

# 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:

5

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

Philip  
Renter

J

OFFICE USE ONLY

Date Received

FILED FOR RECORD

26 FEB -2 PM 4:01

PAM HARRISON  
COUNTY CLERK, COOKE CO. TX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

187 CR 455

Gainesville TX 76240

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940) 736-4004

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS (MR)

FIRST

MI

NICKNAME

LAST

SUFFIX

Philip  
Renter

J

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

187 CR 455

Gainesville

TX

76240

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940) 736-4004

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

01 / 01 / 2026

THROUGH

01 / 22 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Precinct 4 Commissioner

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

BY DR DEPUTY

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

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.

\$ 3021.25

4. TOTAL POLITICAL EXPENDITURES

\$ 3021.25

CONTRIBUTION  
BALANCE

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

\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 5000.00

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.

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Philip Reiter this the 2 day of February

2020, 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 \_\_\_\_\_, 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)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

|     |  |            |
|-----|--|------------|
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 0       |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0       |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0       |
| 4.  | SCHEDULE E: LOANS  | \$ 5000.00 |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 3021.25 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0       |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0       |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0       |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0       |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0       |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0       |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0       |

**LOANS****SCHEDULE E**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 E:<br><b>1</b>   |                           |
| 2 FILER NAME<br><b>Phil Reiter</b>   |  | 3 Filer ID (Ethics Commission Filers)   |                           |
| 4 TOTAL OF UNITEMIZED LOANS  |  | \$ <b>0</b>   |                           |
| 5 Date of loan<br><b>1-5-26</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><b>Phil Reiter</b> | 9 Loan Amount (\$)<br><b>5000.00</b>  |                           |
| 6 Is lender a financial institution?<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code  | 10 Interest rate<br><b>0</b>  |                           |
|  |  | 11 Maturity date<br><b>1-5-27</b>   |                           |
| 12 Principal occupation / Job title (See Instructions)   |  | 13 Employer (See Instructions)  |                           |
| 14 Description of Collateral<br><br>none   |  | 15 Check if personal funds were deposited into political account (See Instructions) |                           |
| 16 GUARANTOR INFORMATION<br><br>not applicable   | 17 Name of guarantor   |   | 19 Amount Guaranteed (\$) |
|  | 18 Guarantor address; City; State; Zip Code  |   |                           |
| 20 Principal Occupation (See Instructions)   |  | 21 Employer (See Instructions)  |                           |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )                         | Loan Amount (\$)  |                           |
| Is lender a financial institution?<br><input type="checkbox"/> Y <input type="checkbox"/> N              | Lender address; City; State; Zip Code  | Interest rate   |                           |
|  |  | Maturity date   |                           |
| Principal occupation / Job title (See Instructions)  |  | Employer (See Instructions)   |                           |
| Description of Collateral<br><br>none  |  | Check if personal funds were deposited into political account (See Instructions)    |                           |
| GUARANTOR INFORMATION<br><br>not applicable  | Name of guarantor  |   | Amount Guaranteed (\$)    |
|  | Guarantor address; City; State; Zip Code   |   |                           |
| Principal Occupation (See Instructions)  |  | Employer (See Instructions)   |                           |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |   |  |  |                                   |                               |               |             |
|---|--|---|--|--|-----------------------------------|-------------------------------|---------------|-------------|
| <b>1</b> Total pages Schedule F1:<br>1  |  | <b>2</b> FILER NAME<br>Phil Reiter  |  | <b>3</b> Filer ID (Ethics Commission Filers) |                                   |                               |               |             |
| <b>4</b> Date<br>1-6-26   |  | <b>5</b> Payee name<br>First Graphic Services   |  |  |                                   |                               |               |             |
| <b>6</b> Amount (\$)<br>1819.95   |  | <b>7</b> Payee address;<br>229 Garvon St<br><small>Check if individual's residence address.</small> |  | City;<br>Garland                             | State;<br>TX<br>Zip Code<br>75040 |                               |               |             |
| <b>8</b><br><br>PURPOSE<br>OF<br>EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense |   | <b>(b)</b> Description<br>Signs                  |  |                                   |                               |               |             |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                              |   | Check if Austin, TX, officeholder living expense |  |                                   |                               |               |             |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table> |  |   |  |  |                                   | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name   | Office sought  | Office held   |  |  |                                   |                               |               |             |
| Date<br>1-21-26   |  | Payee name<br>First Graphic Services  |  |  |                                   |                               |               |             |
| Amount (\$)<br>1201.30  |  | Payee address;<br>229 Garvon St<br><small>Check if individual's residence address.</small>          |  | City;<br>Garland                             | State;<br>TX<br>Zip Code<br>75040 |                               |               |             |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense            |   | Description<br>Signs                             |  |                                   |                               |               |             |
|   | Check if travel outside of Texas. Complete Schedule T.   |   | Check if Austin, TX, officeholder living expense |  |                                   |                               |               |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>          |  |   |  |  |                                   | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name   | Office sought  | Office held   |  |  |                                   |                               |               |             |
| Date  |  | Payee name  |  |  |                                   |                               |               |             |
| Amount (\$)   |  | Payee address;  |  | City;  | State; Zip Code                   |                               |               |             |
|   |  | <small>Check if individual's residence address.</small>   |  |  |                                   |                               |               |             |
| PURPOSE<br>OF<br>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 |  |                                   |                               |               |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>          |  |   |  |  |                                   | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name   | Office sought  | Office held   |  |  |                                   |                               |               |             |

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