



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

OFFICE USE ONLY

DATE RECEIVED  
FILE FOR RECORD

JAN 15 2026

SUSAN STRICKLAND  
COUNTY CLERK VAN ZANDT COUNTY  
BY DEP

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
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Date Processed

Date Imaged

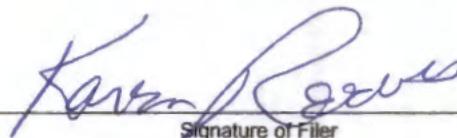
Filer Name Karen Reeves	Filer ID #
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1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer 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 \$33,910 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 Code of Fair Campaign Practices report due on 15 Jan 2026. 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:

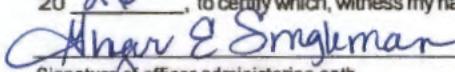
(1) Affidavit

NOTARY PUBLIC STATE OF TEXAS	GINGER E SINGLEMAN NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 5/12/2027 NOTARY ID 12456612-#
NOTARY STAMP / SEAL	

  
Signature of Filer

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

2026, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

  
Printed name of officer administering oath

Notary

Title of officer administering oath

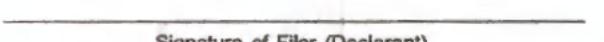
OR

(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**

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP  
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

## OFFICE USE ONLY

Date Received

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

<b>1 ACCOUNT NUMBER</b> <small>(Ethics Commission Filers)</small>		<b>2 TYPE OF FILER</b> <small>CANDIDATE <input checked="" type="checkbox"/></small>		<small>POLITICAL COMMITTEE <input type="checkbox"/></small>	
		<small>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</small>		<small>If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.</small>	
<b>3 NAME OF CANDIDATE</b> <small>(PLEASE TYPE OR PRINT)</small> <i>Karen Reeves</i>		<small>TITLE (Dr., Mr., Ms., etc.)</small> <i>Ms.</i>	<small>FIRST</small> <i>Karen</i>	<small>MR</small> <i>-</i>	
		<small>NICKNAME</small> <i>-</i>	<small>LAST</small> <i>Reeves</i>	<small>SUFFIX (SR., JR., III, etc.)</small> <i>-</i>	
<b>4 TELEPHONE NUMBER OF CANDIDATE</b> <small>(PLEASE TYPE OR PRINT)</small>		<small>AREA CODE</small> <i>214</i>	<small>PHONE NUMBER</small> <i>[REDACTED]</i>	<small>EXTENSION</small>	
<b>5 ADDRESS OF CANDIDATE</b> <small>(PLEASE TYPE OR PRINT)</small>		<small>STREET / PO BOX:</small> <i>PO Box 587</i>		<small>CITY:</small> <i>Bew Wheeler</i>	<small>STATE:</small> <i>Tx</i>
<b>6 OFFICE SOUGHT BY CANDIDATE</b> <small>(PLEASE TYPE OR PRINT)</small>		<i>County Judge for Van Zandt Co</i>			
<b>7 NAME OF COMMITTEE</b> <small>(PLEASE TYPE OR PRINT)</small>		<i>None</i>			
<b>8 NAME OF CAMPAIGN TREASURER</b> <small>(PLEASE TYPE OR PRINT)</small>		<small>TITLE (Dr., Mr., Ms., etc.)</small> <i>Ms.</i>	<small>FIRST</small> <i>Karen</i>	<small>MR</small> <i>-</i>	
		<small>NICKNAME</small> <i>-</i>	<small>LAST</small> <i>Reeves</i>	<small>SUFFIX (SR., JR., III, etc.)</small> <i>-</i>	

**GO TO PAGE 2**

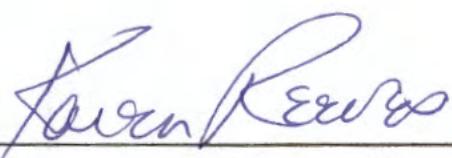
## CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

  
\_\_\_\_\_  
Signature

15 Jan 2026  
Date

# 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 File#)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	<input checked="" type="checkbox"/> MRS / MR	FIRST <i>Karen</i>	MI —	OFFICE USE ONLY		
	NICKNAME —	LAST <i>Reeves</i>	SUFFIX —	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>Po Box 587 Ben Wheeler TX 75754</i>					
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>[REDACTED]</b> )	PHONE NUMBER <b>[REDACTED]</b>	EXTENSION <b>[REDACTED]</b>	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	<input checked="" type="checkbox"/> MRS / MR	FIRST <i>Karen</i>	MI —	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME <i>—</i>	LAST <i>Reeves</i>	SUFFIX <i>—</i>	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>Po Box 587 Ben Wheeler TX 75754</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>[REDACTED]</b>	PHONE NUMBER <b>[REDACTED]</b>	EXTENSION <b>[REDACTED]</b>			
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 <i>12</i>	Day <i>08</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2026</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) <i>None</i>	13 OFFICE SOUGHT (if known) <i>NZ County Judge</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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME <i>—</i>				
		COMMITTEE ADDRESS <i>—</i>				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

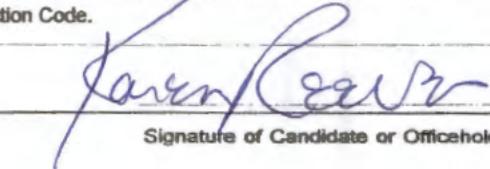
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Karen Reeves		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)	\$	/
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	/
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	/
	4. TOTAL POLITICAL EXPENDITURES	\$	2539.78
CONTRIBUTION BALANCE	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	\$	3750-
OUTSTANDING LOAN TOTALS			

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

 GINGER E SINGLEMAN NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 5/12/2027 NOTARY ID 12456612-2	NOTARY STAMP/SEAL	

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Karen Reeves this the 15<sup>th</sup> day of January

20 26 to certify which, witness my hand and seal of office.

