

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

<p>3 CANDIDATE / OFFICEHOLDER NAME</p> <p>MS / MRS / MR. <u>MR.</u> FIRST <u>EDWARD</u> MI <u>EARL</u> NICKNAME <u>Ed</u> LAST <u>Dobos II</u> SUFFIX <u>II</u></p>			<p>1 Filer ID (Ethics Commission Filer) <u>edslap.person</u></p> <p>2 Total pages filed: <u>2</u></p>									
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address [REDACTED]</p>			<p>OFFICE USE ONLY</p> <p>Date Received <u>FILED</u> <u>1:17 o'clock PM</u> Date <u>1-14-26</u></p>									
<p>5 CANDIDATE/ OFFICEHOLDER PHONE</p> <p>AREA CODE <u>(2</u> PHONE NUMBER <u>1</u> EXTENSION <u>1</u></p>			<p>NORMA G. EDISON Elections Administrator Goliad County Texas By: <u>Deputy</u></p>									
<p>6 CAMPAIGN TREASURER NAME</p> <p>MS / MRS / MR. <u>MR.</u> FIRST <u>melchor</u> MI <u>J</u> NICKNAME <u>M. J.</u> LAST <u>Puente</u> SUFFIX <u>J</u></p>			<p>RECEIVED Date Hand-delivered or Date Postmarked <u>JAN 14 2026</u> Receipt # <u>By: KBC</u> Amount \$ <u></u></p>									
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business) [REDACTED]</p>			<p>STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE [REDACTED]</p>									
<p>8 CAMPAIGN TREASURER PHONE</p> <p>AREA CODE <u>(2</u> PHONE NUMBER <u>1</u> EXTENSION <u>1</u></p>			<p>Date Processed</p>									
<p>9 REPORT TYPE</p> <p><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)</p>			<p>Date Imaged</p>									
<p>10 PERIOD COVERED</p> <p>Month <u>11</u> Day <u>17</u> Year <u>2025</u> THROUGH Month <u>12</u> Day <u>31</u> Year <u>25</u></p>												
<p>11 ELECTION</p> <p>ELECTION DATE Month <u>3</u> Day <u>3</u> Year <u>26</u></p>			<p>ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special</p>									
<p>12 OFFICE</p> <p>OFFICE HELD (if any)</p>			<p>13 OFFICE SOUGHT (if known)</p> <p><u>Goliad County Judge</u></p>									
<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p>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.</p> <table border="1"> <tr> <td rowspan="4"> <input type="checkbox"/> Additional Pages </td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME										
	<input type="checkbox"/> GENERAL											
	<input type="checkbox"/> SPECIFIC											

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

Edward Dobbs II ("Ed" Dobbs II)

16 Filer ID (Ethics Commission Filers)

ed61gape.com

**17 CONTRIBUTION
TOTALS**

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

\$ *0*

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

\$ *0*

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ *1028.94*

4. **TOTAL POLITICAL EXPENDITURES**

\$ *1028.94*

**CONTRIBUTION
BALANCE**

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

\$

**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.



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 Edward Dobbs II, and my date of birth is 12/22/1969.
My address is _____

(street)

(city)

(state)

(zip code) (country)

Executed in Goliad County, State of TEXAS, on the 14 day of JAN, 2026.
(month) (year)

Edward Dobbs II
Signature of Candidate/Officeholder (Declarant)