

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> FIRST <i>Gene</i> MI <input type="checkbox"/> C NICKNAME LAST <i>Bartee</i> SUFFIX	FILED FOR RECORD <small>RECEIVED</small> <small>0 CLOCK</small> <small>Date Received</small> JAN 22 2026	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>450 FM 2693 New Waverly TX 77354</i>	APT / SUITE #: <i>102</i>	CITY: <i>New Waverly</i> STATE: <i>TX</i> ZIP CODE: <i>77354</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(936)</i> PHONE NUMBER <i>718 2765</i>	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <i>Sara</i> MI <input type="checkbox"/> H NICKNAME LAST <i>Bartee</i> SUFFIX	<small>Receipt #</small> <small>Amount</small> <small>Date Processed</small> <small>Date Imaged</small>	
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): <i>5414 KETTER ST</i> APT / SUITE #: <i>102</i> CITY: <i>New Waverly</i> STATE: <i>TX</i> ZIP CODE: <i>77354</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(936)</i> PHONE NUMBER <i>344-6672</i>	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input 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 \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>07</i> Day <i>15</i> Year <i>2025</i>	THROUGH	Month <i>01</i> Day <i>15</i> Year <i>2026</i>
11 ELECTION	ELECTION DATE Month <i>11</i> Day <i>03</i> Year <i>2024</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>Constable Pct 4 Walker Co Tx</i>	13 OFFICE SOUGHT (if known)	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** Name Address / PO Box: <i>Apt. / Suite #:</i> <i>City:</i> <i>State:</i> <i>Zip Code:</i>		
<input type="checkbox"/> additional pages			

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

Gene C. Bartee

16 ACCOUNT # (Ethics Commission Stmt)

 17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

• This box is for notice of political expenditures 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. •

COMMITTEE TYPE

 GENERAL SPECIFIC additional pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

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

\$ - 0 -

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ - 0 -

4. TOTAL POLITICAL EXPENDITURES

\$ 375.00

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

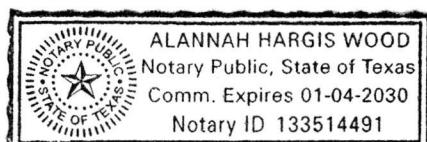
\$ - 0 -

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

\$ - 0 -

19 AFFIDAVIT

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 18, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Gene C. Bartee, this the 22nd day of January, 20 26, 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