

# 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 /<br>OFFICEHOLDER<br>NAME                          | MS / MRS / MR   | FIRST<br><i>Gregory M.</i>   | MI  | OFFICE USE ONLY<br><br>Date Received<br><i>3/31 10:00 AM</i><br><br>Date Filed For Record<br><i>3/31 10:00 AM</i><br><br>JAN 15 2026<br><br>KAREN WINTER, COUNTY CLERK<br>ARCHER COUNTY, TEXAS<br>Date Hand-delivered or Date Postmarked<br><br>Receipt # <input type="text"/> Amount \$ <input type="text"/> |                   |  |
|  | NICKNAME  | LAST<br><i>Anderson</i>  | SUFFIX  |   |                   |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS            | ADDRESS / PO BOX;   | APT / SUITE #;   | CITY;   | STATE; ZIP CODE   |                   |  |
| <i>4075 Oak, PO Box 1463<br/>Archer City TX 76351</i>          |   |  |   |   |                   |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                          | AREA CODE   | PHONE NUMBER   | EXTENSION   |   |                   |  |
| <i>(940) 923 7623</i>  |   |  |   |   |                   |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                | MS / MRS / MR   | FIRST<br><i>Chandice</i>   | MI  | Receipt # <input type="text"/> Amount \$ <input type="text"/><br><br>Date Processed<br><br>Date Imaged  |                   |  |
|  | NICKNAME  | LAST<br><i>Anderson</i>  | SUFFIX  |   |                   |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;   |  |   | CITY;   | STATE; ZIP CODE   |  |
| <i>4075. Oak PO Box 1463<br/>Archer City, TX</i>               |   |  |   |   |                   |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                               | AREA CODE   | PHONE NUMBER   | EXTENSION   |   |                   |  |
| <i>(940) 249 6799</i>  |   |  |   |   |                   |  |
| 9 REPORT 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<br>treasurer appointment<br>(Officeholder Only)  |                   |  |
|  | <input type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election   | <input type="checkbox"/> Exceeded Modified<br>Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR)  |                   |  |
| 10 PERIOD<br>COVERED   | Month<br><i>10/31</i>   | Day<br><i>125</i>  | Year  | Month<br><i>1/15</i>  | Day<br><i>126</i> |  |
| 11 ELECTION  | ELECTION DATE<br>Month<br><i>3/3</i> Day<br><i>126</i> Year   | 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 Description |   |   |                   |  |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br><i>Constable Pct. 1</i>   |   |   |                   |  |
| 14 NOTICE 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. 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. |  |   |   |                   |  |
| <input type="checkbox"/> Additional Pages                      |   | COMMITTEE TYPE   | COMMITTEE NAME  |   |                   |  |
|  |   | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS   |   |                   |  |
|  |   | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME                             |   |                   |  |
|  |   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS                          |   |                   |  |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Gregory M. Anderson

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)

\$ Ø

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ Ø

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ Ø

4. TOTAL POLITICAL EXPENDITURES

\$ Ø

CONTRIBUTION  
BALANCE

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

\$ Ø

OUTSTANDING  
LOAN TOTALS

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

\$ Ø

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.

Gregory M. Anderson

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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 Gregory M. Anderson, and my date of birth is May 26, 1969.  
My address is 407 S Box 1463, Archer City, TX 76351, Archer.  
(street) (city) (state) (zip code) (country)

Executed in Archer County, State of Texas, on the 15th day of January, 20 26.  
(month) (year)

Gregory M. Anderson

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME***Gregory M. Anderson***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|                              |  |               |
|------------------------------|--|---------------|
| 1. <input type="checkbox"/>  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ <i>0/1</i> |
| 2. <input type="checkbox"/>  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$            |
| 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 type="checkbox"/>  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$            |
| 9. <input type="checkbox"/>  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$            |
| 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 | \$ <i>0/8</i> |