

# 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>Kimberly</i>                                                                                                                                                                                     | MI<br><i>D</i>                        | OFFICE USE ONLY                                                                                                 |
|                                                                | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                             | LAST<br><i>Gray</i>                                                                                                                                                                                          | SUFFIX                                | Date Received<br>FILED FOR RECORD<br>IN MY OFFICE                                                               |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS            | ADDRESS / PO BOX;                                                                                                                                                                                                                                                                                                                                                                                                                    | APT / SUITE #;                                                                                                                                                                                               | CITY;                                 | STATE; ZIP CODE                                                                                                 |
| AT <u>1:43</u> O'CLOCK <u>A</u> M                              |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                       |                                                                                                                 |
| JAN 15 2026                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                       |                                                                                                                 |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                          | AREA CODE<br>( <u>  </u> )                                                                                                                                                                                                                                                                                                                                                                                                           | PHONE NUMBER                                                                                                                                                                                                 | EXTENSION                             | Date Hand-delivered or Date Postmarked<br><b>LORETTA MASON</b><br>ELECTIONS ADMINISTRATOR, PANOLA COUNTY, TEXAS |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                                                                        | FIRST<br><i>Kimberly</i>                                                                                                                                                                                     | MI<br><i>D</i>                        | BY <i>L. Mason</i> DEPUTY                                                                                       |
| NICKNAME LAST SUFFIX                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                              |                                       |                                                                                                                 |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                              |                                       | CITY; STATE; ZIP CODE                                                                                           |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                               | AREA CODE<br>( <u>  </u> )                                                                                                                                                                                                                                                                                                                                                                                                           | PHONE NUMBER                                                                                                                                                                                                 | 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><u>7</u>                                                                                                                                                                                                                                                                                                                                                                                                                    | Day<br><u>1</u>                                                                                                                                                                                              | Year<br><u>25</u>                     | Month<br><u>12</u> THROUGH Day<br><u>31</u> Year<br><u>25</u>                                                   |
| 11 ELECTION                                                    | ELECTION DATE<br>Month Day Year<br><u>3</u> / <u>3</u> / <u>2026</u>                                                                                                                                                                                                                                                                                                                                                                 | 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)<br><i>Justice of the Peace Pet. 1:4</i>                                                                                                                                                                                                                                                                                                                                                                         | 13 OFFICE SOUGHT (if known)<br><i>Justice of the Peace Pet. 1:4</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                                                                                                                                                                         |                                       |                                                                                                                 |

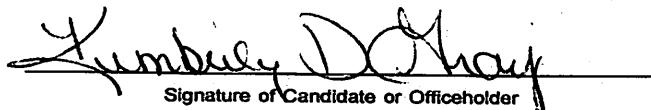
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

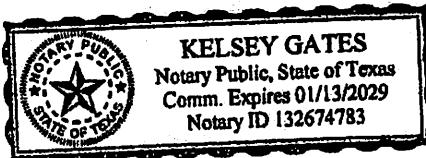
FORM C/OH  
COVER SHEET PG 2

|                                                                                                                                                         |                                                                                                                                       |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME                                                                                                                                            |                                                                                                                                       | 16 Filer ID (Ethics Commission Filers) |
| <b>17 CONTRIBUTION<br/>TOTALS</b><br><br><b>EXPENDITURE<br/>TOTALS</b><br><br><b>CONTRIBUTION<br/>BALANCE</b><br><br><b>OUTSTANDING<br/>LOAN TOTALS</b> | 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)                                                  | \$                                     |
|                                                                                                                                                         | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ 375.00                              |
|                                                                                                                                                         | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ 375.00                              |
|                                                                                                                                                         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ 375.00                              |
|                                                                                                                                                         | 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.

  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kimberly Gates this the 15 day of Jan.

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

Notary  
Signature of officer administering oath

Kelsey Gates  
Printed name of officer administering oath

Notary  
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)