

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 <input checked="" type="checkbox"/> MR	FIRST <i>DAVID</i>	MI <i>M.</i>	OFFICE USE ONLY
	NICKNAME <i>MICIE</i>	LAST <i>CARTER</i>	SUFFIX	Date Received <i>2026 JAN 15 AM</i>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <input type="text"/>	APT / SUITE #:	CITY: <i>NEW BOSTON, TX</i>	STATE: <i>75570</i>
<input type="checkbox"/> Change of Address				ZIP CODE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <input type="text"/>	PHONE NUMBER <input type="text"/>	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>JAY</i>	MI	Date Hand-delivered or Date Postmarked <i>2026 JAN 15 AM</i>
	NICKNAME <i>Wommack</i>	LAST	SUFFIX	Receipt # <input type="text"/> Amount \$ <input type="text"/>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <input type="text"/>		CITY: <i>TEXARKANA, TX</i>	STATE: <i>75503</i>
8 CAMPAIGN TREASURER PHONE	AREA CODE <input type="text"/>	PHONE NUMBER <input type="text"/>	EXTENSION	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input checked="" 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 <input type="text"/> / Day <input type="text"/> / Year <input type="text"/>	THROUGH Month <input type="text"/> / Day <input type="text"/> / Year <input type="text"/>		
11 ELECTION	ELECTION DATE Month <input type="text"/> / Day <input type="text"/> / Year <input type="text"/> <i>3 / 3 / 26</i>	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) <i>PCT + COMMISSIONER</i>	13 OFFICE SOUGHT (if known) <i>SAME</i>		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

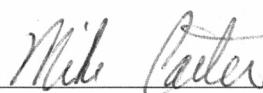
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	MIKE CARTER	
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)	\$ 8,000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,940.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,059.31
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS		

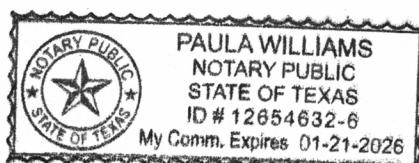
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by MIKE CARTER this the 15th day of JAN., 20 26, to certify which, witness my hand and seal of office.

Paula Williams
Signature of officer administering oath

Paula Williams
Printed name of officer administering oath

Notary Public
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>Nike Carter</i>	
20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,000.	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,940.69	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: <u>1</u>
2 FILER NAME <u>MIKE CARTER</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>12-22-25</u>	5 Full name of contributor <u>STEVE LEDWELL</u>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <u>\$ 5,000.00</u>
6 Contributor address; <u>3300 WACO ST. TEXARICANA, TX 75501</u>			City; State; Zip Code
8 Principal occupation / Job title (See Instructions) <u>OWNER LEDWELL</u>		9 Employer (See Instructions) <u>LEDWELL</u>	
Date <u>12-23-25</u>	Full name of contributor <u>JAY WOMMACK</u>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$ 1,000.00</u>
Contributor address; <u>32 NORTHRIDGE CIRCLE TEXARICANA, TX 75503</u>			City; State; Zip Code
Principal occupation / Job title (See Instructions) <u>BUSINESS OWNER</u>		Employer (See Instructions) <u>VERTICAL ALLIANCE GROUP, INC.</u>	
Date <u>1-6-24</u>	Full name of contributor <u>RICHARD G. DOTY</u>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$ 1,000.00</u>
Contributor address; <u>P.O. BOX 378 REDWATER, TX 75573-0378</u>			City; State; Zip Code
Principal occupation / Job title (See Instructions) <u>OWNER OF BUSINESS</u>		Employer (See Instructions) <u>CHICKEN EXPRESS</u>	
Date <u>1-12-24</u>	Full name of contributor <u>JIMMY Q. HOWELL</u>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <u>\$ 1,000.00</u>
Contributor address; <u>1477 FM 2149 W NEWBOSTON, TX 75570</u>			City; State; Zip Code
Principal occupation / Job title (See Instructions) <u>CONTRACTOR</u>		Employer (See Instructions) <u>SELF EMPLOYED</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 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 <i>MIKE CARTER</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-22-25</i>	5 Payee name <i>PATTERSON'S PHOTO, STUDIO, & IMAGING</i>		
6 Amount (\$) <i>\$ 443.82</i>	7 Payee address; <i>3405 CASCADES BLVD</i>	City; State; Zip Code <i>TEXARKANA, TX 75503</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	(b) Description <i>PHOTOS FOR MAIL OUTS</i>	
	(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 <i>MIKE CARTER</i>	Office sought <i>COMMISSIONER</i>	Office held <i>SAME</i>
Date <i>12-29-25</i>	Payee name <i>CIGAINERO ENTERPRISES</i>	City; State; Zip Code <i>TEXARKANA, TX 75501</i>	
Amount (\$) <i>\$ 2,060.81</i>	Payee address; <i>2828 S. STATE LINE AVE</i>		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>OUTDOOR SIGNS</i>	
	<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 <i>1-6-26</i>	Payee name <i>TEXARKANA GAZETTE</i>		
Amount (\$) <i>\$ 450.00</i>	Payee address; <i>101 E. BROAD ST.</i>	City; State; Zip Code <i>TEXARKANA, AR. 71854</i>	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>NEWS PAPER</i>	
	<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			

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 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: 3	2 FILER NAME MIKE CARTER	3 Filer ID (Ethics Commission Filers)	
4 Date 1-3-24	5 Payee name BRYAN SUNDBERG	City; State; Zip Code	
6 Amount (\$) \$150.	7 Payee address; 320 LAKEVIEW <input type="checkbox"/> Check if individual's residence address.	JEFFERSON, TX, 75657	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description ERECT SIGNS	
	(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 1-6-24	Payee name BOWIE COUNTY CITIZENS TRIBUNE		
Amount (\$) \$825.00	Payee address; 139 EAST N. FRONT STREET <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code NEW BOSTON, TX 75570	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description NEWS PAPER	
	<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 1-10-24	Payee name BRYAN SUNDBERG		
Amount (\$) \$100.00	Payee address; 320 LAKEVIEW <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code JEFFERSON, TX 75657	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description ERECT SIGNS	
	<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			

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 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 <i>MIKE CARTER</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>1-12-26</i>	5 Payee name <i>MILLER BOWIE SUPPLY</i>		
6 Amount (\$) <i># 187.50</i>	7 Payee address; <i>1007 WEST 3rd. ST.</i>	City; <i>TEXARKANA</i>	
		State; <i>TX</i>	
		Zip Code <i>75501</i>	
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	(b) Description <i>PURCHASE T-POSTS</i>	
	(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 <i>1-12-26</i>	Payee name <i>CIGAINERO ENTERPRISES</i>		
Amount (\$) <i># 973.56</i>	Payee address; <i>2828 S. STATE LINE</i>	City; <i>TEXARKANA</i>	State; <i>TX</i>
			Zip Code <i>75501</i>
	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>OUTDOOR SIGNS</i>	
	<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;	City;	State;
			Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
 PURPOSE OF EXPENDITURE	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			