

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: 5 | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px dotted black;">MS / MRS / MR</td> <td style="width:20%; border-bottom: 1px dotted black;">FIRST</td> <td style="width:20%; border-bottom: 1px dotted black;">MI</td> <td colspan="2"></td> </tr> <tr> <td>MRS</td> <td>LELA SUMMER</td> <td></td> <td colspan="2"></td> </tr> <tr> <td style="border-bottom: 1px dotted black;">NICKNAME</td> <td style="border-bottom: 1px dotted black;">LAST</td> <td style="border-bottom: 1px dotted black;">SUFFIX</td> <td colspan="2"></td> </tr> <tr> <td></td> <td>LOVELACE</td> <td></td> <td colspan="2"></td> </tr> </table> | | MS / MRS / MR | FIRST | MI | | | MRS | LELA SUMMER | | | | NICKNAME | LAST | SUFFIX | | | | LOVELACE | | | | OFFICE USE ONLY Date Received <div style="color: red; font-size: 1.2em;">JAN - 6 2026</div> Date Hand-delivered or Date Postmarked <div style="color: red; font-size: 1.2em;">JAN - 6 2026</div> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px dotted black;">Receipt #</td> <td style="width:50%; border-bottom: 1px dotted black;">Amount \$</td> </tr> <tr> <td>N/A</td> <td>N/A</td> </tr> </table> Date Processed - <div style="color: red; font-size: 1.2em;">JAN - 6 2026</div> Date Imaged - <div style="color: red; font-size: 1.2em;">JAN - 6 2026</div> | Receipt # | Amount \$ | N/A | N/A |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | |
| MRS | LELA SUMMER | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | | | | | |
| | LOVELACE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dotted black;">ADDRESS / PO BOX;</td> <td style="width:10%; border-bottom: 1px dotted black;">APT / SUITE #;</td> <td style="width:10%; border-bottom: 1px dotted black;">CITY;</td> <td style="width:10%; border-bottom: 1px dotted black;">STATE;</td> <td style="width:10%; border-bottom: 1px dotted black;">ZIP CODE</td> </tr> <tr> <td>PO BOX 971</td> <td></td> <td>PLAINS TX</td> <td></td> <td>79355</td> </tr> </table> | | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | PO BOX 971 | | PLAINS TX | | 79355 | | | | | | | | | | | | | | | |
| ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | |
| PO BOX 971 | | PLAINS TX | | 79355 | | | | | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px dotted black;">AREA CODE</td> <td style="width:30%; border-bottom: 1px dotted black;">PHONE NUMBER</td> <td style="width:20%; border-bottom: 1px dotted black;">EXTENSION</td> </tr> <tr> <td>(806)</td> <td>592-1105</td> <td></td> </tr> </table> | | AREA CODE | PHONE NUMBER | EXTENSION | (806) | 592-1105 | | | | | | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | |
| (806) | 592-1105 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px dotted black;">MS / MRS / MR</td> <td style="width:20%; border-bottom: 1px dotted black;">FIRST</td> <td style="width:20%; border-bottom: 1px dotted black;">MI</td> <td colspan="2"></td> </tr> <tr> <td>SELF</td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td style="border-bottom: 1px dotted black;">NICKNAME</td> <td style="border-bottom: 1px dotted black;">LAST</td> <td style="border-bottom: 1px dotted black;">SUFFIX</td> <td colspan="2"></td> </tr> </table> | | MS / MRS / MR | FIRST | MI | | | SELF | | | | | NICKNAME | LAST | SUFFIX | | | | | | | | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | | | | | | | |
| SELF | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px dotted black;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; border-bottom: 1px dotted black;">APT / SUITE #;</td> <td style="width:10%; border-bottom: 1px dotted black;">CITY;</td> <td style="width:10%; border-bottom: 1px dotted black;">STATE;</td> <td style="width:10%; border-bottom: 1px dotted black;">ZIP CODE</td> </tr> <tr> <td>SAME</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | SAME | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | | | | | | | |
| SAME | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px dotted black;">AREA CODE</td> <td style="width:30%; border-bottom: 1px dotted black;">PHONE NUMBER</td> <td style="width:20%; border-bottom: 1px dotted black;">EXTENSION</td> </tr> <tr> <td>()</td> <td>SAME</td> <td></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | () | SAME | | | | | | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | SAME | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input checked="" type="checkbox"/> January 15</td> <td style="width:15%;"><input type="checkbox"/> 30th day before election</td> <td style="width:15%;"><input type="checkbox"/> Runoff</td> <td style="width:15%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | |
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| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:10%; text-align: center;">Year</td> <td style="width:10%; text-align: center;">Month</td> <td style="width:10%; text-align: center;">Day</td> <td style="width:10%; text-align: center;">Year</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">18</td> <td style="text-align: center;">25</td> <td style="text-align: center;">12</td> <td style="text-align: center;">31</td> <td style="text-align: center;">25</td> </tr> <tr> <td colspan="3" style="text-align: center;">THROUGH</td> <td colspan="3"></td> </tr> </table> | | | Month | Day | Year | Month | Day | Year | 8 | 18 | 25 | 12 | 31 | 25 | THROUGH | | | | | | | | | | | |
| Month | Day | Year | Month | Day | Year | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 18 | 25 | 12 | 31 | 25 | | | | | | | | | | | | | | | | | | | | | | |
| THROUGH | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px dotted black;">ELECTION DATE</td> <td colspan="2" style="width:70%; border-bottom: 1px dotted black;">ELECTION TYPE</td> </tr> <tr> <td style="border-bottom: 1px dotted black;">Month Day Year</td> <td colspan="2" style="border-bottom: 1px dotted black;"> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description </td> </tr> <tr> <td style="border-bottom: 1px dotted black;">3 3 26</td> <td colspan="2" style="border-bottom: 1px dotted black;"> <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> | | | ELECTION DATE | ELECTION TYPE | | Month Day Year | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | | 3 3 26 | <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | | | |
| ELECTION DATE | ELECTION TYPE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Month Day Year | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 3 26 | <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 OFFICE | OFFICE HELD (if any) YOAKUM COUNTY CLERK | 13 OFFICE SOUGHT (if known) YOAKUM COUNTY CLERK | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <div style="text-align: right; font-size: 0.8em;">Additional Pages</div> | <p style="font-size: 0.8em; margin-bottom: 5px;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px dotted black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px dotted black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px dotted black;"><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px dotted black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px dotted black;"><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px dotted black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px dotted black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | | | | | | |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SPECIFIC | 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
LELA SUMMER LOVELACE