Ginger E Singleman Ginger E Singleman Notary  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

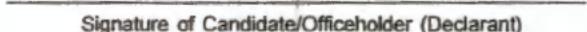
OR

### (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/Officeholder (Declarant)

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

19 FILER NAME <i>KAREN REEVES</i>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
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 checked="" 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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

## LOANS

## SCHEDULE E

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>1 Total pages Schedule E: 1</p>
<p>2 FILER NAME <i>Karen Reeves</i></p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED LOANS \$ 3750 -</p>				
<p>5 Date of loan 16 Dec 2025</p>	<p>7 Name of lender <i>Karen Reeves</i></p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>			<p>9 Loan Amount (\$) 3000 -</p>
<p>6 Is lender a financial institution? <input checked="" type="checkbox"/> N</p>	<p>8 Lender address; City; State; Zip Code <i>Po Box 587 Ben Wheeler TX 75754</i></p>			<p>10 Interest rate NA</p>
				<p>11 Maturity date NA</p>
<p>12 Principal occupation / Job title (See Instructions) <i>UNEMPLOYED</i></p>		<p>13 Employer (See Instructions) NA</p>		
<p>14 Description of Collateral <input checked="" type="checkbox"/> none</p>		<p>15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>		
<p>16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>		<p>17 Name of guarantor .....</p> <p>18 Guarantor address; City; State; Zip Code .....</p>		<p>19 Amount Guaranteed (\$)</p>
<p>20 Principal Occupation (See Instructions)</p>		<p>21 Employer (See Instructions)</p>		
<p>Date of loan 08 Dec 2025</p>	<p>Name of lender <i>Karen Reeves</i></p> <p><input type="checkbox"/> out-of-state PAC (ID#_____)</p>			<p>Loan Amount (\$) 750 -</p>
<p>Is lender a financial institution? <input checked="" type="checkbox"/> N</p>	<p>Lender address; City; State; Zip Code <i>Po Box 587 Ben Wheeler TX 75754</i></p>			<p>Interest rate NA</p>
<p>Description of Collateral <input checked="" type="checkbox"/> none</p>		<p><input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)</p>		
<p>GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable</p>		<p>Name of guarantor .....</p> <p>Guarantor address; City; State; Zip Code .....</p>		<p>Amount Guaranteed (\$)</p>
<p>Principal Occupation (See Instructions)</p>		<p>Employer (See Instructions)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	KAREN REEVES		
4 Date	5 Payee name		
22 Dec 2025	SIGNS ON THE CHEAP		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
\$1744.88	ONLINE DEBIT CARD PURCHASE HTTPS://WWW.SIGNSONTHECHEAP.COM/	866-661-9239 1491MCD PUR 07CH8AP	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	ADVERTISING EXP	SIGNS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	County Judge Van Zandt		
Date	Payee name		
08 Dec 2025	VZCRPE	Van Zandt County Republican Party	
Amount (\$)	Payee address:	City:	State: Zip Code
750	900 CONGRESS AVE	AUSTIN	TX 78701
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	FEES	APPLICATION FEE	
	<input 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
	County Judge Van Zandt		
Date	Payee name		
31 Dec 2025	AMAZON		
Amount (\$)	Payee address:	City:	State: Zip Code
44.90	ONLINE MCD PUR AMAZON MKTPL 930617KF3	Seattle WA	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING EXP	STICKERS	
	<input 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
	County Judge of Van Zandt		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**INTEREST, CREDITS, GAINS, ~~REFUNDS~~, AND  
CONTRIBUTIONS RETURNED TO FILER**

**SCHEDULE K**

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 K:
2 FILER NAME <i>Karen Reeves</i>		3 Filer ID (Ethics Commission Fliers)
4 Date  <i>31 Dec 2025</i>	5 Name of person from whom amount is received  <i>Signs on the Cheap</i>	8 Amount (\$)  <i>90 00</i>
	6 Address of person from whom amount is received; City; State; Zip Code  <i>online 866-661-9239</i>	<input type="checkbox"/> Check if political contribution returned to filer
7 Purpose for which amount is received  <i>Cancelled order</i>		
Date  <i>31 Dec 2025</i>	Name of person from whom amount is received  <i>Signs on the Cheap</i>	Amount (\$)  <i>1228.89</i>
	Address of person from whom amount is received; City; State; Zip Code  <i>online 866-661-9239</i>	<input type="checkbox"/> Check if political contribution returned to filer
	Purpose for which amount is received  <i>Cancelled order</i>	<input type="checkbox"/> Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED