

**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 Filer)	2 Total pages filed: 18				
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MR MR	FIRST ROY	MI B	FILED OFFICE USE ONLY 11:09 a.m. 1-15-2026 Date Received 1-15-2026 NORMA G. EDISON Elections Administrator, Goliad County, Texas By: <i>Myrtle C. Cason Deputy</i>				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE ZIP CODE				
<input type="checkbox"/> Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION					
6 CAMPAIN TREASURER NAME	MR / MRS / MR MRS	FIRST TRACYE	MI E	SUFFIX				
NICKNAME LAST BOYD								
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY, STATE, ZIP CODE				
8 CAMPAIN TREASURER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION					
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 07	Day 01	Year 25	Month 12	Day 31	Year 25		
11 ELECTION	ELECTION DATE Month / Day / Year		ELECTION TYPE <input 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) GOLIAD COUNTY SHERIFF			13 OFFICE BOUGHT (If known)				
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				

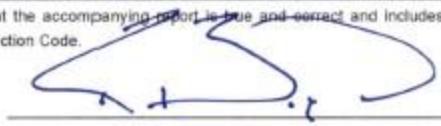
GO TO PAGE 2

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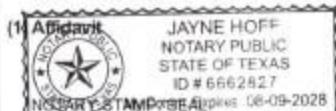
**FORM C/OH
COVER SHEET PG 2**

16 C/OH NAME	ROY BOYD, JR	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)	\$ 300.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10050.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 3141.25
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 8612.72
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9704.98
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying oath 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:



Sworn to and subscribed before me by Roy Boyd, Jr. this the 15th day of Jan.

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

Jayne Hoff
Signature of officer administering oath

Printed name of officer administering oath

Notary Public
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)