

# 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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>MR</b></div> <div>FIRST <b>CRAIG</b></div> <div>MI <b>A</b></div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <b>MOREAU</b></div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>  Date Received  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">FILED</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">FEB - 2 2026</div> <div style="text-align: center;">   CO. ELECTIONS ADMINISTRATOR </div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>Date Hand-delivered or Date Postmarked</div> <div>Receipt #</div> <div>Amount \$</div> </div> <div style="display: flex; justify-content: space-between; padding: 5px;"> <div>Date Processed</div> <div>Date Imaged</div> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; <b>PO BOX 1047 LA GRANGE TX 78945</b></div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>( 979 )</b></div> <div>PHONE NUMBER <b>702-7363</b></div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <b>SELF</b></div> <div>FIRST</div> <div>MI</div> </div> <hr style="border: 0.5px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); <b>PO BOX 1047, LA GRANGE TX, 78945</b></div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE <b>( 979 )</b></div> <div>PHONE NUMBER <b>702-7363</b></div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> January 15 <input checked="" type="checkbox"/> 30th day before election   July 15 <input type="checkbox"/> 8th day before election </div> <div> Runoff   Exceeded Modified Reporting Limit </div> <div> 15th day after campaign treasurer appointment (Officeholder Only)   Final Report (Attach C/OH - FR) </div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year  <b>01 / 13 / 20</b> </div> <div>THROUGH</div> <div> Month Day Year  <b>02 / 02 / 20</b> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month Day Year  <b>03 / 03 / 20</b> </div> <div> ELECTION TYPE  <input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff  <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)									
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p><small>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.</small></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
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

<b>15 C/OH NAME</b>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	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)	\$ 3300
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 643.51
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 987.52
<b>OUTSTANDING LOAN TOTALS</b>	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 \_\_\_\_\_ 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 \_\_\_\_\_, 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)

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

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 300
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3000
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 643.51
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	\$

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**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 A1:
2 FILER NAME <b>CRAIG MOREAU</b>		3 Filer ID (Ethics Commission Filers)
4 Date  <b>1/28/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>SARA CAUDLE</b> 6 Contributor address; City; State; Zip Code <b>3900 N Fm 1291 Fayetteville, TX 78940</b>	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions) <b>N/A</b>
Date  <b>1/31/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>GINA HILLOCK</b> Contributor address; City; State; Zip Code <b>1652 FM 2503. FAYETTEVILLE TX 78940</b>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions) <b>N/A</b>
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

## SCHEDULE A2

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 A2:	
2 FILER NAME <b>CRAIG MOREAU</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 3000	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SVEN MESECKE</b>	8 Amount of Contribution \$ <b>2500</b>	9 In-kind contribution description <b>TECH</b>
7 Contributor address; City; State; Zip Code <b>334 JANDA LN LA GRANGE, TX</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>CODER</b>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <b>SELF</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>NIKKI GONZALES</b>	Amount of Contribution \$ <b>500</b>	In-kind contribution description <b>PROMOTIONS:</b>
Contributor address; City; State; Zip Code <b>334 JANDA LN LA GRANGE, TX</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>RETAIL</b>		Employer (FOR NON-JUDICIAL) (See Instructions) <b>SELF</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>		<b>2</b> FILER NAME CRAIG MOREAU		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 1/21/2026		<b>5</b> Payee name AT&T			
<b>6</b> Amount (\$)  38.39		<b>7</b> Payee address;  6000 LAS COLINAS BLVD <small>Check if individual's residence address.</small>		City;  IRVING	State;  TX Zip Code  75039
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>  COMMUNICATIONS	<b>(a)</b> Category (See Categories listed at the top of this schedule)  FEES		<b>(b)</b> Description  CELLULAR		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 126/2026		Payee name JOTFORM			
Amount (\$) 52.53		Payee address; 4 Embarcadero Ctr Ste 780, <small>Check if individual's residence address.</small>		City; San Francisco,	State; CA Zip Code 94111-4102
<b>PURPOSE OF EXPENDITURE</b>  ONLINE FORMS	Category (See Categories listed at the top of this schedule)  FEES		Description  WEBSITE		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 01/13/2026		Payee name UPS STORE			
Amount (\$) 67.94		Payee address; 1618 West State Highway 71, <small>Check if individual's residence address.</small>		City; La Grange,	State; TX Zip Code 78945
<b>PURPOSE OF EXPENDITURE</b>  FLYERS	Category (See Categories listed at the top of this schedule)  PRINTING EXPENSE		Description  FLYERS		
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3		<b>2</b> FILER NAME CRAIG MOREAU		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 1/16/2026		<b>5</b> Payee name HEB			
<b>6</b> Amount (\$)  18.51		<b>7</b> Payee address;  450 E Travis St, <small>Check if individual's residence address.</small>		City;  La Grange,	State;  TX
				Zip Code  78945	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>  FOOD FOR EVENT	<b>(a)</b> Category (See Categories listed at the top of this schedule)  FOOD		<b>(b)</b> Description  FOOD FOR EVENT		
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>				
	<small>Check if Austin, TX, officeholder living expense</small>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date  1/16/2026		Payee name  WAL-MART			
Amount (\$)  53.14		Payee address;  1915 W. State Hwy. 71, <small>Check if individual's residence address.</small>		City;  La Grange,	State;  TX
				Zip Code  78945	
<b>PURPOSE OF EXPENDITURE</b>  FOOD FOR EVENT	Category (See Categories listed at the top of this schedule)  FOOD		Description  FOOD FOR EVENT		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>				
	<small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date  1/17/2026		Payee name  ROUND TOP FAMILY LIBRARY			
Amount (\$)  125		Payee address;  206 W. Mill Street, <small>Check if individual's residence address.</small>		City;  Round Top,	State;  TX
				Zip Code  78954	
<b>PURPOSE OF EXPENDITURE</b>  EVENT	Category (See Categories listed at the top of this schedule)  EVENT EXPENSE		Description  CHILI-COOKOFF		
	<small>Check if travel outside of Texas. Complete Schedule T.</small>				
	<small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME CRAIG MOREAU	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/21/2026	<b>5</b> Payee name FAYETTE COUNTY RECORD	
<b>6</b> Amount (\$) \$288	<b>7</b> Payee address; City; State; Zip Code 127 S Washington St La Grange, TX 78945 <small>Check if individual's residence address.</small>	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	
	<b>(b)</b> Description	
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
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>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
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>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

*An exemption affidavit must be submitted with each paper report.*

*Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.*

Filer name <u>Craig Moreau</u>	Filer ID # 
-----------------------------------	----------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

### Please complete either option below:

#### (1) Affidavit

NOTARY STAMP/SEAL

[Signature]  
Signature of Filer

Sworn to and subscribed before me by Craig Moreau this the 2<sup>nd</sup> day of February, 2026, to certify which, witness my hand and seal of office.

Donna Macik Donna Macik  
Signature of officer administering oath Printed name of officer administering oath 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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**