

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) 00066413	2 Total pages filed: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	MR.	Jerry	D
	NICKNAME	LAST	SUFFIX
		Rochelle	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	[REDACTED] Texarkana TX 75503		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	MR.	Allen	
	NICKNAME	LAST	SUFFIX
		Clement	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	[REDACTED] Texarkana TX 75503		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year
	1	23	26
	THROUGH	Month	Day
		2	21
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	3	3	26
	<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)	13 OFFICE SOUGHT (if known)	
	Bowie County District Attorney		Bowie County District Attorney
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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	
<input type="checkbox"/> GENERAL	The Committee to Re-Elect Jerry D Rochelle for District Attorney		
<input checked="" type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		
	[REDACTED] Texarkana Texas 75503		
	COMMITTEE CAMPAIGN TREASURER NAME		
	Allen Clement		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	[REDACTED] Texarkana TX 75503		

OFFICE USE ONLY

Date Received: 2/26 FEB 20 AM 11:39

FILED

Date Hand-delivered or Date Postmarked:

Receipt # Amount \$

Date Processed

Date Imaged

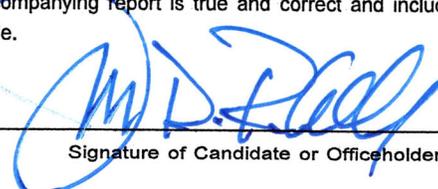
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Jerry D. Rochelle		16 Filer ID (Ethics Commission Filers) 00066413
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 15,959.26
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,959.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,177.73
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,177.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,567.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

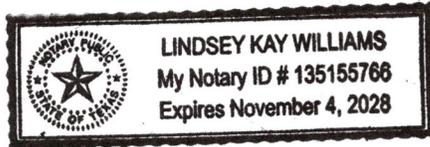
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Lindsey K. Williams this the 20 day of February, 2020, 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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Jerry D. Rochelle

20 Filer ID (Ethics Commission Filers)

00066413

**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 15,959.26
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,177.73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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:
2 FILER NAME Jerry D. Rochelle		3 Filer ID (Ethics Commission Filers) 000 66413
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code See attached Schedule	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

Filer Name Jerry Rochelle Filer ID# 00066413

SCHEDULE A1

Date	Contributor Full Name	Out of State PAC	Contributor Address	Principal Occupation	Employer	Contribution Amount	Total Daily Deposit
2/6/2026	Steve Hoisington		990 County Road 3011, New Boston TX 75570	Consultant	Self Employed	\$ 50.00	
2/6/2026	Paula Hawkins		6406 Sleepy Hollow Texarkana TX 75503	Retired	Retired	\$ 800.00	
2/6/2026	William R Patterson		5804 Summerfield Drive, Texarkana TX	Business Owner	Up and Down LLC	\$ 2,500.00	
2/6/2026	Anne Farris		1081 US Highway 259 South, Dekalb TX	Retired	Retired	\$ 100.00	
2/6/2026	Joseph C Strickland		4100 Moores Lane Apt 15, Texarkana TX	Retired	Retired	\$ 300.00	\$ 3,750.00
2/6/2026	Brian Francis		3404 W 7th Street, Texarkana TX	Retired	Retired	\$ 9.26	
2/10/2026	Marsha Telford		211 W Peters, Dekalb TX 75559	Retired	Retired	\$ 100.00	\$ 100.00
2/11/2026	Ty Patterson		20 Devon Lane, Texarkana TX	Business owner	Up and Down LLC	\$ 2,500.00	
2/11/2026	Erin M Keil		406 Walnut Street, Texarkana AR	Attorney	Keil Law Firm PLLC	\$ 1,000.00	
2/11/2026	Matt Keil		406 Walnut Street, Texarkana AR	Attorney	Keil Law Firm PLLC	\$ 2,000.00	
2/13/2026	Mary E Pesek		13 Cindywood Dr, Texarkana TX	Retired	Retired	\$ 1,000.00	
2/13/2026	Joe Nichols		6208 Brookeshollow Drive, Texarkana TX	Banker	State Bank of Dekalb	\$ 500.00	
2/17/2026	Tina Brown		23 Country Lane, Texarkana TX	Insurance Agent	Tina Brown Admin & Ins Services llc	\$ 100.00	
2/19/2026	Donnie Spriggs		4206 Gibson Lane, Texarkana TX	Business Owner	Lost Pizza	\$ 5,000.00	
					Total 1/23/26- 2-21-26	\$ 15,959.26	

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Jerry D. Rochelle	3 Filer ID (Ethics Commission Filers) 00066413
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) See Attached Sheet	(b) Description
	(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; City; State; Zip Code <small>Check if individual's residence address.</small>	
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
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <small>Check if individual's residence address.</small>	
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

SCHEDULE F-1

1 Filer Name
Jerry D Rochelle

2 Filer ID
00066413

4 Date	5 Payee Name	6 Amount	7 Payee Address	8a Purpose of Expenditure	8b Description	8c Travel out of Texas or Austin Texas Living Expenses
1/23/2026	RMAC Outdoor Adv	\$ 200.00	3501 Circleview Drive, Texarkana R	Advertising	Digital Billboard	none
1/23/2026	American Signs	\$ 177.73	1813 Jim Walter Drive, Texarkana AR	Advertising	Decals	none
2/19/2026	Bowie County Citizens Tribune	\$ 2,800.00	139 E N Front Street, New Boston TX	Advertising	Newspaper Ads	none
Total		\$ 3,177.73				

