

# 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<br>(Ethics Commission Filers)<br>00080132                                                                                                                 | 2 Total pages filed:<br>4                                                         |        |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR<br>The Honorable                                                                                                                                                                                                                                                                                                                                                                                                     | FIRST<br>John H. | MI<br>                                                                                                                                                               | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>07/14/2025 |        |
|                                                                                                       | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                           | LAST<br>Best     | SUFFIX                                                                                                                                                               |                                                                                   |        |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>P.O. Box 3181<br><br>San Angelo, TX 76902                                                                                                                                                                                                                                                                                                                                       |                  |                                                                                                                                                                      | Date Hand-delivered or Date Postmarked                                            |        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                      | Receipt #                                                                         | Amount |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                      | Date Processed                                                                    |        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                                                                                                                                                      | Date Imaged                                                                       |        |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR<br>Ms.                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST<br>Valerie | MI<br>                                                                                                                                                               |                                                                                   |        |
|                                                                                                       | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                           | LAST<br>Priess   | SUFFIX                                                                                                                                                               |                                                                                   |        |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>P.O. Box 3181<br><br>San Angelo, TX 76902                                                                                                                                                                                                                                                                                                               |                  |                                                                                                                                                                      |                                                                                   |        |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE PHONE NUMBER EXTENSION<br>(325) 656-8111                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                                                                      |                                                                                   |        |
| 8 REPORT<br>TYPE                                                                                      | <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)<br><input checked="" 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) |                  |                                                                                                                                                                      |                                                                                   |        |
| 9 PERIOD<br>COVERED                                                                                   | Month Day Year      THROUGH      Month Day Year<br>01/01/2025      06/30/2025                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                                                                                                      |                                                                                   |        |
| 10 ELECTION                                                                                           | ELECTION DATE<br>Month Day Year                                                                                                                                                                                                                                                                                                                                                                                                    |                  | ELECTION TYPE                                                                                                                                                        |                                                                                   |        |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |                                                                                   |        |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)<br>District Attorney (Multi-county) District 119th                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                                                                      | 12 OFFICE SOUGHT (if known)                                                       |        |

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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|                |                               |             |                            |
|----------------|-------------------------------|-------------|----------------------------|
| 13 C / OH NAME | Best, John H. (The Honorable) | 14 Filer ID | (Ethics Commission Filers) |
|                |                               | 00080132    |                            |

|                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| 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                                                                                                       | \$ | 0.00   |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                                | \$ | 201.53 |
| 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.

The Honorable John H. Best

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  
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|                                                       |                                                                                                             |                                                           |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>18 FILER NAME</b><br>Best, John H. (The Honorable) |                                                                                                             | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00080132 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE      |                                                                                                             | SUBTOTAL AMOUNT                                           |
| 1.                                                    | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 0.00                                                   |
| 2.                                                    | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                                        |
| 3.                                                    | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                                                        |
| 4.                                                    | <input checked="" type="checkbox"/> SCHEDULE E: LOANS                                                       | \$ 0.00                                                   |
| 5.                                                    | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 0.00                                                   |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 0.00                                                   |
| 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 | \$                                                        |

# LOANS

## SCHEDULE E

|                                                                                |                                                                                |                                                                                                                        |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>               |                                                                                | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 4/4                                                                  |
| <b>2</b> FILER NAME<br>Best, John H. (The Honorable)                           |                                                                                | <b>3</b> Filer ID (Ethics Commission Filers)<br>00080132                                                               |
| <b>4</b> TOTAL OF UNITEMIZED LOANS                                             |                                                                                | <b>\$</b> 0.00                                                                                                         |
| <b>5</b> Date of loan                                                          | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)                                                                                              |
| <b>6</b> Is lender a financial institution?                                    | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate                                                                                                |
|                                                                                |                                                                                | <b>11</b> Maturity Date                                                                                                |
| <b>12</b> Principal occupation / Job title (See Instructions)                  |                                                                                | <b>13</b> Employer (See Instructions)                                                                                  |
| <b>14</b> Description of Collateral<br><input type="checkbox"/> None           |                                                                                | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable | <b>17</b> Name of guarantor                                                    | <b>19</b> Amount Guaranteed (\$)                                                                                       |
|                                                                                | <b>18</b> Guarantor address; City; State; Zip Code                             |                                                                                                                        |
| <b>20</b> Principal occupation                                                 |                                                                                | <b>21</b> Employer (See Instructions)                                                                                  |