

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

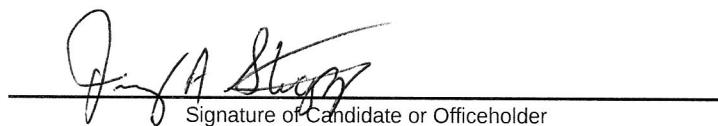
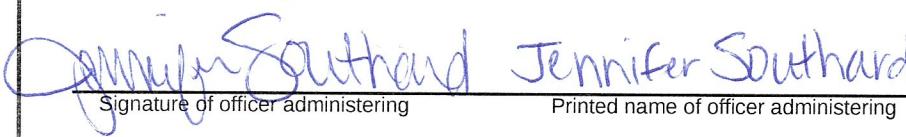
|   |  |                       |  |  |                               |      |
|---|--|-----------------------|--|--|-------------------------------|------|
| The C/OH Instruction Guide explains how to complete this form.  |  |                       |  | 1 Filer ID   | 2 Total pages filed:<br>6     |      |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR  | FIRST<br>Jerry        | MI   | <b>OFFICE USE ONLY<br/>FILED FOR RECORD</b><br><small>Date Received: <u>1:30 PM</u><br/>Time: <u>1:30 PM</u></small> |                               |      |
|   | NICKNAME   | LAST<br>Staggs        | SUFFIX   | <b>JAN - 5 2026</b><br><small>Jennifer Southard, ELECTIONS ADMINISTRATION<br/>LIMESTONE COUNTY, TEXAS</small>        |                               |      |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>188 LCR 866  |                       |  | ZIP CODE   | Date Hand Delivered or Mailed |      |
|   | Donie, TX 75838  |                       |  | Receipt #  | Amount                        |      |
|   |  |                       |  | Date Processed   |                               |      |
|   |  |                       |  | Date Imaged  |                               |      |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR  | FIRST<br>Rosas Glynis | MI<br>K  |  |                               |      |
|   | NICKNAME   | LAST                  | SUFFIX   |  |                               |      |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><br>239 LCR 407<br>Groesbeck, TX 76642  |                       |  |  |                               |      |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE      PHONE NUMBER      EXTENSION<br><br>254-709-7212   |                       |  |  |                               |      |
| 8 REPORT<br>TYPE  | <input checked="" 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)<br><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) |                       |  |  |                               |      |
| 9 PERIOD<br>COVERED   | Month<br>11/09/2025  | Day                   | Year   | Month<br>12/31/2025  | Day                           | Year |
| 10 ELECTION   | ELECTION DATE<br>Month<br>03/03/2026   |                       | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |                               |      |
| 11 OFFICE   | OFFICE HELD (if any)   |                       |  | 12 OFFICE SOUGHT (if known)<br><br>County Commissioner<br>Pct #4   |                               |      |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 6

|  |  |  |                |
|--|--|--|----------------|
| 13 C / OH NAME   | Staggs, Jerry  |  | 14 Filer ID    |
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S)   | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |  |                |
|  | <input type="checkbox"/> Additional Pages<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC   |  | COMMITTEE NAME |
|  | COMMITTEE ADDRESS  |  |                |
|  | COMMITTEE CAMPAIGN TREASURER NAME  |  |                |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |                |
| 16 CONTRIBUTION<br>TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  |  | \$ 0.00        |
|  | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |  | \$ 0.00        |
| - - -<br>EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   |  | \$ 0.00        |
|  | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   |  | \$ 727.92      |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   |  | \$ 0.00        |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  |  | \$ 0.00        |
| 17 AFFIDAVIT   |  |  |                |
| <p>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.</p> <p><br/>_____<br/>Signature of Candidate or Officeholder</p>   |  |  |                |
| <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Jerry Staggs</u>, this the <u>5th</u> day of <u>January</u>, 20<u>20</u>, to certify which, witness my hand and seal of office.</p> <p><br/>_____<br/>Signature of officer administering</p> <p><br/>_____<br/>Printed name of officer administering</p> <p><br/>_____<br/>Title of officer administering oath</p> |  |  |                |

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

3 of 6

|   |                        |
|---|------------------------|
| <b>18 FILER NAME</b><br>Staggs, Jerry   | <b>19 Filer ID</b>     |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE  | <b>SUBTOTAL AMOUNT</b> |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                            | \$ 0.00                |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS              | \$ 0.00                |
| 3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00                |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS  | \$ 0.00                |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS         | \$ 0.00                |
| 6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                 | \$ 0.00                |
| 7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS        | \$ 0.00                |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                            | \$ 0.00                |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                   | \$ 727.92              |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                     |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                     |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                     |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

|  |   |  |             |
|--|---|--|-------------|
| 1 Total pages Schedule G:<br>Sch: 1/1 Rpt: 6/6   | 2 FILER NAME<br>Staggs, Jerry   | 3 Filer ID   |             |
| 4 Date<br>12/15/2025   | 5 Payee name<br>ABC Printing  |  |             |
| 6 Amount (\$)<br>\$62.79<br><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br>200 N Buffalo Ave<br><br>Buffalo, TX 75831    |  |             |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign cards |             |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought  | Office held |
| Date<br>12/12/2025   | Payee name<br>Ward Sign Company   |  |             |
| Amount (\$)<br>\$665.13<br><br><input type="checkbox"/> Reimbursement from political contributions intended  | Payee address; City; State; Zip Code<br>PO Box 533<br><br>Fairfield , TX 75840          |  |             |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertising Expense     | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign signs     |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought  | Office held |