

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 / OFFICEHOLDER NAME MS / MRS <input checked="" type="checkbox"/> MR FIRST NAME: Eric LAST NAME: Souder NICKNAME: _____ MI: G SUFFIX: _____		OFFICE USE ONLY Date Received: _____ <div style="border: 1px solid black; padding: 5px; text-align: center;"> FILED FOR RECORD 15th DAY OF Jan YR 2021 IRENE ESPINOZA, COUNTY CLERK BAILEY COUNTY, TEXAS </div> Receipt # _____ Amount \$ _____ Date Processed: _____ Date Imaged: _____			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX: 2930 CR 138 APT / SUITE #: _____ CITY: Sudan STATE: TX ZIP CODE: 79371		AREA CODE: (806) PHONE NUMBER: 393-4144 EXTENSION: _____			
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE: (806) PHONE NUMBER: 393-4144 EXTENSION: _____		6 CAMPAIGN TREASURER NAME MS / MRS <input checked="" type="checkbox"/> MR FIRST NAME: Eric LAST NAME: Souder NICKNAME: _____ MI: G SUFFIX: _____			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): 2930 CR 138 APT / SUITE #: _____ CITY: Sudan STATE: TX ZIP CODE: 79371		AREA CODE: (806) PHONE NUMBER: 393-4144 EXTENSION: _____			
8 CAMPAIGN TREASURER PHONE AREA CODE: (806) PHONE NUMBER: 393-4144 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 treasurer appointment (Officeholder Only) <input 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)			
10 PERIOD COVERED Month Day Year: 10 / 27 / 25 THROUGH Month Day Year: 12 / 31 / 25		11 ELECTION ELECTION DATE: 10 / 27 / 25 ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE OFFICE HELD (if any): Commissioner Precinct 4		13 OFFICE SOUGHT (if known) Commissioner Precinct 4			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE NAME: _____ COMMITTEE ADDRESS: _____ COMMITTEE CAMPAIGN TREASURER NAME: _____ COMMITTEE CAMPAIGN TREASURER ADDRESS: _____		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.			

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)

\$ 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

OUTSTANDING
LOAN TOTALS

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.

Eric Sauder

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 Eric Sauder, and my date of birth is 7-6-82

My address is 2920 CA 138 (street), Sudan (city), TX (state), 79371 (zip code), U.S. (country)

Executed in Bailey County, State of Texas, on the 15 day of Jan, 20 26

Eric Sauder
Signature of Candidate/Officeholder (Declarant)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Eric Souder	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 81.14
5 CREDIT CARD ISSUER	Name of financial institution Wellington State Bank	
6 PAYMENT	(a) Amount Charged \$ 81.14	(b) Date Expenditure Charged 12-15-25
(c) Date(s) Credit Card Issuer Paid 12-15-25		
7 PAYEE	(a) Payee name Lobo Graphics	(b) Payee address; City, State, Zip Code 607 Ave G Levenand TX 79336
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(b) Description Signs (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Eric Souder	
Office Sought Commissioner Pre 4		Office Held Commissioner Pre 4
PAYMENT	(a) Amount Charged \$ 81.14	(b) Date Expenditure Charged 12-15-25
(c) Date(s) Credit Card Issuer Paid 12-15-25		
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Eric Souder	
Office Sought Commissioner Pre 4		Office Held Commissioner Pre 4

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME <u>Eric Souder</u>		3 Filer ID (Ethics Commission Filers)	
4 Date		5 Payee name <u>Lobo Graphics</u>			
6 Amount (\$)		7 Payee address; City; State; Zip Code <u>607 Ave G</u> <u>Levelland TX</u> <u>79336</u>			
<input type="checkbox"/> Reimbursement from political contributions intended					
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Signs</u>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held <u>Eric Souder</u> <u>Commissioner Pre 4</u> <u>Commissioner Pre 4</u>			
Date	Payee name <u>Lobo Graphics</u>				
Amount (\$)	Payee address; City; State; Zip Code <u>607 Ave G</u> <u>Levelland TX</u> <u>79336</u>				
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