CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST 3 CANDIDATE/ MS / MRS OFFICE USE ONLY **OFFICEHOLDER** 55C NAME SUFFIX NICKNAME ZIP CODE 4 CANDIDATE/ **OFFICEHOLDER** MAILING **ADDRESS** ADMINISTRATION DEPARTMENT CITY OF HARKER HEIGHTS, TEXAS Change of Address EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MI 6 CAMPAIGN MS / MRS (MR) **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) **EXTENSION** CAMPAIGN **TREASURER** PHONE REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit Day 10 PERIOD Month Dav Year COVERED 2025 **THROUGH** ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Day Year Description Special 13 OFFICE SOUGHT (if known) 12 OFFICE puncil Member 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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)
17 CONTRIBUTION TOTALS	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.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7004.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	* 1520.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 10,890.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	didate or Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEA	-	
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 cath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is <u>esse</u>	L. Myles III and my date of birth is	
My address is		
Executed in	(street) (city) (street) (county, State of Texas, on the 11th day of (month)	ate) (zip code) (country) 1
	Signature of Candida	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$ 10,890.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	\$ 7004.64	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 7004.04
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards cal Committee Legal Service	rage Expense s/Memorials Expense	Office Overt Polling Expo Printing Exp Salaries/Wa	pense ages/Contract Labor	Travel in District Travel Out Of Distri	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME	e L. Myl	es II	.7	3 Filer ID (Ethic	cs Commission Filers)
4 Date 4-28-25	5 Payee name	^ '	paia	hs		
6 Amount (\$) \$719.86	7 Payee address;		low L	City:	State;	Zip Code
8	(a) Category (See Category	ories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Consultar	ig Expens	15	Campa	ign Mo	inager
	(C) Check if travel	outside of Texas. Complete So	chedule T.		n, TX, officeholder livin	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Office	holder name		Office sought		Office held
Pate 4-28-25	ZUI9 #	m Harg	prove	,		
Amount (\$)	Payee address; 3610 Brue	der in	Kilh	cen itx	State; 76549	Zip Code
PURPOSE OF EXPENDITURE	Advertisiv	ies listed at the top of this so 19 Expen outside of Texas. Complete Sci	se	Description T- Shir	ts	a ovageo
Complete ONLY if direct	Candidate / Officeh			Office sought	, IA, Olliconologi hang	Office held
Complete ONLY if direct expenditure to benefit C/OH		loidoi mamo				
Date	Payee name	•				
4-28-25	Black Be	ar Dine	er			
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	Category (See Categorie		* 1	Description		
PURPOSE OF EXPENDITURE	Food/Bevera	age Expen	1se	Meeting	3	
	Check if travel or	utside of Texas, Complete Sch	redule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officel	nolder name		Office sought		Office held
	ATTACH ADD	ITIONAL COPIES (OF THIS SO	CHEDULE AS NEED	DED	

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 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)

Crout Card Paymont	The instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1: 2 of 4	2 FILER NAME JESSE L. MYLES III	_	3 Filer ID (Ethics	Commission Filers)
4-Pate 4-28-25	Campaign Partne	r		
6 Amount (\$)	P.O. BOX 118 Still River	City;	State;	Zip Code
\$52.00	MA. 01467			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Website	<u>.</u>	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
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Amount (\$)	2206 W. Stan Schluete	City;	State;	Zip Code
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4501. 13	Killeen. TX 76549			
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Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Payee name		· · · · · · · · · · · · · · · · · · ·	
5-2-25	Text to Survey			
Amount (\$)	Payee address; 1527. S. Cooper St	City;	State;	Zip Code
\$263.75	1	, A		
7 24 01	Arlington, TX 7601	Description		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
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	Check if travel obsette of Texas. Complete Schedule T.		n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDIT	URE CATEG	ORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	3y	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction	als Expense	Office Overt Polling Expo Printing Exp Salaries/Wa		Travel In District Travel Out Of Distri	oment & Related Expense
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6 Amount (\$)	7 Payee add	iress; 3. 315+	(+.		City;	State;	Zip Code
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\$52.00	P.O. Stil	Box 112 11 Rive	. 1	A ()	1467		
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Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder	name		Office sought		Office held
	ATTA	CH ADDITION	AL COPIES O	F THIS S	CHEDULE AS NEE	DED	

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politic Credit Card Payment	al Committee	Legal Service			Vages/Contract Labor	Other (enter a categ	ory not listed above)
Credit Cald Payment		The Instri	uction Guide exp	lains how to c	complete this form.		
1 Total pages Schedule F1:	2 FILER N	IAME SSC	L. My	Les	皿	3 Filer ID (Ethic	s Commission Filers)
4 Date 4 - 24 - 25	5 Payee na	ame MD0	uan	Part	ner		
\$ 52.00	7 Payee as P. 0.	ddress;! Box fill	118 River	, MA	city; 01467	State;	Zip Code
8	(a) Categor	y (See Categor	ies listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adver	tisina	g Expe	nse.	Webs	ite	
	(c)	Check if travel or	side of Texas. Comple	ete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OI		late / Officeh	older name		Office sought		Office held
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SCHEDULE G

