

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: <i>6</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS / MR MS	FIRST Edie	MI A	OFFICE USE ONLY		
	NICKNAME	LAST Booth	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: P.O. Box 224 TX 75103	APT / SUITE #:	CITY	STATE: ZIP CODE Canton	RECEIVED JAN 05 2025 BY: _____	
Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ([])	PHONE NUMBER []	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIN TREASURER NAME	MS / MRS / MR MS	FIRST Edie	MI A	Receipt #	Amount \$	
	NICKNAME	LAST Booth	SUFFIX	Date Processed		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE) 1471 FM 3227		APT / SUITE # TX 75103	CITY	STATE, ZIP CODE Canton	
8 CAMPAIN TREASURER PHONE	AREA CODE ([])	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 12	Day 8	Year 25	Month 12	Day 31	Year 25
11 ELECTION	ELECTION DATE Month Day Year 3 3 26		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special		Other Description	
12 OFFICE	OFFICE HELD (if any) n/a		13 OFFICE SOUGHT (if known) Van Zandt County Commissioner Pct 2			
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 WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	COMMITTEE TYPE 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
Edie A Booth

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) \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES LOANS, OR GUARANTEES OF LOANS) \$ 850.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 750.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD \$ 100.00

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 _____ this the _____ day of _____
20 _____ 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 Edie Booth and my date of birth is 08/26/1945
My address is 1471 FM 3227 (mail: P.O.B 224) Canton TX 75103 Van Zandt
(street) (city) (state) (zip code) (country)

Executed in Van Zandt County, State of Texas on the 5th day of January, 2026
(month) (year)

Edie Booth

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Edie A Booth	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS	\$ 850.00
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	\$ 750.00
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 1		
2 FILER NAME Edie A Booth				3 Filer ID (Ethics Commission Filers)		
4 Date 12/08/2025	5 Full name of contributor Edie A Booth	6 Contributor address [REDACTED]	7 Amount of contribution (\$) 100.00	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) Retired	
Date 12/08/2025	Full name of contributor Ann Nelson	Contributor address [REDACTED]	out-of-state PAC ID# City. State Zip Code [REDACTED]	Amount of contribution (\$) 750.00	Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) Retired
Date	Full name of contributor	Contributor address	out-of-state PAC ID# City State Zip Code	Amount of contribution (\$)	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	Contributor address	out-of-state PAC ID# 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.						

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	Travel 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 Edie A Booth	3 Filer ID (Ethics Commission Filers)	
1			
4 Date 12/08/2025	5 Payee name VZC Democratic Party		
6 Amount (\$) 750.00	7 Payee address. PO Box 217	City Canton	State: Zip Code TX 75103
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing fee for Democratic Primary	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Edie A Booth	Office sought VZ County Commissioner Pct 2	Office held n/a
Date	Payee name		
Amount (\$)	Payee address	City	State: Zip Code
 PURPOSE OF EXPENDITURE	Category See Categories listed at the top of this schedule	Description	
	Check if travel outside of Texas. Complete Schedule T	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
 PURPOSE OF EXPENDITURE	Category See Categories listed at the top of this schedule	Description	
	Check if travel outside of Texas. Complete Schedule T	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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME	2 Filer ID (Ethics Commission Filers)
3 SIGNATURE	

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder