

# 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: <i>5</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <i>MR</i> FIRST <i>Jimmy</i> MI <i>C</i> NICKNAME LAST <i>Vance</i> SUFFIX			OFFICE USE ONLY <i>RECEIVED</i> Date Received BY: <i>Sgt</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>354 County Q Panhandle, Tx. 79068</i>			Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(806)</i>	PHONE NUMBER <i>341 0379</i>	EXTENSION	Receipt #   Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS <i>MR</i> FIRST <i>Cole</i> MI NICKNAME LAST <i>Younger</i> SUFFIX	Date Processed Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>237 B County Road A Amarillo, Tx. 79108</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(806)</i>	PHONE NUMBER <i>679 9452</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>01</i>	Day <i>/01/26</i>	Year	Month <i>02</i>	Day <i>/02/2026</i>	Year
11 ELECTION	ELECTION DATE Month <i>03</i> Day <i>/03/26</i> Year	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)		13 OFFICE SOUGHT, (if known) <i>Commissioner Act. 2</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				
	COMMITTEE ADDRESS					
	COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORTBY: *SJ*FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION  
TOTALS1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR  
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 100

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

\$ 100

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

*livestock panel* \$ 100.80CONTRIBUTION  
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$ 80

OUTSTANDING  
LOAN TOTALS5. 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

\$

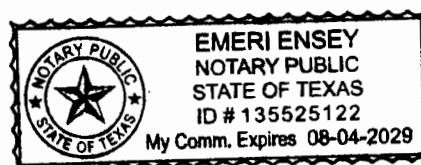
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Jimmy Vance*

Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jimmy Vance this the 29<sup>th</sup> day of January,  
20 2016, to certify which, witness my hand and seal of office.Emeri EnseyEmeri EnseyNotary

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)

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**SUBTOTALS - C/OH**

BY: *SJ*

**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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ <i>100</i>	
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ <i>80</i>	
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 \$	

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**MONETARY POLITICAL CONTRIBUTIONS**

BY:

**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
2 FILER NAME <i>Jimmy Vance</i>			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <i>CE Williams</i>	<input type="checkbox"/> out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <i>100</i>
6 Contributor address; 960 SH-207		City; <i>Panhandle</i>	State; Zip Code <i>TX 79068</i>
8 Principal occupation / Job title (See Instructions)		9 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)	
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)	
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)	
<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.			

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SCHEDULE G

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

BY: *Soy*

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>Jimmy Vance</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/29/26</i>	5 Payee name <i>Bartletts Lumber</i>	
6 Amount (\$) <i>80</i>	7 Payee address; <i>2412 Perryton PKWY</i>	City; <i>Pampa</i> State; <i>TX</i> Zip Code <i>79068</i>
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>livestock panels to hold signs</i>
	(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 ONLY if direct expenditure to benefit C/OH <i>Jimmy Vance</i>		Office sought <i>commissioner</i> Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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 ONLY if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<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 ONLY if direct expenditure to benefit C/OH		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED