

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |   |                                     |   |                                 |  |                                  |  |  |   |
|---|---|---|---|-------------------------------------|---|---------------------------------|--|----------------------------------|--|--|---|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00085728 | <b>2</b> Total pages filed:<br>5  |                                     |   |                                 |  |                                  |  |  |   |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR      FIRST      MI<br>Stormy D.   |   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>07/15/2025  |                                     |   |                                 |  |                                  |  |  |   |
|   | <hr/> NICKNAME      LAST      SUFFIX<br>Bradley   |   |   |                                     |   |                                 |  |                                  |  |  |   |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX;    APT / SUITE #;    CITY;    ZIP CODE<br>P.O. Box 847<br><br>Big Spring, TX 79720  |   | Date Hand-delivered or Date Postmarked  |                                     |   |                                 |  |                                  |  |  |   |
|   |   |   | Receipt #      Amount   |                                     |   |                                 |  |                                  |  |  |   |
|   |   |   | Date Processed  |                                     |   |                                 |  |                                  |  |  |   |
|   |   |   | Date Imaged   |                                     |   |                                 |  |                                  |  |  |   |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR      FIRST      MI<br>Lisa  |   |   |                                     |   |                                 |  |                                  |  |  |   |
|   | <hr/> NICKNAME      LAST      SUFFIX<br>Lisker  |   |   |                                     |   |                                 |  |                                  |  |  |   |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br>228 S. Washington St.<br>Ste. 115<br>Alexandria, TX 22314  |   |   |                                     |   |                                 |  |                                  |  |  |   |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE      PHONE NUMBER      EXTENSION<br>(703) 281-7540  |   |   |                                     |   |                                 |  |                                  |  |  |   |
| <b>8</b> REPORT TYPE  | <table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><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 checked="" type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table> |   |   | <input 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 checked="" type="checkbox"/> Final Report (Attach C/OH-FR) |
| <input 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 checked="" type="checkbox"/> Final Report (Attach C/OH-FR)   |                                     |   |                                 |  |                                  |  |  |   |
| <b>9</b> PERIOD COVERED   | Month    Day    Year      THROUGH      Month    Day    Year<br>01/01/2025      06/30/2025   |   |   |                                     |   |                                 |  |                                  |  |  |   |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                     |   |                                 |  |                                  |  |  |   |
|   |   |   |   |                                     |   |                                 |  |                                  |  |  |   |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   | <b>12</b> OFFICE SOUGHT (if known)  |                                     |   |                                 |  |                                  |  |  |   |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 5

|                |                    |             |                            |
|----------------|--------------------|-------------|----------------------------|
| 13 C / OH NAME | Bradley, Stormy D. | 14 Filer ID | (Ethics Commission Filers) |
|                |                    | 00085728    |                            |

|  |  |                                      |
|--|--|--------------------------------------|
| 15 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. |                                      |
|  | COMMITTEE TYPE   | COMMITTEE NAME                       |
|  | <input type="checkbox"/> GENERAL   | COMMITTEE ADDRESS                    |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE CAMPAIGN TREASURER NAME    |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                         |   |    |        |
|-------------------------|---|----|--------|
| 16 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 EXPENDITURES  | \$ | 0.00   |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ | 312.52 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE 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   |

### 17 AFFIDAVIT

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.

Stormy D. Bradley

Signature of Candidate or Officeholder

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

Printed name of officer administering

Title of officer administering oath

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

3 of 5

|  |   |   |        |
|--|---|---|--------|
| <b>18 FILER NAME</b><br>Bradley, Stormy D.       |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00085728 |        |
| <b>20 SCHEDULE SUBTOTALS</b><br>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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$  | 312.52 |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |        |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$  |        |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |        |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$  |        |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$  |        |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$  |        |
| 12.  | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |        |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/1 Rpt: 4/5              | <b>2</b> FILER NAME<br>Bradley, Stormy D.  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085728  |
| <b>4</b> Date<br>06/30/2025   | <b>5</b> Payee name<br>Huckaby Davis Lisker Inc.   |   |
| <b>6</b> Amount (\$)<br>\$312.52                                    | <b>7</b> Payee address; City; State; Zip Code<br>228 S. Washington St.<br>Ste. 115<br>Alexandria, VA 22314 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense              | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Compliance Consulting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |

The Instruction Guide explains how to complete this form.

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

Page 5 of 5

**1** C/OH NAME

Bradley, Stormy D.

**2** Filer ID

(Ethics Commission Filers)

00085728

**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.

Stormy D. Bradley

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 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.

Stormy D. Bradley

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