

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>2</u>							
3 CANDIDATE NAME	MS / MRS / MR <u>Wanda</u> NICKNAME LAST <u>Rueffler</u>			MI <u>C.</u> SUFFIX	OFFICE USE ONLY							
4 CANDIDATE ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <u>10116 E. State Hwy. 29 Apt Tx 76820</u>			Date Received <u>FILED at 12:35 PM 11/13/2026</u>								
5 CANDIDATE PHONE	AREA CODE <u>(972)</u>	PHONE NUMBER <u>345-2046</u>	EXTENSION	CHELSA ARMENDARIZ, Clerk Co. Court, Mason County, Texas By <u>Chelsea Armendariz</u>								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST <u>Wanda</u> LAST <u>Rueffler</u>	MI <u>C.</u> SUFFIX	Date Hand-delivered or Date Postmarked Receipt # <u></u> Amount \$ <u></u>								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <u>10116 E. State Hwy. 29 Apt, Tx. 76820</u>			Date Processed Date Imaged								
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(972)</u>	PHONE NUMBER <u>345-2046</u>	EXTENSION									
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election			<input type="checkbox"/> Runoff <input type="checkbox"/> Final report (Attach SC C/OH - FR)								
10 PERIOD COVERED	Month <u>11</u>	Day <u>01</u>	Year <u>25</u>	Month <u>12</u>	Day <u>31</u>							
11 CONVENTION / ELECTION DATE	Month <u>03</u>	Day <u>03</u>	Year <u>2026</u>	12 OFFICE SOUGHT <u>Republican Co. Chair</u>	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR							
13 POLITICAL PARTY	COUNTY (If Applicable) <u>Republican</u> <u>Mason</u>											
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p>THIS BOX IS FOR NOTICE OF 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.</p> <table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE <input type="checkbox"/> Additional Pages</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>					COMMITTEE TYPE <input type="checkbox"/> Additional Pages	COMMITTEE NAME	<input type="checkbox"/> GENERAL	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	
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	<input type="checkbox"/> SPECIFIC											
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COMMITTEE CAMPAIGN TREASURER ADDRESS												

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**STATE / COUNTY CHAIR
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH
COVER SHEET PG 2**

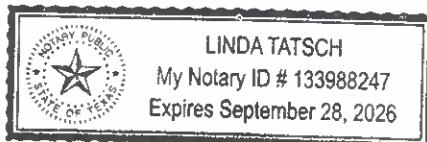
15 CANDIDATE NAME	16 Filer ID (Ethics Commission Filers)	
<i>Wanda C. Rueffer</i>		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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.

Wanda C. Rueffer
Signature of Candidate

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Wanda Rueffer this the 13 day of January.

20 25, 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 (Declarant)