		EXPENDITURI	E CATEGORIE!	S FOR BOX 8(a)		
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4 Date 4-28-25	5 Payee nam	ctive Car	1paign	S		
6 Amount (\$) \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Desert Ni	•	P City:	State;	Zip Code
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Date 4-28-25	Payee nam	140,	10			
Amount (\$) \$ \ \(\psi_2\) \(\pa_2\) \(\pa_3\) \(\psi_4\) Reimbursement from political contributions intended			LN	City;	State;	Zip Code
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H-28-25		k Bear I) iner			
Amount (\$) \$ (2.1) Reimbursement from		. Central			State;	Zip Code
political contributions intended		Ker Height		Υ		
PURPOSE OF EXPENDITURE	Food 1B	See Categories listed at the top Severage Service of Four Services of Four Services	xpensa	Description Meetin	9	
		neck if travel outside of Texas. Cor	mplete Schedule 1.		TX, officeholder living expe	
complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidat	te / Officeholder name	,	Office sought	0	Office held
	ATTAC	H ADDITIONAL COF	PIES OF THIS S	CHEDULE AS NEEDE	 ∄D	

SCHEDULE G

		EXPENI	DITURE CATE	GORIES	FOR BOX 8(a	a)			
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4 Date 4 - 28 - 25	5 Payee nam	ne	n Part						
6 Amount (\$) \$52.00 Reimbursement from	1 *	30× 119		2	Cit	ty;	Si	tate;	Zip Code
political contributions intended	Still	River	r, MA	0 141	e7				
8 PURPOSE OF EXPENDITURE			EXPENS		(b) Descriptio		·		
	(c) c	heck if travel outside	of Texas, Complete Sch	nedule T.	Check	If Austin, T	TX, officeholder	living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officehold	ler name		Office sought				Office held
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Amount (\$) \$301.73 Reimbursement from political contributions	1	w. st	an Schl X 7654	•	ev Lov	ý. P	St	tate;	Zip Code
PURPOSE OF		(See Categories list	ted at the top of this sci	chedule)	Description		lailer	 ۲	
EXPENDITURE			of Texas. Complete Scho			•	TX, officeholder		ense
Complete ONLY if direct expenditure to benefit C/O	Candida	ite / Officehold	 		Office sought				ffice held
Date 5-2-25	Payee name	-	Survey						
Amount (\$) \$ 263.75 Reimbursement from political contributions intended		-	Survey er St iTx760		City;		State) ;	Zip Code
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Complete ONLY if direct expenditure to benefit C/OH		te / Officeholde	<u>.</u>		Office sought		, 61100111111111111111111111111111111111		ffice held
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SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Polling Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 30F4 5 Payee name Paper Graphics 7 Payee address; 904 S. 31St Street Amount (\$) 5,041.49 Zip Code City; State: Reimbursement from political contributions Temple TX 76504 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Political Mailers OF Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Text to Survey 1527 S. Cooper St 5-14-25 City: State: Zip Code Arlington, TX 76010 Category (See Categories listed at the top of this schedule) Description PURPOSE Text Messages dvertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Campaign Partner Payee address; 5-27-25 Amount (\$) Zip Code City; State: Reimbursement from political contributions Still River, MA 01467 Category (See Categories listed at the top of this schedule) Description PURPOSE Website dvertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE G

		EXPENDITU	RE CATEGORIE	S FOR B	OX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction G	Office (se Polling Expense Printing	Overhead/Re Expense JExpense s/Wages/Co	eimbursement ental Expense entract Labor e this form.	Solicitation/Fundralsis Transportation Equipi Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
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4 Date 4 - 24 - 25	5 Payee nar	me M Daia N	Partne				
6 Amount (\$) #52.00 Reimbursement from political contributions	Payee add	dress; BOX 118 1 River.	MA DI	1167	City;	State;	Zip Code
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	ATTAC	CH ADDITIONAL C	OPIES OF THIS S	CHEDUL	E AS NEEDE	.D	



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

Date Received

Date Processed

Date Imaged

An exemption affidavit must be submitted with each paper report.

Date Hand-delivered or Date Postmarked

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Receipt # Amount \$

OFFICE USE ONLY

Filer name		Filer ID #	
	esse, L. Myles III		

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>Vemi-Annual</u> report due on <u>JUIV 15, 2026</u>. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit Signature of Filer NOTARY STAMP/SEAL Swom to and subscribed before me by day of_ , 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 (2) Unsworn Declaration esse L. Myles III My name is 1 and my date of birth is (country) County, State of LEXAS Executed in Signature of Filer (Declarant) FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER