

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:

OFFICE USE ONLY

Date Received

RECEIVED
SEP 24 2025

By

Date Hand-Delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS./MRS. / MR. FIRST MI
Dianne Bailey
NICKNAME LAST SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT. / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 886 Cold Spring, Tx 77331

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 659-7303

6 CAMPAIGN
TREASURER
NAME

MS. / MRS. / MR. FIRST MI
Dianne Bailey
NICKNAME LAST SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT. / SUITE #; CITY; STATE; ZIP CODE
P.O. Box 8 Cold Spring, Tx 77331
141 White Oak Cir Pointblank TX 77364

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 659-7303

9 REPORT TYPE

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

10 PERIOD
COVERED

Month Day Year Month Day Year
9 / 9 / 2025 THROUGH 9 / 24 / 2025

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
3 / 3 / 20
☒ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Treasurer Treasurer

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

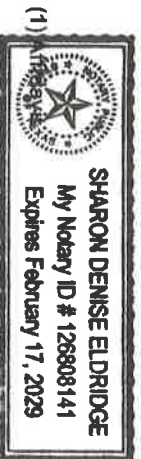
FORM C/OH
COVER SHEET PG 2

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)	
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2600.00	
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 1387.90	
4. TOTAL POLITICAL EXPENDITURES		\$ 1387.90	
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 1212.10	
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$	
CONTRIBUTION BALANCE			
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.

Sharon D. Eldridge
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Sharon D. Eldridge* this the *24th* day of *September* 20*25*, to certify which, witness my hand and seal of office.
Signature of officer administering oath *Sharon D. Eldridge* Printed name of officer administering oath *Sharon D. Eldridge* Notary
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

19	FILER NAME <i>Dilana Bailey</i>	20	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ <i>2600.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS		\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <i>1387.90</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$





**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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 I:	2 FILER NAME Diana Bailey	3 Filer ID (Ethics Commission Filers)
4 Date 9/11/25	5 Payee name Spirit Hand Line	
6 Amount (\$) 562.90	7 Payee address: 21973 Era St Montgomery TX 77304	City TX
8 PURPOSE OF EXPENDITURE Signs	(a) Category (See instructions for examples of acceptable categories.) Signs	(b) Description (See instructions regarding type of information required.)
Date 9/17/25	Payee name Harland Clark	
Amount (\$) 50.00	Payee address: 15001 TX 150 W Coldspring TX 77331	City TX
PURPOSE OF EXPENDITURE Chicks	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date 9/23/25	Payee name San Jacinto County Fair & Rodeo	
Amount (\$) 1000.00	Payee address: 50 Bar Park LP Coldspring TX 77331	City TX
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) campaign advertising	Description (See instructions regarding type of information required.)
Date 9/23/25	Payee name Misty Slawson	
Amount (\$) 195.00	Payee address: 110 Blue Gill Rd Shepherd TX 77371	City TX
PURPOSE OF EXPENDITURE campaign shirts	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		