CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST МΙ 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MR. **DAVID** NAME Date Received SUFFIX NICKNAME LAST CHO COUN **DILLARD** RECEIVED 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE ZIP CODE **OFFICEHOLDER** JUL 0 8 2025 MAILING **ADDRESS** EDEN, TEXAS 76837 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** and delivered or Date **OFFICEHOLDER** (325)PHONE Amount \$ Receipt # MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged SAME AS ABOVE STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: ZIP CODE CAMPAIGN **TREASURER** SAME AS ABOVE **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE SAME AS ABOVE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year 10 PERIOD Month COVERED 15 25 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Year Description General Special . OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE COUNTY JUDGE 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME DAVID DILLARD			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)		\$	0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00

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 har	d and seal of office.		
Signature of officer administering oath	Printed name of officer administering oath	and the second second second	Title of officer administering oath
	OR		
(2) Unsworn Declaration			
My name is DAVID DILLARD My address is	, and my date	e of birth is TX	76837 US
(stree	te of TEXAS , on the day	y of (state) (morth) re of Candidate/O	(zip code) (country) , 20 5 (year). Officeholder (Declarant)