

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"/> FIRST <i>DAVID</i> MI <input type="checkbox"/> NICKNAME <i>MIKE</i> LAST <i>CARTER</i> SUFFIX <input type="checkbox"/>			OFFICE USE ONLY Date Received <i>4</i> <i>2016 FEB - 2 PM 2:15</i> FILED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>[REDACTED] NEWBOSTON, TX 75570</i>			Date Hand-delivered or Date Postmarked <i>[REDACTED] 15</i>	
5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE <input type="checkbox"/> PHONE NUMBER <input type="checkbox"/> EXTENSION <input type="checkbox"/> <i>[REDACTED]</i>			Receipt # <input type="checkbox"/> Amount \$ <input type="checkbox"/> Date Processed <input type="checkbox"/> Date Imaged <input type="checkbox"/>	
6 CAMPAIGN TREASURER NAME MS / MRS <input checked="" type="checkbox"/> FIRST <i>JAY</i> MI <input type="checkbox"/> NICKNAME <i>WOMMACK</i> LAST <input type="checkbox"/> SUFFIX <input type="checkbox"/>			STATE; ZIP CODE <i>TEXARKANA, TX 75503</i>	
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; (Residence or Business) <i>[REDACTED]</i>			STATE; ZIP CODE <i>75503</i>	
8 CAMPAIGN TREASURER PHONE AREA CODE <input type="checkbox"/> PHONE NUMBER <input type="checkbox"/> EXTENSION <input type="checkbox"/> <i>[REDACTED]</i>				
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 Day Year <i>JAN 15 2026</i> THROUGH Month Day Year <i>FEB 2 2026</i>				
11 ELECTION ELECTION DATE Month Day Year <i>3 3 26</i> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			ELECTION TYPE <i>[REDACTED]</i>	
12 OFFICE OFFICE HELD (if any) <i>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.				
COMMITTEE TYPE <input type="checkbox"/> COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC 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	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8,000.00	
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -	
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 7025.94	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 974.06	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0	

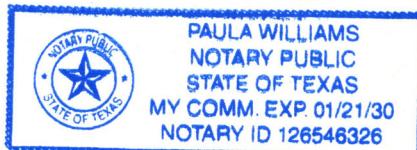
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



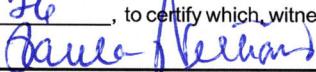
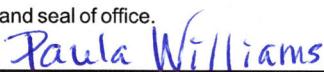
NOTARY STAMP / SEAL

Sworn to and subscribed before me by



this the 2nd day of February,

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

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)

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	3 Filer ID (Ethics Commission Filers)	
2	MIKE CARTER		
4 Date	5 Payee name		
1-13-24	ALT MAGAZINE		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
# 750.00	1356 N. KINGS HWY.	NASH, TX. 75569	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	ADVERTISING	MAGAZINE	
	(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		
1-16-24	ARTEX PRINTING		
Amount (\$)	Payee address;	City; State; Zip Code	
# 433.00	117 N. WEST STREET	NEW BOSTON, TX	75570
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING	Push Cards	
	<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		
1-16-24	JESSICA Mc DONALD		
Amount (\$)	Payee address;	City; State; Zip Code	
# 170.80	2338 RICHMOND ROAD	TEXARKANA	TX 75503
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING	SHIRTS	
	<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)

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1 Total pages Schedule F1:	2 FILER NAME <i>MIKE CARTER</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-17-26</i>	5 Payee name <i>BRYAN SUNDBERG</i>	City; State; Zip Code <i>JEFFERSON TX 75657</i>
6 Amount (\$) <i>50.00</i>	7 Payee address; <i>320 LAKEVIEW</i>	<input type="checkbox"/> Check if individual's residence address.
8 PURPOSE OF EXPENDITURE <i>CONTRACT LABOR</i>	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>ERECT SIGNS</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>2-2-26</i>	Payee name <i>BOwie COUNTY CITIZENS TRIBUNE</i>	
Amount (\$) <i>\$ 400.00</i>	Payee address; <i>139 E. NORTH FRONT</i>	City; State; Zip Code <i>NEW BOSTON TX 75570</i>
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE <i>ADVERTISING</i>	Category (See Categories listed at the top of this schedule)	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	
Date <i>2-2-26</i>	Payee name <i>HARLAND CLARK CHECK ORDER</i>	
Amount (\$) <i>\$ 31.45</i>	Payee address; <i>920 19th ST. N. BIRMINGHAM</i>	City; State; Zip Code <i>AL 35203-1002</i>
	<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE <i>ACCOUNTING/BANKING</i>	Category (See Categories listed at the top of this schedule)	Description <i>CHECKS</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		