

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																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mr.</td> <td>Chad</td> <td>D</td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Collier</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mr.	Chad	D	NICKNAME	LAST	SUFFIX		Collier		<div style="border: 2px solid black; padding: 10px; font-weight: bold; font-size: 1.2em;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center; font-weight: bold; font-size: 1.1em;">HAND DELIVERED JAN 6 '26 AM 10:35</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Date Hand-delivered or Date Postmarked</div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
MS / MRS / MR	FIRST	MI																				
Mr.	Chad	D																				
NICKNAME	LAST	SUFFIX																				
	Collier																					
Receipt #	Amount \$																					
Date Processed																						
Date Imaged																						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">ADDRESS / PO BOX;</td> <td style="width:25%; font-size: small;">APT / SUITE #;</td> <td style="width:25%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:15%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>PO BOX 865</td> <td></td> <td>Bertram, TX</td> <td></td> <td>78605</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO BOX 865		Bertram, TX		78605											
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
PO BOX 865		Bertram, TX		78605																		
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:35%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>656-6068</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(512)	656-6068																
AREA CODE	PHONE NUMBER	EXTENSION																				
(512)	656-6068																					
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Deborah</td> <td></td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>Baker</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs.	Deborah		NICKNAME	LAST	SUFFIX		Baker										
MS / MRS / MR	FIRST	MI																				
Mrs.	Deborah																					
NICKNAME	LAST	SUFFIX																				
	Baker																					
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%; font-size: small;">APT / SUITE #;</td> <td style="width:20%; font-size: small;">CITY;</td> <td style="width:10%; font-size: small;">STATE;</td> <td style="width:15%; font-size: small;">ZIP CODE</td> </tr> <tr> <td>109 Baker Rd</td> <td></td> <td>Bertram, TX</td> <td></td> <td>78605</td> </tr> </table>	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	109 Baker Rd		Bertram, TX		78605											
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE																		
109 Baker Rd		Bertram, TX		78605																		
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">AREA CODE</td> <td style="width:40%; font-size: small;">PHONE NUMBER</td> <td style="width:35%; font-size: small;">EXTENSION</td> </tr> <tr> <td>(512)</td> <td>755-6246</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(512)	755-6246																
AREA CODE	PHONE NUMBER	EXTENSION																				
(512)	755-6246																					
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><input checked="" type="checkbox"/> January 15</td> <td style="width:15%;"><input type="checkbox"/> 30th day before election</td> <td style="width:15%;"><input type="checkbox"/> Runoff</td> <td style="width:15%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>	<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)													
<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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> <td style="width:10%; font-size: x-small;">THROUGH</td> <td style="width:10%; font-size: x-small;">Month</td> <td style="width:10%; font-size: x-small;">Day</td> <td style="width:15%; font-size: x-small;">Year</td> </tr> <tr> <td>7</td> <td>/</td> <td>1</td> <td></td> <td>12</td> <td>/</td> <td>31</td> </tr> <tr> <td></td> <td></td> <td>25</td> <td></td> <td></td> <td></td> <td>25</td> </tr> </table>	Month	Day	Year	THROUGH	Month	Day	Year	7	/	1		12	/	31			25				25
Month	Day	Year	THROUGH	Month	Day	Year																
7	/	1		12	/	31																
		25				25																
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; font-size: x-small;">ELECTION DATE</td> <td style="width:65%; font-size: x-small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: x-small;">Month / Day / Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>January 15 (Semiannual) Report</u> </td> </tr> </table>	ELECTION DATE	ELECTION TYPE	Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>January 15 (Semiannual) Report</u>																	
ELECTION DATE	ELECTION TYPE																					
Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special <u>January 15 (Semiannual) Report</u>																					
12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: x-small;">OFFICE HELD (if any)</td> <td style="width:50%; font-size: x-small;">13 OFFICE SOUGHT (if known)</td> </tr> <tr> <td colspan="2">Burnet County Commissioner Pct3</td> </tr> </table>	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	Burnet County Commissioner Pct3																		
OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																					
Burnet County Commissioner Pct3																						
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p style="font-size: x-small; margin-bottom: 5px;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: x-small;">COMMITTEE TYPE</td> <td style="font-size: x-small;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS													
COMMITTEE TYPE	COMMITTEE NAME																					
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS																					
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																					
	COMMITTEE CAMPAIGN TREASURER ADDRESS																					

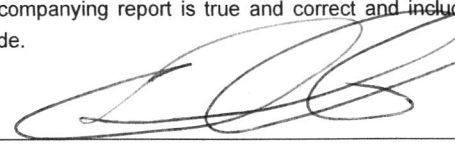
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Chad Collier		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	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
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

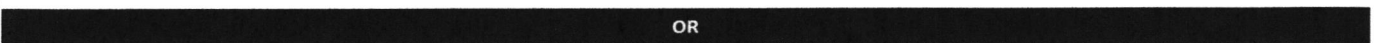
Please complete either option below:

(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



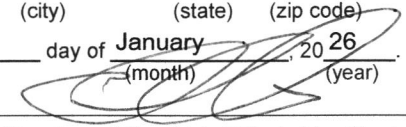
(2) Unsworn Declaration

My name is Chad D. Collier, and my date of birth is 12/28/1973.

My address is 1131 CR 321, Bertram, TX, 78605, USA.

(street) (city) (state) (zip code) (country)

Executed in Burnet County, State of Texas, on the 4 day of January, 2026.



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME Chad Collier		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	\$ 0.00
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