

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: Gonzalez POLETH
 NICKNAME: _____ LAST: _____ MI SUFFIX: M

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: 1805 Rebecca Lane Eagle Pass, TX
78852
 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: _____ PHONE NUMBER: (830) 498-7065
 EXTENSION: _____

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: _____ FIRST: Gonzalez POLETH
 NICKNAME: _____ LAST: _____ MI SUFFIX: M

OFFICE USE ONLY

Date Received: _____

RECEIVED

FEB 23 2026

6:00

Date Received or Date Postmarked: _____

Receipt # _____ Amount \$ _____

Date Processed: _____

Date Imaged: _____

7 CAMPAIGN TREASURER ADDRESS
 (Residence or Business)
 STREET ADDRESS (NO PO BOX PLEASE): 1805 Rebecca Lane Eagle Pass Tx, 78852
 APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____

8 CAMPAIGN TREASURER PHONE
 AREA CODE: _____ PHONE NUMBER: (830) 498-7065
 EXTENSION: _____

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED
 Month / Day / Year THROUGH Month / Day / Year

11 ELECTION
 ELECTION DATE: 03/03/26
 ELECTION TYPE:
 Primary Runoff Other Description
 General Special

12 OFFICE: N/A 13 OFFICE SOUGHT (if known): County Commissioner Pct. 1

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.

Additional Pages

<input type="checkbox"/> GENERAL	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 970
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 TO FILER	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME Poleth M. Gonzalez	3 Filer ID (Ethics Commission Filers)
4 Date 02/19/26	5 Payee name Juan Rodriguez	
6 Amount (\$) \$200 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2091 Lucino Loop Eagle Pass TX 78852 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description 2 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Poleth M. Gonzalez	Office sought / Office held County Commissioner Pct. 1
Date 02/13/26	Payee name Chrissy's Bau-tique	
Amount (\$) \$350 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1357 Salinas Eagle Pass TX 78852 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description T-shirts
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Poleth M. Gonzalez	Office sought / Office held County Commissioner Pct. 1
Date 02/17/26	Payee name Marisela Euvesti	
Amount (\$) \$420 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1095 Second st. Eagle Pass, TX, 78852 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Grocery for Poll Food
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Poleth M. Gonzalez	Office sought / Office held County Commissioner Pct. 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED