

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

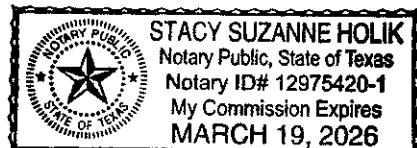
**FORM C/OH
COVER SHEET PG 1**

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	MI	OFFICE USE ONLY <input type="text"/> Date Received <input checked="" type="checkbox"/> FILED <i>gcm</i> JAN 12 2026 <input type="text"/> Date Hand-delivered or Date Postmarked <input type="text"/> Receipt # <i>143</i> Amount \$ <i>5</i> <input type="text"/> Date Processed CO. ELECTIONS ADMINISTRATOR <input type="text"/> Date Imaged	
	NICKNAME	LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE				
<input type="checkbox"/> Change of Address	9042 Louis Herzik Tx 78956 Schulenburg				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(979)	743-6405			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	<input type="text"/> Receipt # <i>143</i> <input type="text"/> Date Processed CO. ELECTIONS ADMINISTRATOR <input type="text"/> Date Imaged	
	NICKNAME	LAST	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE				
	9042 Louis Herzik Schulenburg Tx 78956				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(361)	772-0280			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 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	Day	Year	Month	Day
	07	101	2025	12	31
	THROUGH			2025	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
	/	/		<input type="checkbox"/> General	<input type="checkbox"/> Other Description Special
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	
	County Commissioner				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15 Filer ID (Ethics Commission Filers)												
16 NOTICE FROM POLITICAL COMMITTEE(S)														
<p>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 border="1"> <tr> <td rowspan="4">COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p><input type="checkbox"/> Additional Pages</p>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS							
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17 CONTRIBUTION TOTALS														
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18 AFFIDAVIT														
 <p>STACY SUZANNE HOLIK Notary Public, State of Texas Notary ID# 12975420-1 My Commission Expires MARCH 19, 2026</p>		<p>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.</p> <p><u>Harvey Berkenhoff</u></p> <p>Signature of Candidate or Officeholder</p>												
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Harvey Berkenhoff</u>, this the <u>17th</u> day of <u>JANUARY</u>, 20 <u>16</u>, to certify which, witness my hand and seal of office.</p> <p><u>Stacy Suzanne Holik</u> <u>Notary</u></p> <p>Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p>														