

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:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received FILED FEB 02 2026						
	NICKNAME	LAST	SUFFIX							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY, STATE, ZIP CODE	P.O. Box 66 Hartley, Tx. 79044						
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION	(806) 576-6524					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Hand-delivered or Date Postmarked MELISSA MEAD DISTRICT & COUNTY CLERK HARTLEY COUNTY, TEXAS Receipt # BY: dinkie.welch Amount \$ 0.00 DUTY						
	NICKNAME	LAST	SUFFIX		Melissa Mead					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #:			CITY, STATE, ZIP CODE	Same					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	(806) 576-6524						
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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	Day	Year	Month	Day	Year	01/15/2026	THROUGH	02/02/2026	
11 ELECTION	ELECTION DATE Month Day Year			ELECTION TYPE			03/03/2026			
				<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)						
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.									
Additional Pages		COMMITTEE TYPE	COMMITTEE NAME							
		<input type="checkbox"/> GENERAL								
		<input type="checkbox"/> SPECIFIC								
		COMMITTEE ADDRESS								
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRESS								

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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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>
OUTSTANDING LOAN TOTALS		

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.

Melissa Mead.

Signature of Candidate or Officeholder



(1) Affidavit

Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

Melissa Mead

this the 2 day of February

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

Timbra Morris

Timbra Morris

Notary

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)