

# 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: 2

|   |  |   |
|---|--|---|
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR: <u>Mr.</u> FIRST: <u>Rickey</u> MI: <u>A</u><br>NICKNAME: <u>Rick</u> LAST: <u>Bailey</u> SUFFIX:   | <b>OFFICE USE ONLY</b><br>Date Received: <u>2024 JUL 12 A 8:37</u><br>FILED<br>APRIL LOUIS<br>COUNTY CLERK<br>JOHNSON COUNTY TEXAS<br>Date Hand-delivered or Date Postmarked:<br>Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____ |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>9500 Valleyview Trail</u><br><u>Rio Vista, Texas 76093</u>  |   |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION<br><u>(817) 648-1356</u>  |   |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR: <u>Mr.</u> FIRST: <u>Newton</u> MI: <u>H</u><br>NICKNAME: <u>HOWARD</u> LAST: <u>Dudley</u> SUFFIX:   |   |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>P.O. Box 139 Cleburne, TX. 76033</u>   |   |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION<br><u>(817) 648-6088 4106</u>   |   |
| <b>9 REPORT TYPE</b>  | <input 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 checked="" 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)   |   |
| <b>10 PERIOD COVERED</b>  | Month Day Year    THROUGH    Month Day Year<br><u>1 / 1 / 24</u> <u>6 / 30 / 24</u>  |   |
| <b>11 ELECTION</b>  | ELECTION DATE: Month Day Year <u>11 / 7 / 24</u><br>ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special   |   |
| <b>12 OFFICE</b>  | OFFICE HELD (if any): <u>County Commissioner</u>   | <b>13 OFFICE SOUGHT (if known)</b>  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages   | 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.<br>COMMITTEE TYPE: <input type="checkbox"/> GENERAL    COMMITTEE NAME: _____<br><input type="checkbox"/> SPECIFIC    COMMITTEE ADDRESS: _____<br>COMMITTEE CAMPAIGN TREASURER NAME: _____<br>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  | 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.  | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$                                     |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 2,045. <sup>22</sup>                |
| 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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rick Bailey this the 12 day of July, 2024, to certify which, witness my hand and seal of office.

[Signature] Keli Pack Notary  
Signature of officer administering oath Printed name of officer administering oath 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)

1875  
MAY 10  
1875