

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: 2										
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS / MR FIRST Rhonda MI <input checked="" type="checkbox"/> NICKNAME LAST Welch SUFFIX <input checked="" type="checkbox"/>			OFFICE USE ONLY Date Received FILED FOR RECORD UPSHUR COUNTY, TEXAS										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 3640 Aspen Trail Gilmer TX 75644			JAN 29 2026 LORY HARLE ELECTIONS ADMINISTRATOR BY <input checked="" type="checkbox"/> DEPUTY Date Hand-delivered or Date Postmarked										
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 841-3692	EXTENSION	Receipt # <input type="text"/> Amount \$ <input type="text"/>										
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS / MR FIRST Rhonda MI <input checked="" type="checkbox"/> NICKNAME LAST Welch SUFFIX <input checked="" type="checkbox"/>	Date Processed Date Imaged												
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): Same			STATE: <input type="text"/> ZIP CODE <input type="text"/>										
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER Same	EXTENSION											
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month 1	Day / 16 / 2026	Year THROUGH	Month 2	Day / 2 / 2026	Year								
11 ELECTION	Month 3	Day / 3 / 2026	Year	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) Justice of the Peace		13 OFFICE SOUGHT (if known) Justice of the Peace											
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<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>COMMITTEE TYPE <input type="checkbox"/> GENERAL</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>						COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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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)	\$ <i>[Signature]</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>[Signature]</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>[Signature]</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>[Signature]</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>[Signature]</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>[Signature]</i>
OUTSTANDING LOAN TOTALS		

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.



Rhonda Welch

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Rhonda Welch this the 29th day of January,

20 2014, to certify which, witness my hand and seal of office.

Rhonda Welch

Lori Harke

EA

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)