

# 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>Howard</i>  | MI<br><i>D</i>   | OFFICE USE ONLY  |                  |                     |
|   | NICKNAME   | LAST<br><i>Tarpley</i>  | SUFFIX   | Date Received<br><br><i>At 10:58 O'Clock 12 M.</i>               |                  |                     |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS               | ADDRESS / PO BOX;  | APT / SUITE #;  | CITY;  | STATE; ZIP CODE  |                  |                     |
| <i>111 Bent Dr. Crane TX 79731</i>                                |  |   |  |  |                  |                     |
| <input type="checkbox"/> Change of Address                        |  |   |  |  |                  |                     |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                             | AREA CODE<br><i>(432)</i>  | PHONE NUMBER<br><i>634</i>  | EXTENSION<br><i>1706</i>   | Date Hand-delivered or Date Postmarked<br><i>JAN 15 2026</i>     |                  |                     |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                   | MS / MRS / MR  | FIRST<br><i>Howard</i>  | MI<br><i>D</i>   | ANDREA FLORES<br>County/District Clerk, Crane Co., Texas         |                  |                     |
|   | NICKNAME   | LAST<br><i>Tarpley</i>  | SUFFIX   | Receipt #<br>Amount \$   |                  |                     |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #;  |   |  | CITY;<br><br><i>Crane</i>  |                  |                     |
| <i>111 Bent Dr.</i>   |  |   | STATE; ZIP CODE<br><i>TX 79731</i>   |  |                  |                     |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                                  | AREA CODE<br><i>(432)</i>  | PHONE NUMBER<br><i>634 1706</i>   | EXTENSION  |  |                  |                     |
| 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 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) |   |  |  |                  |                     |
| 10 PERIOD<br>COVERED  | Month<br><i>11</i>   | Day<br><i>13</i>  | Year<br><i>2025</i>  | Month<br><i>1</i>  | Day<br><i>15</i> | Year<br><i>2026</i> |
| 11 ELECTION   | ELECTION DATE<br>Month<br><i>3</i> Day<br><i>13</i> Year<br><i>2026</i>  |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |                  |                     |
| 12 OFFICE   | OFFICE HELD (if any)   |   |  | 13 OFFICE SOUGHT (if known)<br><i>County Commissioner Pct #2</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<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC |  |  |                  |                     |
|   |  | COMMITTEE ADDRESS   |  |  |                  |                     |
|   |  | 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**

**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.

\$

571.61

4. **TOTAL POLITICAL EXPENDITURES**

\$

571.61

**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.

*Dwayne Tarpley*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

|   |                                      |  |  |
|---|--------------------------------------|--|--|
| <br>MICAH LOZANO<br>Notary Public, State of Texas<br>NOTARY STAMP/SEAL expires 11-22-2028<br>Notary ID 130909276 | Sworn to and subscribed before me by |  |  |
|   | <i>Dwayne Tarpley</i>                |  |  |
|   | this the 15 day of January, 20       |  |  |

20 *2024* to certify which, witness my hand and seal of office.

*Micah Lozano*  
Signature of officer administering oath

*Micah Lozano*  
Printed name of officer administering oath

*Admin. Assistant*  
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)

*Dwayne Tarpley*  
Signature of Candidate/Officeholder (Declarant)