

# 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<br>Elizabeth Waters  | FIRST   | MI  | OFFICE USE ONLY  |                                 |   |
|  | NICKNAME   | LAST  | SUFFIX  | Date Received  |                                 |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS                          | ADDRESS / PO BOX:  | APT / SUITE #:  | CITY:   | STATE: ZIP CODE  |                                 |   |
| At 1:29, o'clock P M<br>M. Mays<br>JAN 14 2026                               |  |   |   |  |                                 |   |
| <input type="checkbox"/> Change of Address                                   |  |   |   |  |                                 |   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  | AREA CODE  | PHONE NUMBER  | EXTENSION   |  |                                 |   |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR<br>Elizabeth Waters  | FIRST   | MI  | Freestone County Elections<br>Date Hand-delivered or Date Postmarked                             |                                 |   |
|  | NICKNAME   | LAST  | SUFFIX  | Freestone County, Texas  |                                 |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br><small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #:  |   | CITY:   | STATE: ZIP CODE  |                                 |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE  | 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<br>treasurer appointment<br>(Officeholder Only) |                                 |   |
|  | <input type="checkbox"/> July 15   | <input type="checkbox"/> 8th day before election                | <input type="checkbox"/> Exceeded Modified<br>Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR)   |                                 |   |
| 10 PERIOD<br>COVERED   | Month<br>1   | Day<br>1  | Year<br>/ 2026  | Month<br>12  | Day<br>/ 31                     | Year<br>/ 2026                                |
| 11 ELECTION  | ELECTION DATE  |   |   | ELECTION TYPE  |                                 |   |
|  | Month<br>03  | Day<br>/ 03   | Year<br>/ 2026  | <input checked="" type="checkbox"/> Primary  | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other<br>Description |
| 12 OFFICE  | OFFICE HELD (if any)<br>N/A  |   |   | 13 OFFICE SOUGHT (if known)  |                                 |   |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                                  | <small>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.</small> |   |   |  |                                 |   |
| <input type="checkbox"/> Additional Pages                                    | COMMITTEE TYPE   | COMMITTEE NAME<br>Freestone County Republican Party Precinct #1 |   |  |                                 |   |
|  | <input checked="" type="checkbox"/> GENERAL  | COMMITTEE ADDRESS   |   |  |                                 |   |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME<br>Elizabeth Waters           |   |  |                                 |   |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |   |  |                                 |   |
|  | <small>520 E. Main Street, Suite 100, Freestone County, TX 75940</small>   |   |   |  |                                 |   |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

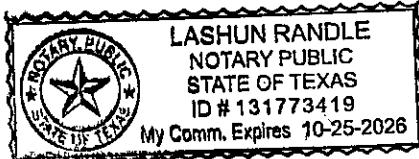
|                        |   |                                      |
|------------------------|---|--------------------------------------|
| 15 C/OH NAME           | Elizabeth Waters  | 16 File ID (Ethics Commission Filer) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                 |
|                        | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 0                                 |
| EXPENDITURE TOTALS     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ 0                                 |
|                        | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0                                 |
| CONTRIBUTION 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                                 |

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.

*Elizabeth Waters* *Elizabeth Waters*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Elizabeth Waters this the 14 day of January 20 2026 to certify which, witness my hand and seal of office.

*Lashun Randle* Signature of officer administering oath

Lashun Randle Printed name of officer administering oath

Notary Processor 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)

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

|  |   |
|--|---|
| <b>19</b> FILER NAME   | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |   |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  |   |
| 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 checked="" 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                            |   |
| 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 |   |