

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) 412504844 | 2 Total pages filed: 4 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR | FIRST HORACE | MI R | OFFICE USE ONLY RECEIVED Date Received JAN 20 2026 By: <i>[Signature]</i> | | |
| | NICKNAME | LAST BIBLE | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 598 RED HEAD LAND, JOHNSON CITY, TX 78636 | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (512) | PHONE NUMBER 2961680 | EXTENSION | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MS | FIRST MARTHA | MI | Receipt # Amount \$ | | |
| | NICKNAME | LAST DANZ | SUFFIX | Date Processed | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 175 JR DR, JOHNSON CITY, TX 78636 | | | STATE; ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (512) | PHONE NUMBER 751-3252 | 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 11 | Day 10 | Year 25 | Month 1 | Day 15 | Year 26 |
| 11 ELECTION | ELECTION DATE Month Day Year 3 / 3 / 26 | | | 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) COUNTY JUDGE | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages | 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. | | | | | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL | COMMITTEE NAME | | | | |
| | COMMITTEE ADDRESS | | | | | |
| | 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
HORACE R BIBLE

16 Filer ID (Ethics Commission Filers)
412504844

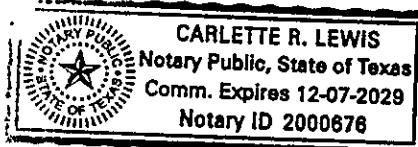
| | | |
|---------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 4,250.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4,250.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 3,524.86 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,524.86 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 725.14 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 4,250.00 |

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.

Horace R. Bible

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Horace R. Bible this the 20 day of January,

2024, to certify which, witness my hand and seal of office.

Carlette R. Lewis Carlette R. Lewis County Chair

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)

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 | 2 FILER NAME HORACE R BIBLE | 3 Filer ID (Ethics Commission Filers) 412504844 |
| 4 Date 12/03/2025 | 5 Payee name BLANCO COUNTY REPUBLICAN PARTY PRIMARY | |
| 6 Amount (\$) 750.00 Reimbursement from political contributions intended | 7 Payee address; Check if individual's residence address. | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) FEE | (b) Description FILING FEE |
| | (c) Check if travel outside of Texas. Complete Schedule T. 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 12/09/2025 | Payee name SIGNS ON THE CHEAP | |
| Amount (\$) 1,330.26 Reimbursement from political contributions intended | Payee address; Check if individual's residence address. | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description CAMPAIGN SIGNS |
| | Check if travel outside of Texas. Complete Schedule T. 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 12/18/2025 | Payee name SIGNS ON CHEAP | |
| Amount (\$) 442.20 Reimbursement from political contributions intended | Payee address; Check if individual's residence address. | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description CAMPAIGN SIGNS |
| | Check if travel outside of Texas. Complete Schedule T. 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 | | |

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) |

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| | | |
|---|---|--|
| 1 Total pages Schedule G: 2 | 2 FILER NAME HORACE R BIBLE | 3 Filer ID (Ethics Commission Filers) 412504844 |
| 4 Date 12/30/2025 | 5 Payee name SIGNS ON THE CHEAP | |
| 6 Amount (\$) 282.40 Reimbursement from political contributions intended | 7 Payee address; Check if individual's residence address. | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description CAMPAIGN SIGNS |
| | (c) Check if travel outside of Texas. Complete Schedule T. | 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 01/06/2026 | Payee name BLANCO COUNTY YOUTH STOCK SHOW | |
| Amount (\$) 1,000.00 Reimbursement from political contributions intended | Payee address; Check if individual's residence address. | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) GIFT/AWARDS/MEMORIALS EXPENSE | Description YOUTH FUNDRAISER DONATION |
| | Check if travel outside of Texas. Complete Schedule T. | 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 (\$) Reimbursement from political contributions intended | Payee address; Check if individual's residence address. | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. | 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 | | |