

# 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)<br><b>461399695</b> | 2 Total pages filed:<br><b>5</b>   |  |  |
| 3 CANDIDATE / OFFICEHOLDER NAME                                |  | MS / MRS / MR<br>MS<br>NICKNAME   | FIRST<br><i>Vicki</i><br>LAST<br><i>Vines</i>  | ML<br><i>R.</i><br>SUFFIX                                 | OFFICE USE ONLY  |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     |  | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><i>1022 Stonewall Dr.<br/>San Angelo, TX 76905</i>  |  |   |  |  |  |
| 5 CANDIDATE/ OFFICEHOLDER PHONE                                |  | AREA CODE<br><i>(325)</i>   | PHONE NUMBER<br><i>7639868</i>   | EXTENSION   | Date Hand-delivered or Date Postmarked   |  |  |
| 6 CAMPAIGN TREASURER NAME                                      |  | MS / MRS / MR<br>MS<br>NICKNAME   | FIRST<br><i>Trudy</i><br>LAST<br><i>Cole</i>   | MI<br>SUFFIX  | Receipt #   Amount \$  |  |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)        |  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><i>500 S. Madison<br/>San Angelo, TX 76901</i>   |  |   |  |  |  |
| 8 CAMPAIGN TREASURER PHONE                                     |  | AREA CODE<br><i>(325)</i>   | PHONE NUMBER<br><i>2121655</i>   | EXTENSION   |  |  |  |
| 9 REPORT TYPE  |  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit  |  |   | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> Final Report (Attach C/OH - FR) |  |  |
| 10 PERIOD COVERED  |  | Month<br><i>7/1/25</i>  | Day  | Year  | Month<br><i>12/31/25</i>   |  |  |
| 11 ELECTION  |  | ELECTION DATE<br><i>3/3/26</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)<br><i>District Clerk</i>   | 13 OFFICE SOUGHT (if known)<br><i>District Clerk</i>   |   |  |  |  |
| 14 NOTICE FROM POLITICAL 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<br><input type="checkbox"/> SPECIFIC   |  |   | COMMITTEE ADDRESS  |  |  |
|  |  |   |  |   | COMMITTEE CAMPAIGN TREASURER NAME  |  |  |
|  |  |   |  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |  |  |

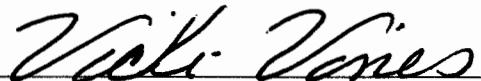
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                            |   |           |  |           |
|----------------------------|---|-----------|--|-----------|
| 15 C/OH NAME               | Vicki Vines   |           | 16 Filer ID (Ethics Commission Filers) | 461399695 |
| 17 CONTRIBUTION<br>TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0      |  |           |
|                            | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 750 00 |  |           |
| EXPENDITURE<br>TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0      |  |           |
|                            | 4. TOTAL POLITICAL EXPENDITURES   | \$ 750 00 |  |           |
| CONTRIBUTION<br>BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0      |  |           |
|                            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0      |  |           |
| OUTSTANDING<br>LOAN TOTALS |   |           |  |           |

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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

OR

(2) Unsworn Declaration

My name is Vicki Vines, and my date of birth is 11/25/60.  
My address is 1022 Stonewall San Angelo, TX 76905 Tom Green

Executed in Tom Green County, State of Texas, on the 20th day of Jan., 2086.

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|  |  |
|--|--|
| 19 FILER NAME  | 20 Filer ID (Ethics Commission Filers) |
| <i>Wicki Vines</i>   | <i>461399695</i>                       |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT                     |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                               | \$ <i>750 00</i>                       |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                            | \$                                     |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS  | \$                                     |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                  | \$                                     |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS                 | \$                                     |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  | \$                                     |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                 | \$ <i>750 00</i>                       |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH           | \$                                     |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>TO FILER | \$                                     |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## 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   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule G:<br>1  | 2 FILER NAME:<br><i>Vicki R. Vines</i>   | 3 Filer ID (Ethics Commission Filers):<br><i>461399695</i> |
| 4 Date:<br><i>11/8/2025</i>   | 5 Payee name:<br><i>Vicki R. Vines</i>   |  |
| 6 Amount (\$):<br><br><input type="checkbox"/> Reimbursement from political contributions intended  | 7 Payee address:<br><br><i>1022 Stonewall Dr. San Angelo TX 76905</i>  | City: _____ State: _____ Zip Code: _____                   |
| <input checked="" type="checkbox"/> Check if individual's residence address.  |  |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><br><i>Fees</i>  | (b) Description<br><br><i>Filing Fees</i>                  |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense. |  |
| 9 Candidate / Officeholder name<br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Office sought _____ Office held _____                      |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code                                      |
| <input type="checkbox"/> Reimbursement from political contributions intended<br><br><input type="checkbox"/> Check if individual's residence address. |  |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense      |  |
| Candidate / Officeholder name<br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Office sought _____ Office held _____                      |
| Date  | Payee name   |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code                                      |
| <input type="checkbox"/> Reimbursement from political contributions intended<br><br><input type="checkbox"/> Check if individual's residence address. |  |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)   | Description  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense      |  |
| Candidate / Officeholder name<br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Office sought _____ Office held _____                      |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|   |   |   |
|---|---|---|
| The Instruction Guide explains how to complete this form.   |   | 1 Total pages Schedule A1:<br>1   |
| <b>2 FILER NAME</b><br><i>Vicki Vines</i>   |   | <b>3 Filer ID (Ethics Commission Filers)</b><br><i>461399695</i>  |
| <b>4 Date</b><br><i>11/8/25</i>   | <b>5 Full name of contributor</b><br><i>Vicki Vines</i> | <b>6 Contributor address;</b><br><b>7 Amount of contribution (\$)</b><br><i>1022 Stonewall San Angelo, TX 76905</i> |
| <b>8 Principal occupation / Job title (See Instructions)</b>  |   | <b>9 Employer (See Instructions)</b>  |
| <b>Date</b><br><br><b>Full name of contributor</b><br><br><b>Contributor address;</b><br><b>City;</b><br><b>State;</b><br><b>Zip Code</b> |   | <b>Amount of contribution (\$)</b>  |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>  |
| <b>Date</b><br><br><b>Full name of contributor</b><br><br><b>Contributor address;</b><br><b>City;</b><br><b>State;</b><br><b>Zip Code</b> |   | <b>Amount of contribution (\$)</b>  |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>  |
| <b>Date</b><br><br><b>Full name of contributor</b><br><br><b>Contributor address;</b><br><b>City;</b><br><b>State;</b><br><b>Zip Code</b> |   | <b>Amount of contribution (\$)</b>  |
| <b>Principal occupation / Job title (See Instructions)</b>  |   | <b>Employer (See Instructions)</b>  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.