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 | \$ 750.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 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 hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

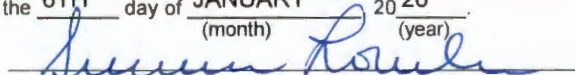
OR

(2) Unsworn Declaration

My name is LELA SUMMER LOVELACE, and my date of birth is 10/04/1979.

My address is 1070 CR 305, PLAINS, TX, 79355, USA.
(street) (city) (state) (zip code) (country)

Executed in YOAKUM County, State of TEXAS, on the 6TH day of JANUARY, 2026.
(month) (year)



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | | |
|--|--|---|
| 19 FILER NAME LELA SUMMER LOVELACE | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 750.00 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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)

The Instruction Guide explains how to complete this form.

| | | | | | | |
|--|--|--|---|--------------------------------------|----------------------|--------------------|
| 1 Total pages Schedule G: 1 | 2 FILER NAME LELA SUMMER LOVELACE | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 Date 11/10/2025 | 5 Payee name YOAKUM COUNTY REPUBLICAN PARTY | | | | | |
| 6 Amount (\$) 750.00 <small>Reimbursement from political contributions intended</small> | 7 Payee address; PO BOX 132 <small>Check if individual's residence address.</small> | City; PLAINS | State; TX Zip Code 79355 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) OTHER | | (b) Description FILING FEE | | | |
| | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | | | | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%"><tr><td style="width:50%">Candidate / Officeholder name</td><td style="width:25%">Office sought</td><td style="width:25%">Office held</td></tr></table> | | | | Candidate / Officeholder name | Office sought | Office held |
| Candidate / Officeholder name | Office sought | Office held | | | | |
| Date | Payee name | | | | | |
| Amount (\$) <small>Reimbursement from political contributions intended</small> | Payee address; <small>Check if individual's residence address.</small> | City; | State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | | |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | | | | | |
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| Date | Payee name | | | | | |
| Amount (\$) <small>Reimbursement from political contributions intended</small> | Payee address; <small>Check if individual's residence address.</small> | City; | State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | | |
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| Candidate / Officeholder name | Office sought | Office held | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --


1 C/OH NAME

LELA SUMMER LOVELACE

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

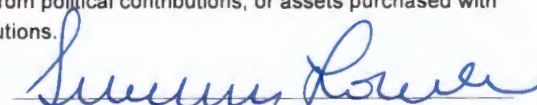
Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --



I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.


Signature of Officeholder