


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 FIRST MI <u>Mr Joseph A</u> NICKNAME LAST SUFFIX <u>Joe Vest</u>		OFFICE USE ONLY  Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>604 SW 19th Seminole TX 79560</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(432) 230-1083</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <u>Mr Joseph A</u> NICKNAME LAST SUFFIX <u>Joe Vest</u>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>604 SW 19th Seminole TX 79560</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(432) 230-1083</u>		
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 Day Year THROUGH Month Day Year / / / / /		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>03 / 02 / 2024</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
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) <input type="checkbox"/> 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		COMMITTEE NAME	
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 2

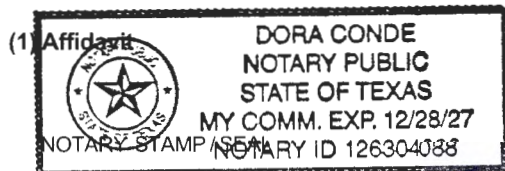
15 CANDIDATE NAME <u>Joseph A Vest</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>6000.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>5128.58</u>
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>871.42</u>
OUTSTANDING LOAN TOTALS	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 15th day of January, 2026, 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

19 FILER NAME <u>Joseph A. Vest</u>		20 Filer ID (Ethics Commission Filers)
21 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>1</u>
2 FILER NAME <u>Joseph A. Vest</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/12/2025</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Triton Energy</u>	7 Amount of contribution (\$) <u>\$5,000.00</u>
	6 Contributor address; City; State; Zip Code <u>537 US Highway 385 S Seminole TX 79360</u>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>12/22/2025</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Carter</u>	Amount of contribution (\$) <u>\$500.00</u>
	Contributor address; City; State; Zip Code <u>1305 Hobbs Hwy Seminole TX 79360</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>01/13/2026</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Tex-Mex Construction</u>	Amount of contribution (\$) <u>\$500.00</u>
	Contributor address; City; State; Zip Code <u>113 SW Ave C Seminole TX 79360</u>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3</u>	2 FILER NAME <u>Joseph A Vest</u>	3 Filer ID (Ethics Commission Filers)																																		
4 Date <u>11/12/2025</u>	5 Payee name <u>Garner County Republican Party</u>																																			
6 Amount (\$) <u>\$750.00</u>	7 Payee address; City; State; Zip Code <u>Seminole TX 79360</u>																																			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Other Fees</u>	(b) Description <u>Filing Fee</u>																																		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense																																			
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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 Joseph A Vest	3 Filer ID (Ethics Commission Filers)
4 Date 12/12/2024	5 Payee name The Lumber Yard + Supply LLC	
6 Amount (\$) \$105.42	7 Payee address; City; State; Zip Code 318 us Highway 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) Advertising	(b) Description Construction Material
	(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		
Candidate / Officeholder name Office sought Office held		
Date 12/12/2024	Payee name The Lumber Yard + Supply LLC	
Amount (\$) \$ 91.87	Payee address; City; State; Zip Code 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) Advertising	Description 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 12/16/2025	Payee name Loewen Farm + Lumber	
Amount (\$) \$143.04	Payee address; City; State; Zip Code 409 W 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) Advertising	Description 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

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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
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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 Joseph A Vest		3 Filer ID (Ethics Commission Filers)	
4 Date 12/18/2024		5 Payee name HG Signs			
6 Amount (\$) \$2576.54		7 Payee address; City; State; Zip Code 1303 N Main 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) Advertising		(b) Description Signs, Banners.		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/24/2025		Payee name Home Depot			
Amount (\$) \$31.81		Payee address; City; State; Zip Code 900 Joe Harvey 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) Advertising		Description 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 12/24/2025		Payee name Tractor Supply			
Amount (\$) \$21.24		Payee address; City; State; Zip Code 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) Advertising		Description 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Joseph A Vest		Office sought Office held 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.

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



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 #

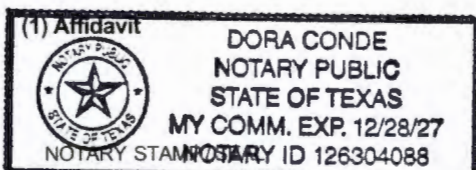
Amount \$

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

15th

day of

January

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

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 Filer (Declarant)

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