

# 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   | FIRST<br><i>Mr. Richard</i>  | MI<br><i>P.</i>                                   | OFFICE USE ONLY   |  |  |
|  | NICKNAME<br><i>Ricky</i>  | LAST<br><i>Priess</i>  | SUFFIX  | Date Received<br><i>GILLESPIE ELECTIONS JAN 20 2026</i>         |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX:   | APT / SUITE #:   | CITY:   | STATE: ZIP CODE   | <i>Fredericksburg, TX 78624</i>  |  |
| 5 CANDIDATE/ OFFICEHOLDER PHONE  | AREA CODE<br>( )  | PHONE NUMBER   | EXTENSION   | Date Hand-delivered or Date Postmarked<br><i>HAND DELIVERED</i> |  |  |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR   | FIRST<br><i>Neal</i>   | MI<br><i>H.</i>                                   | Receipt #   | Amount \$  |  |
|  | NICKNAME  | LAST<br><i>Eckert</i>  | SUFFIX<br><i>DMV</i>                              | Date Processed  |  |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;   |  |   | CITY:   | STATE: ZIP CODE  | <i>1171 Jenschke Ln, Fredericksburg TX 78624</i> |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br>( )  | PHONE NUMBER   | 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 Modified Reporting Limit      | <input type="checkbox"/> Final Report (Attach C/OH - FR)                                   |  |
| 10 PERIOD COVERED  | Month<br><i>10</i>  | Day<br><i>15</i>   | Year<br><i>2025</i>                               | Month<br><i>10</i>  | Day<br><i>15</i>   | Year<br><i>2026</i>                              |
| 11 ELECTION  | ELECTION DATE<br>Month<br><i>03</i> Day<br><i>03</i> Year<br><i>2026</i>  | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |   |  |  |
| 12 OFFICE  | OFFICE HELD (if any)<br><i>Justice of the Peace, Pct #3</i>   | 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. |  |   |   |  |  |
| <input type="checkbox"/> Additional Pages  | COMMITTEE TYPE<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME   |   |   |  |  |
|  |   | COMMITTEE ADDRESS  |   |   |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER NAME  |   |   |  |  |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |   |  |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

|                            |   |             |  |
|----------------------------|---|-------------|--|
| 15 C/OH NAME               | Richard P.Priess  |             | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION<br>TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$          |  |
|                            | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$          |  |
| EXPENDITURE<br>TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 375.00   |  |
|                            | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 375.00   |  |
| CONTRIBUTION<br>BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$          |  |
|                            | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 2,500.00 |  |
| OUTSTANDING<br>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.

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.

GILLESPIE ELECTIONS  
JAN 20 2026  
HAND DELIVERED

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Richard P.Priess, \_\_\_\_\_, and my date of birth is 5/3/1964.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

Executed in Gillespie County, State of Texas, on the 20<sup>th</sup> day of January, 2026.

Richard P.Priess

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<br>NAME OF SCHEDULE   |   |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  |   |
| 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 checked="" 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              |   |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>TO FILER |   |
| SUBTOTAL AMOUNT  |   |

GILLESPIE ELECTIONS  
JAN 20 2026  
HAND DELIVERED

# 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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The instruction Guide explains how to complete this form.

|  |   |   |                 |
|--|---|---|-----------------|
| 1 Total pages Schedule F1:                                   | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)                                     |                 |
| 4 Date   | 5 Payee name  |   |                 |
| 6 Amount (\$)  | 7 Payee address;<br><br><input type="checkbox"/> Check if individual's residence address. | City; State; Zip Code<br><br>Fredericksburg TX 78624                      |                 |
| 8<br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>               | (a) Category (See Categories listed at the top of this schedule)<br><br>Political         | (b) Description<br><br>Filing Fee   |                 |
|  | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.       | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought   | Office held     |
| Date   | Payee name  |   |                 |
| Amount (\$)  | Payee address;<br><br><input type="checkbox"/> Check if individual's residence address.   | City; State; Zip Code   |                 |
| <br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                | Category (See Categories listed at the top of this schedule)                              | Description   |                 |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought   | Office held     |
| Date   | Payee name  |   |                 |
| Amount (\$)  | Payee address;<br><br><input type="checkbox"/> Check if individual's residence address.   | City; State; Zip Code   | <i>JAN 2026</i> |
| <br><br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                | Category (See Categories listed at the top of this schedule)                              | Description   |                 |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.           | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                 |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought   | Office held     |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED