CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to co	emplete this form.	1 Filer ID (Ethics Commission File	rs) 2 Total pages filed: 5		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	FIRST James	мі М .	OFFICE USE ONLY		
NAME	NICKNAME Jim	LAST Reed	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1006 13th Street, Blanco, TX 78606					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (805)	HONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs.	FIRST Karen	MI L	Receipt # Amount \$		
NAME	NICKNAME	LAST Reed	SUFFIX	Dale Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE); APT / St		STATE; ZIP CODE		
TREASURER ADDRESS	1006 13th Stree	t, Blanco, TX 7	8606			
(Residence or Business)	(Residence or Business)					
8 CAMPAIGN TREASURER PHONE		712-5145	EXTENSION			
9 REPORT TYPE	January 15 July 15	30th day before ele	ction Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Reporting Limit	th Day Year		
COVERED		24 / 25	THROUGH 5	/ 15 / 25		
11 ELECTION	Month Day 5 / 3 /	Year Primary	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	'	13 OFFICE SOUGHT (if kn	own)		
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CA CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IS				ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE CO	MITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS					
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
	COI	MMITTEE CAMPAIGN TRE	EASURER ADDRESS			
		GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

James M. Reed		16 Filer ID (Ethics	Commission Filers)		
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	0.00		
v	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$	1,005.34		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$	0.00		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00		
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and i	ncludes all information		
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 administe	ring oath Printed name of officer administering oath	Title of off	icer administering oath		
	OR				
(2) Unsworn Declaration	on				
My name is James M.	Reed, and my date of birth is	4	100		
My address is 1006 13			USA		
Executed in Blanco	(street) (city) (street) County, State of Texas , on the 15th day of May (month)	state) (zip code) 20 25 1) (//ear	el		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	9 FILER NAME James M. Reed 20 Filer ID (Ethics Core			mmiss	ion Filers)
21		JLE SUBTOTALS IF SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4.		SCHEDULE E: LOANS		\$	0.00
5.		SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	1,005.33
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$	0.00
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0.00
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	0.00	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	Legal Services Salaries/V The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ry not listed above)
1 Total pages Schedule F1:	2 FILER NAME James M. Reed		3 Filer ID (Ethics	Commission Filers)
4 Date 05/13/2025	5 Payee name Karen Reed			
1,005.33	7 Payee address; 1006 13th Street, Blanco, TX 78606	City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Loan Repayment	loan repaymer	nt	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	-	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
		 Complete only if "Report Type" on page 1 is marked "Final 	l Report" ↔			
1	C/OH N	James M. Reed	2 Filer ID (Ethics Commission Filers)			
3	SIGNA					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
		Signatur	re of Candidate / Officeholder			
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.					
	A.	CAMPAIGN FUNDS				
	Chec	only one:				
	X	I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.			
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B.	ASSETS				
	Check only one:					
	M	I do not retain assets purchased with political contributions or interest or other income	e from political contributions.			
		I do retain assets purchased with political contributions or interest or other income fro that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to			
5		HOLDER olete this section <i>only</i> if you are an officeholder ••				
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		Sig	gnature of Officeholder			