County Sheriff

**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/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	3 Filer ID (Ethics Commission Filers)	
3	Joseph A Vest		
4 Date	5 Payee name		
12/12/2024	The Lumber Yard + Supply LLC		
6 Amount (\$)	7 Payee address;	City: State: Zip Code	
\$105.62	318 us Hwy 385 S	Seminole TX 79360	
<input type="checkbox"/> Check if individual's residence address.			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Construction material	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
12/12/2024	The Lumber Yard + Supply LLC		
Amount (\$)	Payee address;	City: State: Zip Code	
\$91.87	318 us Hwy 385 S	Seminole TX 79360	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Construction material	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
12/12/2025	Locowen Farm + Lumber		
Amount (\$)	Payee address;	City: State: Zip Code	
\$143.04	409 N Main	Seminole TX 79360	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Construction material	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Joseph A Vest County Sheriff County Sheriff			
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/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	3 Filer ID (Ethics Commission Filers)		
3	Joseph A Vest			
4 Date	5 Payee name			
12/19/2024	H G Signs			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$2576.54	1303 N Main	Seneca TX 79360		
<input type="checkbox"/> Check if individual's residence address.				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising	Signs, Banners.		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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			
12/26/2025	Home Depot			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$31.81	900 Joe Henry Blvd	Hobbs NM 88240		
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising	Construction Material		
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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			
12/26/2025	Tractor Supply			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$21.24	201 E Navajo Dr.	Hobbs NM 88240		
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising	Construction Material		
	<input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
Joseph A Vest		County Sheriff	County Sheriff	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

If the requested information is not applicable, **DO NOT** include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule T: <u>1</u></p>
<p><b>2</b> FILER NAME <i>Joseph A. Vest</i></p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>Joseph A. Vest</i></p>		
<p><b>5</b> Contribution / Expenditure reported on:</p> <p><input type="checkbox"/> Schedule A2   <input type="checkbox"/> Schedule B   <input type="checkbox"/> Schedule B(J)   <input type="checkbox"/> Schedule C2   <input type="checkbox"/> Schedule D   <input checked="" type="checkbox"/> Schedule F1  <input type="checkbox"/> Schedule F2   <input type="checkbox"/> Schedule F4   <input type="checkbox"/> Schedule G   <input type="checkbox"/> Schedule H   <input type="checkbox"/> Schedule COH-UC   <input type="checkbox"/> Schedule B-SS</p>		
<p><b>6</b> Dates of travel <i>12/26/2025</i></p>	<p><b>7</b> Name of person(s) traveling <i>Joseph A. Vest</i></p>	
	<p><b>8</b> Departure city or name of departure location <i>Seminole TX</i></p>	
	<p><b>9</b> Destination city or name of destination location <i>Hobbs NM</i></p>	
<p><b>10</b> Means of transportation <i>Personal Vehicle</i></p>	<p><b>11</b> Purpose of travel (including name of conference, seminar, or other event) <i>Purchase material for sign construction</i></p>	
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>		
<p>Contribution / Expenditure reported on:</p> <p><input type="checkbox"/> Schedule A2   <input type="checkbox"/> Schedule B   <input type="checkbox"/> Schedule B(J)   <input type="checkbox"/> Schedule C2   <input type="checkbox"/> Schedule D   <input type="checkbox"/> Schedule F1  <input type="checkbox"/> Schedule F2   <input type="checkbox"/> Schedule F4   <input type="checkbox"/> Schedule G   <input type="checkbox"/> Schedule H   <input type="checkbox"/> Schedule COH-UC   <input type="checkbox"/> Schedule B-SS</p>		
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>	
	<p>Departure city or name of departure location</p>	
	<p>Destination city or name of destination location</p>	
Means of transportation	<p>Purpose of travel (including name of conference, seminar, or other event)</p>	
<p>Name of Contributor / Corporation or Labor Organization / Pledgor / Payee</p>		
<p>Contribution / Expenditure reported on:</p> <p><input type="checkbox"/> Schedule A2   <input type="checkbox"/> Schedule B   <input type="checkbox"/> Schedule B(J)   <input type="checkbox"/> Schedule C2   <input type="checkbox"/> Schedule D   <input type="checkbox"/> Schedule F1  <input type="checkbox"/> Schedule F2   <input type="checkbox"/> Schedule F4   <input type="checkbox"/> Schedule G   <input type="checkbox"/> Schedule H   <input type="checkbox"/> Schedule COH-UC   <input type="checkbox"/> Schedule B-SS</p>		
<p>Dates of travel</p>	<p>Name of person(s) traveling</p>	
	<p>Departure city or name of departure location</p>	
	<p>Destination city or name of destination location</p>	
Means of transportation	<p>Purpose of travel (including name of conference, seminar, or other event)</p>	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p>		



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name

Joseph A. Vest

Filer ID #

### OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

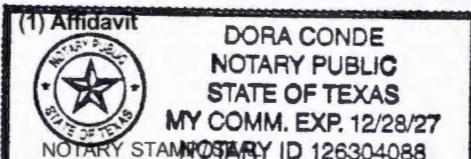
Amount \$

Date Processed

Date Imaged

1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:



Signature of Filer

Sworn to and subscribed before me by

Joe Vest

this the 15<sup>th</sup> day of January

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

Dora Conde

Dora Conde

Notary

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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(month) (year)

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**