

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 MR FIRST CARL MI D
NICKNAME LAST WISEMAN SUFFIX

OFFICE USE ONLY

Date Received
AT 10:57 FILED A O'CLOCK AM

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED] Midway TX. 75852

FEB 24 2026

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED] [REDACTED]

ADRIAN LAWSON, NAACP COUNTY CLERK
BY [Signature]

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR MR FIRST Patti MI L
NICKNAME LAST WISEMAN SUFFIX

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED] MIDWAY TEXAS 75852

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
[REDACTED] [REDACTED]

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year 2 / 3 / 26 THROUGH Month Day Year 2 / 25 / 26

11 ELECTION

ELECTION DATE Month Day Year 3 / 3 / 26 ELECTION TYPE
 Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)
Co. Commissioner Pct 2

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

Additional Pages

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
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15 C/OH NAME

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 -

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ - 0 -

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ - 0 -

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ - 0 -

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

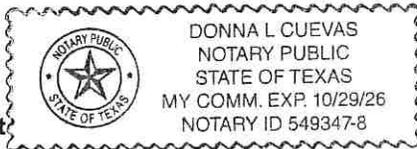
\$ 0 -

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.

Carl Wiseman

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by CARL Wiseman this the 24th day of February

2020, to certify which, witness my hand and seal of office.

Donna L. Cuevas Donna L. Cuevas Notary

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____.

Carl Wiseman

Signature of Candidate/Officeholder (Declarant)