The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:					
3 CANDIDATE /	MS / MRS / MR FIRST	MI	OFFICE USE ONLY		
OFFICEHOLDER	Terry	Par			
NAME	NICKNAME LAST	SUFFIX	Barro Adoesticates VED		
	Freese				
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #:	CITY: STATE; ZIP CODE			
4 CANDIDATE7	406 Lazy Ln	CITY; STATE; ZIP CODE	JUN 2 4 2025		
MAILING	Wharton, TX 77488	140			
ADDRESS			DE		
Change of Address			10		
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
OFFICEHOLDER	()				
PHONE	,		Receipt # Amount \$		
6 CAMPAIGN	MS / MRS / MR FIRST	MI			
TREASURER NAME			Date Processed		
	NICKNAME LAST	SUFFIX	Date Imaged		
			Date maged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE		
TREASURER					
ADDRESS					
(Residence or Business)					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER					
PHONE	()				
9 REPORT TYPE	January 15 30th day befo	re election Runoff	15th day after campaign		
	January 15 30th day befo	Runon	treasurer appointment		
	hulu 15 Di att dan bafan	Exceeded Modified	(Officeholder Only)		
	July 15 8th day before	Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	5 / 3 / 25	through 6	/ 23 / 25		
	/ /	/			
11 ELECTION			and the second second		
	Month Day Year Prima	ary Runoff Other Description	1.11		
	5 / 3 / 25 Gene	eral Special			
			·		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	1)		
			1		
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIO				
POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS				
Additional Pages					
	SPECIFIC COMMITTEE CAMPAIGN	IREASURER NAME			
	COMMITTEE CAMPAIGN	TREASURER ADDRESS			
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GO TO PAGE 2					

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and a second			and the second	
15 C/OH NAME Terry Freese		16 Filer	r ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	1	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		
An and the second s	4. TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and co	prréct and inclu	udes all information
	Signature of Ca	ndidata	or Officebold	
	Gignatare of Ca	naidate	of officeriold	51
minin	Please complete either option below			
MILA M F	AV			
2 P JOTARY A	BLC			
(1) Affidavit				
Sworn to and subscribed	Levon MIRI	23	day_of	hme.
20, to certify	which, witness my hand and seal of office.	CIC	hser.	ety
Signature of officer administe	ering oath Printed name of officer administering oath	0.,	Title of officer	administering oath
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth is			
My address is				
	(street) (city) (s	state)	(zip code)	(country)
Executed in	County, State of, on the day of(month	2)	, 20 (year)	
	(montr	1)	(year)	
	Signature of Candio	date/Offic	ceholder (Decl	arant)

The C/OH Instruction C	uide explains how	to complete this form.	1 Filer ID (Ethics Comm	nission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	First Burnell		/1	OFFICE	USEONLY
	NICKNAME	LAST Neal	s	UFFIX	dare Heestred	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 1522 Columi Wharton, TX	oine Street	CITY; STATE; Z	IP CODE	JUN 2	2 4 2025
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	Ν	11	Receipt # Date Processed	Amount \$
	NICKNAME	LAST	S	UFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE;	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	lection		15th day after treasurer ap (Officeholder	pointment
	July 15	8th day before ele	ection Exceede Reporting	ed Modified g Limit	Final Report	(Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	2723
COVERED	5 / 3 / 25 тнгоидн 6 / 23 / 25				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 5 3 25 General Special				and a	
12 OFFICE	OFFICE HELD (if any)	I	13 OFFICE SOUC	GHT (if known))	
14 NOTICE FROM POLITICAL COMMITTEE(S)	LITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S A CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH					DER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
GO TO PAGE 2						

15 C/OH NAME Burnell Neal		16 Filer II	D (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	J	\$ 0.00		
1. 114	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00		
A STATE AND AND A STATE AND A STATE AND A STATE	4. TOTAL POLITICAL EXPENDITURES		\$ 0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$ 0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$ 0.00		
Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STANE (SEA) Swom to and subscribed before me by BUMUMU 20 to cettify which, witness my hand and seal of office. Signature of officer administering oath Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration					
	, and my date of birth is				
			zip code) (country) _, 20 _(year)		
	Signature of Candie	date/Officeh	holder (Declarant)		

The C/OH Instruction G	Buide explains how	to complete this form.	1 Filer ID (Ethics Commis	sion Filers)	2 Total page	es filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR	_{FIRST} Russell	МІ			CE USE ONLY
	NICKNAME	LAST Machann	SU	FFIX	Date Received	CEIVER
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1311 Oriole Ln. Wharton, TX 77488					UN 2 4 2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		L	vered of Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	FIRST TONYA LAST MACHAWW		FFIX	Receipt # Date Processed Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / SI 人ししピ エル	UITE #; CITY; Nhach			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before e		Modified	(Office	ay after campaign rer appointment holder Only) Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month 5 3 25 THROUGH 6				Day	_{Year} 25
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 7 7 7 7 7 9 9 General Special					
12 OFFICE	OFFICE HELD (if any) AT LNR9e # 5					
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. COMMITTEE TYPE COMMITTEE NAME					EHOLDER'S KNOWLEDGE OR
Additional Pages GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS						
GO TO PAGE 2						

15 C/OH NAME Russell Machann		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)	\$ 0.00			
CEIVL	2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00			
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	s 0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0.00			
required to be reported by me under Title 15, Election Code.					
	Please complete either option below	:			
(1) Affidavit	before me by RUSSAL Mauham this the	23rd day of JUNE,			
20 to certify which, witness my hand and seal of office. And have the power Faults and Seal of office.					
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
(2) Unsworn Declaration					
My name is	, and my date of birth is				
		· · · ·			
	(street) (city) (st	tate) (zip code) (country)			
Executed in	County, State of, on the day of(month)	, 20 (year)			
	Signature of Candida	ate/Officeholder (Declarant)			