

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 / MR	FIRST <i>Mrs. Chelsea</i>	MI <i>M.</i>	OFFICE USE ONLY Date Received FILED at <u>11:04 A M</u> <u>11/6</u> , 20 <u>26</u> CHELSA ARMENDARIZ, Clerk <u>CO</u> Court, Mason County, Texas <u>By</u> <u>Saria Martinez</u>		
	NICKNAME	LAST <i>Armendariz</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY:	STATE;	ZIP CODE	
<i>5474 W. Simonsville Rd. Mason, Tx 76856</i>						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER <i>(432) 940-0713</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Mrs. Chelsea</i>	MI <i>M</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Hand-delivered or Date Postmarked Date Processed Date Imaged		
	NICKNAME	LAST <i>Armendariz</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			CITY:	STATE: ZIP CODE	
<i>5474 W. Simonsville Rd. Mason, Tx 76856</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER <i>(432) 940-0713</i>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit		<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month <i>07</i>	Day <i>01</i>	Year <i>25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>26</i>
11 ELECTION	ELECTION DATE Month Day Year <i>03 / 03 / 2026</i>		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) <i>District & County Clerk</i>			13 OFFICE SOUGHT (if known) <i>District & County Clerk</i>		
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	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
FILED at <u>11:04 A M</u> <u>11/6</u> , 20 <u>26</u> CHELSA ARMENDARIZ, Clerk <u>CO</u> Court, Mason County, Texas <u>By</u> <u>Saria Martinez</u>						

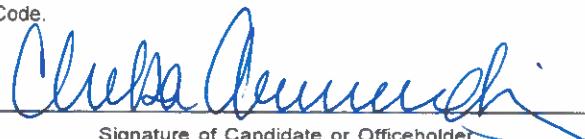
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
Chelsea Armendariz		
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.	\$ 750 ⁰⁰
	4. TOTAL POLITICAL EXPENDITURES	\$ 750 ⁰⁰
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

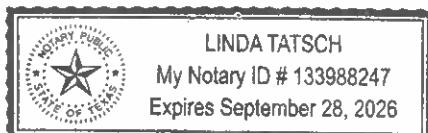
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Chelsea Armendariz this the 6 day of January,

20 2026, to certify which, witness my hand and seal of office.

Linda Tatsch

Signature of officer administering oath

Linda Tatsch

Printed name of officer administering oath

Notary Public

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)