

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <div style="text-align: center;">Terry</div> <hr/> NICKNAME      LAST      SUFFIX <div style="text-align: center;">Freese</div>		<div style="border: 2px solid blue; padding: 10px; transform: rotate(-2deg);"> <b>RECEIVED</b>  <div style="color: red; font-weight: bold; font-size: 1.2em;">JUN 24 2025</div> <div style="color: blue; font-size: 1.5em; margin-top: 5px;">PJ-</div> </div>								
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 406 Lazy Ln Wharton, TX 77488										
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (      )										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <hr/> NICKNAME      LAST      SUFFIX										
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (      )										
<b>9</b> REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)
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<b>10</b> PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center;">5      /      3      /      25</td> <td></td> <td style="text-align: center;">6      /      23      /      25</td> </tr> </table>			Month      Day      Year	THROUGH	Month      Day      Year	5      /      3      /      25		6      /      23      /      25		
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<b>11</b> ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:35%;">                     ELECTION DATE                      Month      Day      Year                      5      /      3      /      25                 </td> <td style="width:65%;">                     ELECTION TYPE  <input type="checkbox"/> Primary      <input type="checkbox"/> Runoff      <input type="checkbox"/> Other Description  <input type="checkbox"/> General      <input type="checkbox"/> Special                 </td> </tr> </table>			ELECTION DATE Month      Day      Year 5      /      3      /      25	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
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<b>12</b> OFFICE	OFFICE HELD (if any) <b>13</b> OFFICE SOUGHT (if known)										
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	<p style="font-size: 0.8em;">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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: 1px solid black; vertical-align: top;">                 COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC             </td> <td style="border: 1px solid black; padding: 2px;">                 COMMITTEE NAME             </td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;">                 COMMITTEE ADDRESS             </td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;">                 COMMITTEE CAMPAIGN TREASURER NAME             </td> </tr> <tr> <td style="border: none;"></td> <td style="border: 1px solid black; padding: 2px;">                 COMMITTEE CAMPAIGN TREASURER ADDRESS             </td> </tr> </table>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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	COMMITTEE ADDRESS										
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GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Terry Freese

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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	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 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 Terry Freese this the 23rd day of June, 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)



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI Burnell		<div style="border: 2px solid blue; padding: 10px; transform: rotate(-5deg);"> <b>RECEIVED</b>  <div style="color: red; font-weight: bold; font-size: 1.2em;">JUN 24 2025</div> </div>								
	NICKNAME      LAST      SUFFIX Neal										
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE 1522 Columbine Street Wharton, TX 77488										
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <div style="background-color: black; width: 150px; height: 20px;"></div>										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI 		<b>OFFICE USE ONLY</b> Date Received <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt #      Amount \$ <hr/> Date Processed <hr/> Date Imaged <hr/>								
	NICKNAME      LAST      SUFFIX 										
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE										
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<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

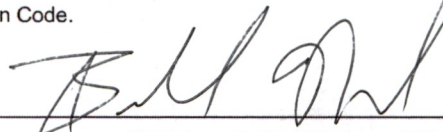
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b> Burnell Neal		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
<b>OUTSTANDING LOAN TOTALS</b>	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 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 Burnell Neal this the 23rd day of June, 2025, to certify which, witness my hand and seal of office.

Paula M. Favors Paula M. Favors City Secretary  
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)



**FORM C/OH**  
**COVER SHEET PG 1**

Forms provided by Texas Ethics Commission [www.ethics.state.tx.us](http://www.ethics.state.tx.us) Revised 1/1/2025




# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> Russell Machann		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

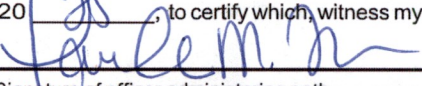
**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Russell Machann this the 23rd day of June, 2025, to certify which, witness my hand and seal of office.  
 Paula M. Favors City Secretary  
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)