

# 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	FIRST <i>MR. Douglas Wayne</i>	MI <i>W</i>	OFFICE USE ONLY B-1 Date Received <i>2/1/2026</i> FILED FOR RECORD MARGARET DORMAN COUNTY CLERK WHEELER COUNTY, TEXAS Date Hand-delivered or Date Postmarked <i>2/1/2026</i>		
	NICKNAME	LAST <i>Benefield</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE <i>PO Box 24 Wheeler Tx 78096</i>			
5 CANDIDATE/ OFFICEHOLDER PHONE			AREA CODE <i>(806)</i>	PHONE NUMBER <i>203-0990</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>2/1/2026</i>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>MR. Douglas Wayne</i>	MI <i>W</i>	Receipt #	Amount \$	
	NICKNAME	LAST <i>Benefield</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i>8027 CR 18 Wheeler Tx</i>			STATE; ZIP CODE <i>78096</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(806)</i>	PHONE NUMBER <i>203 0990</i>	EXTENSION	Date Imaged		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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>3</i>	Year <i>2025</i>	Month <i>2</i>	Day <i>1</i>	Year <i>2026</i>
11 ELECTION	ELECTION DATE Month Day Year <i>3/3/26</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>County Commissioner Ac #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.					
<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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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Wayne Benefield

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.

\$ 1742 63/100

CONTRIBUTION  
BALANCE

4. **TOTAL POLITICAL EXPENDITURES**

\$ 1742 63/100

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.

Wayne Benefield

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 Wayne Benefield, and my date of birth is 9/1/66.  
My address is 8027 CR 18, Wheeler, Tx, 79096, Wheeler.  
(street) (city) (state) (zip code) (country)

Executed in Wheeler County, State of Texas, on the 1<sup>st</sup> day of February, 2026.  
(month) (year)

Wayne Benefield

Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> 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 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 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	

*1742 63/10*

# 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)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;		City; State; Zip Code
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)	(b) Description
		Advertising Expense	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
12-10	Wheeler Co Wheeler Tx 79096		
Amount (\$)	21.50		
<input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description
		Printing Expense	Voter list
		<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 held
12/13/25	Wayne Benfield Commissioner		
Date	Payee name		
12/13/25	Election		
Amount (\$)	750.00		
<input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description
		Fees	Fees
		<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 held
12/13/25	Wayne Benfield Commissioner		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# 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  
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 G:	2 FILER NAME <i>Wayne Benefield</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-3-2025</i>	5 Payee name <i>Wayne Benefield</i>	
6 Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: <i>8027 CR 18</i>	City: <i>Wheeler</i> State: <i>Texas</i> Zip Code <i>79096</i>
8 PURPOSE OF EXPENDITURE  <input type="checkbox"/> Advertising Expense	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
Date <i>12-4-2025</i>	Payee name <i>The Wheeler Times</i>	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: <i>PO Box 1080</i>	City: <i>Wheeler</i> State: <i>TX</i> Zip Code <i>79096</i>
PURPOSE OF EXPENDITURE  <input type="checkbox"/> Advertising Expense	Category (See Categories listed at the top of this schedule)	Description <i>News Paper</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City: State: Zip Code
PURPOSE OF EXPENDITURE  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		