

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 Eric	MI G.			
	NICKNAME	LAST Sowder	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2930 CR138	APT / SUITE #; CITY: Sudan	STATE: TX ZIP CODE: 79371			
<input type="checkbox"/> Change of Address FILED FOR RECORD 15th DAY OF Jan YR 2021 At Hand-delivered or Mailed P.M. 10:00 A.M. IRENE ESPINOZA, COUNTY CLERK BAILEY COUNTY, TEXAS						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 393-4144	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR.	FIRST Eric	MI G.			
	NICKNAME	LAST Sowder	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 2930 CR138 CITY: Sudan STATE: TX ZIP CODE: 79371					
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 10	Day 27	Year 2025	Month 12	Day 31	Year 2025
11 ELECTION	ELECTION DATE Month 10 Day 22 Year 2025	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			ELECTION TYPE	
12 OFFICE	OFFICE HELD (if any) Commissioner Precinct 4	13 OFFICE SOUGHT (if known) Commissioner Precinct 4				
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		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		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN 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
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
	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.

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 Soulder, and my date of birth is 7-6-82.
 My address is 2920 C.R. 138, Sudan, TX, 79371, U.S.
 (street) (city) (state) (zip code) (country)

Executed in Bailey, County, State of Texas, on the 15 day of Jan, 20 26.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SCHEDULE F4

EXPENDITURES MADE BY CREDIT CARD

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

EXPENDITURE CATEGORIES FOR BOX 10(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/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <u>Eric Souder</u>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ <u>81.19</u>
5 CREDIT CARD ISSUER	Name of financial institution <u>Wellington State Bank</u>		
6 PAYMENT	(a) Amount Charged <u>\$ 81.19</u>	(b) Date Expenditure Charged <u>12-15-25</u>	(c) Date(s) Credit Card Issuer Paid <u>12-15-25</u>
7 PAYEE	(a) Payee name <u>Lobo Graphics</u>	(b) Payee address; <u>607 Ave G Leversand TX 79336</u>	City, State, Zip Code
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 <u>Eric Souder</u>		Office Sought <u>Commissioner Pre 4</u> Office Held <u>Commissioner Pre 4</u>
PAYMENT	(a) Amount Charged <u>\$ 81.19</u>	(b) Date Expenditure Charged <u>12-15-25</u>	(c) Date(s) Credit Card Issuer Paid <u>12-15-25</u>
PAYEE	(a) Payee name <u>Lobo Graphics</u>	(b) Payee address; <u>607 Ave G Leversand TX 79336</u>	City, State, Zip Code
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Eric Souder</u>		Office Sought <u>Commissioner Pre 4</u> Office Held <u>Commissioner Pre 4</u>
PAYMENT	(a) Amount Charged <u>\$ 81.19</u>	(b) Date Expenditure Charged <u>12-15-25</u>	(c) Date(s) Credit Card Issuer Paid <u>12-15-25</u>
PAYEE	(a) Payee name <u>Lobo Graphics</u>	(b) Payee address; <u>607 Leversand Tx 79336</u>	City, State, Zip Code
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Eric Souder</u>		Office Sought <u>Commissioner Pre 4</u> Office Held <u>Commissioner Pre 4</u>

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)

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1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	407 Ave G	Levelland TX 79336
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 Office sought Office held	
	Eric Souder Commissioner Atty Commissioner Atty	
Date	Payee name	
	Lobo Graphics	
Amount (\$)	Payee address:	
<input type="checkbox"/> Reimbursement from political contributions intended	607 Ave G	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
	Eric Souder Commissioner Atty Commissioner Atty	
Date	Payee name	
	Lobo Graphics	
Amount (\$)	Payee address:	
<input type="checkbox"/> Reimbursement from political contributions intended	607 Ave G	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
	Eric Souder Commissioner Atty Commissioner Atty	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		