

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: **6**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Mr. James E
NICKNAME LAST SUFFIX
Villanueva

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1603 East 12th Street, Sweetwater, TX 79556

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(325) 514-4999

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mr. David A
NICKNAME LAST SUFFIX
Dave Warren

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
803 Josephine Street, Sweetwater, TX 79556

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(325) 235-5463

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
7 / 1 / 24 THROUGH 12 / 31 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
11 / 5 / 24 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Sheriff

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 | COMMITTEE TYPE | COMMITTEE NAME |
| | GENERAL | COMMITTEE ADDRESS |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

OFFICE USE ONLY

Date Received

FILED FOR RECORD
Time 10:30 o'clock a/m
JAN 15 2025
SHARLA KEITH
NOLAN COUNTY CLERK

Date Hand-delivered or Date Postmarked

| | |
|----------------|-----------|
| Receipt # | Amount \$ |
| Date Processed | |
| Date Imaged | |

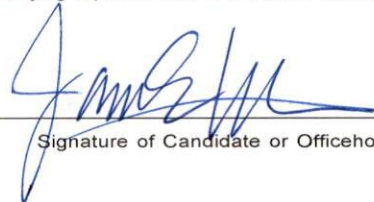
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 15 C/OH NAME James E. Villanueva | | 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) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 32.82 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 218.10 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

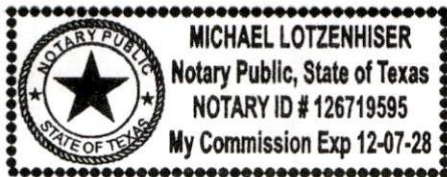
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by James Villanueva this the 14th day of January, 2025, to certify which, witness my hand and seal of office.

Michael Lotzenhiser Signature of officer administering oath
Michael Lotzenhiser Printed name of officer administering oath
Public Notary 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 James E. Villanueva | 20 Filer ID (Ethics Commission Filers) |
|----------------------------------------------------------------------------------------|----------------------------------------|
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 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 | \$ 8.00 |
| 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 | \$ 24.82 |
| 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 |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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) |

The Instruction Guide explains how to complete this form.

| | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 1 Total pages Schedule F4: 1 | 2 FILER NAME James E. Villanueva | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ 24.82 |
| 5 Date 10/28/2024 | 6 Payee name United States Postal Service | |
| 7 Amount (\$) 24.82 | 8 Payee address; City; State; Zip Code 201 East Third Street, Sweetwater, TX 79556 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description Stamps for Election Day Event Invitations |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | |
| 11 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 | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 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

**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS**

SCHEDULE I

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 I: 1 | 2 FILER NAME James E. Villanueva | 3 Filer ID (Ethics Commission Filers) |
|---------------------------------------|--------------------------------------------|----------------------------------------------|

| | |
|-----------------------------|---------------------------------------------|
| 4 Date 07/19/2024 | 5 Payee name First Financial Bank |
|-----------------------------|---------------------------------------------|

| | | | | |
|------------------------------|--------------------------------------------------------------------|------|-------|----------|
| 6 Amount (\$) 2.00 | 7 Payee address; 201 Elm Street, Sweetwater, Texas 79556 | City | State | Zip Code |
|------------------------------|--------------------------------------------------------------------|------|-------|----------|

| | | |
|------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) Accounting/Banking | (b) Description (See instructions regarding type of information required.) Paper statement fee |
|------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|

| | |
|--------------------|------------------------------------|
| Date 08/20/2024 | Payee name First Financial Bank |
|--------------------|------------------------------------|

| | | | | |
|---------------------|-----------------------------------------------------------|------|-------|----------|
| Amount (\$) 2.00 | Payee address; 201 Elm Street, Sweetwater, Texas 79556 | City | State | Zip Code |
|---------------------|-----------------------------------------------------------|------|-------|----------|

| | | |
|------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Accounting/Banking | Description (See instructions regarding type of information required.) Paper statement fee |
|------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

| | |
|--------------------|------------------------------------|
| Date 09/19/2024 | Payee name First Financial Bank |
|--------------------|------------------------------------|

| | | | | |
|---------------------|-----------------------------------------------------------|------|-------|----------|
| Amount (\$) 2.00 | Payee address; 201 Elm Street, Sweetwater, Texas 79556 | City | State | Zip Code |
|---------------------|-----------------------------------------------------------|------|-------|----------|

| | | |
|------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Accounting/Banking | Description (See instructions regarding type of information required.) Paper statement fee |
|------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

| | |
|--------------------|------------------------------------|
| Date 10/21/2024 | Payee name First Financial Bank |
|--------------------|------------------------------------|

| | | | | |
|---------------------|-----------------------------------------------------------|------|-------|----------|
| Amount (\$) 2.00 | Payee address; 201 Elm Street, Sweetwater, Texas 79556 | City | State | Zip Code |
|---------------------|-----------------------------------------------------------|------|-------|----------|

| | | |
|------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) Accounting/Banking | Description (See instructions regarding type of information required.) Paper statement fee |
|------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED