

# COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC  
COVER SHEET PG 1

The CEC Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

0023748

2 Total pages filed:

Sch 1/1 <sup>1/5</sup>  
~~5/5~~

3 COMMITTEE NAME

DeeCos County Republican Party

OFFICE USE ONLY

Date Received

RECEIVED

1/31/24

Texas Ethics Commission

Date Hand-delivered or Date Postmarked  
via email

Receipt #

Amount \$

Date Processed 1/31/24

Date Imaged

4 COMMITTEE ADDRESS

Change of Address

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

P.O. Box 1795  
Ft. Stockton, Tx 79735

5 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

Mrs. DeLane

NICKNAME

LAST

SUFFIX

Cagle

6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE

906 Powell Court  
Iraan, Tx 79744

7 CAMPAIGN TREASURER MAILING ADDRESS

Change of Address

STREET ADDRESS OR PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE

P.O. Box 1337  
Iraan, Tx 79744

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(432) 302-1106

9 REPORT TYPE



January 15



30th day before election



Final Report



July 15



6th day before election



10th day after campaign treasurer termination



Runoff

10 PERIOD COVERED

Month Day Year

07 / 15 / 2023

THROUGH

Month Day Year

01 / 15 / 2024

11 ELECTION

ELECTION DATE

Month Day Year

11 / 05 / 2024

ELECTION TYPE



Primary



Runoff



Other



General



Special

Description \_\_\_\_\_

GO TO PAGE 2

# COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM CEC  
COVER SHEET PG 2

12 COMMITTEE NAME <b>Pecos County Republican Party (P)</b>		13 Filer ID (Ethics Commission Filers) <b>0023748</b>
14 COMMITTEE ACTIVITY <small>(Attach lists on plain paper to complete this report if necessary.)</small>	1. Candidates <small>(Identify by name or, if applicable, classify by party.)</small>	A. Supported
		B. Opposed
	2. Measures <small>(Describe by date and location of election and nature of issue.)</small>	A. Supported
		B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	
15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>11,779.75</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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.

*DeLone Cagle*  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, 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 \_\_\_\_\_, 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 Campaign Treasurer (Declarant)

**SUBTOTALS - CEC**

**FORM CEC  
COVER SHEET PG 3**

17 COMMITTEE NAME <i>Pecos County Republican Party (P)</i>		18 Filer ID (Ethics Commission Filers) <i>0023748</i>
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0.00</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0.00</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0.00</i>
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0.00</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0.00</i>
9.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
10.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# PLEGGED CONTRIBUTIONS

# SCHEDULE B

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 B: <i>Sch 1/1 3/5</i>	
2 FILER NAME <i>Pecos County Republican Party (P)</i>		3 Filer ID (Ethics Commission Filers) <i>0023748</i>	
4 TOTAL OF UNITEMIZED PLEDGES		\$ <i>0.00</i>	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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.

# LOANS

## SCHEDULE E

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 E: <i>Sch 1/1 5/5</i>
2 FILER NAME <i>DeLane Cagle</i>		3 Filer ID (Ethics Commission Filers) <i>0023748</i>
4 TOTAL OF UNITEMIZED LOANS		\$ <i>0.00</i>
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	9 Loan Amount (\$)
6 Is lender a financial institution?  Y N	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.