

# 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: <div style="text-align: center; font-size: 1.5em;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	<div style="display: flex; justify-content: space-between;"> <span>MRS. DEE</span> <span>DELORES</span> <span>D.</span> </div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>DEE</span> <span>SALING</span> <span></span> </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	<div style="display: flex; justify-content: space-between;"> <span>MRS. BEVERLY</span> <span>B.</span> </div>		
7 CAMPAIGN TREASURER ADDRESS	<div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>X<sup>15</sup></span> <span>BRIM</span> <span></span> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div>		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <span>110 HWISACH</span> <span>MEXIA, TX.</span> <span>76667</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>(903)</span> <span>327-6042</span> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <span>January 15</span> <span>30th day before election</span> <span>Runoff</span> <span>15th day after campaign treasurer appointment (Officeholder Only)</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>July 15</span> <span>8th day before election</span> <span>Exceeded Modified Reporting Limit</span> <span>Final Report (Attach C/OH - FR)</span> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>01 / 01 / 2026</span> <span>THROUGH</span> <span>01 / 22 / 2026</span> </div>		
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <span>ELECTION DATE</span> <span>ELECTION TYPE</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>		
13 OFFICE SOUGHT (if known)	<div style="display: flex; justify-content: space-between;"> <span>03 / 03 / 2026</span> <span><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> General <input type="checkbox"/> Special</span> </div>		
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="display: flex; justify-content: space-between;"> <span>OFFICE HELD (if any)</span> <span>OFFICE SOUGHT (if known)</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>LIMESTONE COUNTY CLERK</span> </div>		
15 ADDITIONAL PAGES	<div style="display: flex; justify-content: space-between;"> <span>COMMITTEE TYPE</span> <span>COMMITTEE NAME</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>COMMITTEE ADDRESS</span> </div>		
16 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <span>COMMITTEE CAMPAIGN TREASURER NAME</span> </div>		
	<div style="display: flex; justify-content: space-between;"> <span>COMMITTEE CAMPAIGN TREASURER ADDRESS</span> </div>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

DELORES D. SALING

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.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 696.08

CONTRIBUTION  
BALANCE

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

\$

OUTSTANDING  
LOAN TOTALS

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

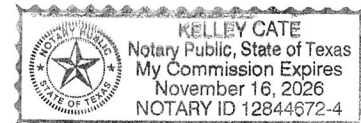
\$

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.

Delores D. Saling  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Delores D. Saling this the 22nd day of January, 2020, to certify which, witness my hand and seal of office.

Kelley Cate Kelley Cate Notary Public, State of Texas  
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 <i>DELORES D. SALING</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>178.21</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>517.87</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <del>115.24</del>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME DELORES D. SALING		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 178.21	
5 Date 1/17/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DANNY WAYNE SALING	8 Amount of Contribution \$ \$178.21 \$144.84 \$33.37	9 In-kind contribution description T-shirts (20) Zip ties (4 pkgs.)
7 Contributor address; City; State; Zip Code 1009 E. NAVASOTA ST. GROESBECK, TX 76642		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) SERVICE TECH.		11 Employer (FOR NON-JUDICIAL)(See Instructions) D+M SEPTIC	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# PLEDGED CONTRIBUTIONS

## SCHEDULE B

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 B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>DELORES D. SALING</i>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ <i>517.87</i>
5 CREDIT CARD ISSUER	Name of financial institution <i>CHASE</i>	
6 PAYMENT	(a) Amount Charged <i>\$517.87</i>	(b) Date Expenditure Charged <i>01/13/2026</i>
	(c) Date(s) Credit Card Issuer Paid <i>01/13/2026</i>	
7 PAYEE	(a) Payee name <i>ALAMO SIGN CO.</i>	(b) Payee address; City, State, Zip Code <i>500 S. 28th St. WACO, TX. 76706</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political <i>ADVERTISING EXPENSE</i>	(b) Description <i>POLITICAL SIGNS / CARDS</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held <i>DELORES D. SALING LIMESTONE COUNTY CLERK</i>	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name		
<b>6</b> Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)		<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		
Date	Payee name		
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		
Date	Payee name		
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		
Date	Payee name		
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held		

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