CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	Ms / MRs / MR FIRST Mr. Dan	MI	OFFICE USE ONLY
NAME _.	nickname Last Mueller	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CP.O. Box 311, Schulenburg, Te	JUN 1 2 2025 3 18.0	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 639-1600	EXTENSION	Date House Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mr. Gene	MI	Receipt # Alfount \$ Date Processed
	NICKNAME LAST Kruppa	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	street address (no PO BOX PLEASE); APT / SI 6451 West State Loop 220, La		STATE: ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	(979) 702-1333	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	Supported Modified	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	1 / 6 / 25	THROUGH 6	/ 6 / 25
11 ELECTION	Month Day Year Primary 11 / 8 / 22	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) County Judge	13 OFFICE SOUGHT (if known) County Judge	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUII COMMITTEE TYPE COMMITTEE NAME	S MAY HAVE BEEN MANE WITHOUT THEM:AND	IMATES OR OFFICENOLDER & KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE		
	COMMITTEE CAMPAIGN TRE	EASUREN AUDNESS	
	GO TO	PAGE 2	

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME Dan Mueller 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. \$ **TOTALS** 2,566.43 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION 0.00 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. \$ BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information **18 SIGNATURE** 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 ___ , to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration , and my date of birth is August 8, 1955 My name is Dan Mueller My address is P.O. Box 311 78956 Schulenburg (state) (zip code) (country) (street) day of June Executed in Fayette on the 11th

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Dan Mueller 20 Filer ID (Éthics Com				
21 SCH NAM		SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS				
3.	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.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSI	NESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRI	BUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED \$	2,566.43		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:	
² FILER NAME Dan Muello	ər	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Name of person from whom amount is received Dan Mueller	8 Amount (\$)	
03/01/	6 Address of person from whom amount is received; City; Sta P.O. Box 311, Schulenburg, Texas 78956	2,566.43	:
	7 Purpose for which amount is received Check if Closing Account - Final Report	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; Stat	ste; Zip Code	
	Purpose for which amount is received Check if	political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution returned to filer	
	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" ••
	c/oh N	
		ATURE
	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER Inplete A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
	<u> </u>	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	herana.	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.
E	В.	ASSETS
	Chec	k 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
		EHOLDER uplete this section <i>only</i> 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.



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption	affidavit must b	e submitted with ea	ch paper report.	Date Hand-delive	ered or Date Postmarked
Beginning on January 1, 2025, a cand \$33,910 in political contributions or m in <u>any</u> calendar year must file all subs	ade more than	\$33,910 in politic	epted more than al expenditures	Receipt#	Amount \$
				Date Processed	
Filer name		Filer ID #		Date Imaged	
I swear or affirm that I have no more than \$33,910 in political	ot accepted m expenditures	ore than \$33,91 in a calendar ye	0 in political co ear.	ntributions o	r made
2. I further swear or affirm that I contributions, political expendi	do not use co tures, or pers	mputer equipme ons making poli	nt to keep curre tical contributio	ent records ons to me.	of political
 I further swear or affirm that no contract, uses computer equip expenditures, or persons making 	ment to keep	current records	of political conf	nd no persor tributions, po	n with whom I litical
 I further swear or affirm that I delectronically if I, my agent or contributions or political expenses of political contribution. 	consultant, or iditures in a c	· a person with w alendar vear, or	hom I contract uses computer	exceeds \$30 equipment t	3,910 in political to keep current
I am filing this affidavit with the I understand that this affidavit claiming an exemption from el	is required to	be filed with each	t due on ch campaign fin	ance report	for which I am
Please complete either optio	n below:				
(1) Affidavit					
•					

			Signature of Filer				
NOTARY STAMP/SEA	L						
Sworn to and subscribed	before me by			this	s the	day of	,
20, to certify v	which, witness my hand a	nd seal of office.					
Signature of officer administe	ering oath	Printed name of of	ficer administe	ring oath		Title of office	r administering oath
,			OR	新教育的			7
(2) Unsworn Declaration	on ·						•
My name is	, and my date of birth is						
My address is	(street)	,		(city)	_, <u>(state)</u>	(zip code)	(country)
Executed in	County, State	of	_ , on the		(morith)	. 20, 20 (year) Ow M ler (Declarant)	Tueller

OFFICE USE ONLY

Date Received

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER