

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="radio"/> MR	FIRST <i>Vincent</i>	MI <i>C</i>
	NICKNAME	LAST <i>Svec</i>	SUFFIX <i>Jr</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 386 Snook TX 77878</i>		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>324-4515</i>
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST <i>Vincent</i>	MI <i>C</i>
	NICKNAME	LAST <i>Svec</i>	SUFFIX <i>Jr</i>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>PO Box 386 Snook TX 77878</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>324-4515</i>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input checked="" 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 <i>11</i>	Day <i>19</i>	Year <i>25</i>
		THROUGH	Month <i>12</i>
			Day <i>3</i>
			Year <i>25</i>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month <i>3</i>	Day <i>5</i>	Year <i>26</i>
		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff
		<input type="checkbox"/> General	<input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any) <i>County Commissioner Pet 2</i>	13 OFFICE SOUGHT (if known) <i>County Commissioner Pet 2</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received **FILED**
at *10:30* o'clock *A* M

DEC 8 2025

ANNA L. SCHIELACK
COUNTY CLERK, BURLESON CO., TEX.
By *[Signature]* Deputy

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$

Date Processed

Date Imaged

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Vincent Svec Sr</u>		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)	\$ <u>0-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0-</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>750</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>750</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0-</u>

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.

Vincent Svec Sr

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Vincent Svec Sr this the 8 day of DECEMBER, 2025 to certify which, witness my hand and seal of office.

Mimsey Cordova MIMSEYCORDOVA 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)