

**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) 00090241 | 2 Total pages filed: 8 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR FIRST Raymond L. | | | MI | | | |
| | NICKNAME Ray | | | LAST Stith III | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 1616 Ginger Ln | | | ZIP CODE | Date Hand-delivered or Date Postmarked | | |
| | Argyle, TX 76226 | | | | Receipt # | Amount | |
| | | | | | Date Processed | | |
| | | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST Kelly | | | MI | | | |
| | NICKNAME Winget | | | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 4813 Argyle Ln | | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| | Argyle, TX 76226 | | | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (214) | PHONE NUMBER 799-6977 | EXTENSION | | | | |
| 8 REPORT TYPE | <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) |
| 9 PERIOD COVERED | Month 10/25/2025 | Day | Year | Month 12/31/2025 | Day | Year | |
| 10 ELECTION | ELECTION DATE Month 03/03/2026 | | Day | ELECTION TYPE | | | |
| | | | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other | |
| | | | | <input type="checkbox"/> General | <input type="checkbox"/> Special | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) State Representative District 57 | | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

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

2 of 8

| | | | |
|---|--|--------------------------------------|--|
| 13 C / OH NAME | Stith III, Raymond L. | | 14 Filer ID (Ethics Commission Filers) 00090241 |
| 15 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. <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. | | |
| <input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC | | COMMITTEE NAME Texas Majority PAC | COMMITTEE ADDRESS PO Box 66100 Houston, TX 77266 |
| | | COMMITTEE CAMPAIGN TREASURER NAME | COMMITTEE CAMPAIGN TREASURER ADDRESS TX |
| 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) | | \$ 1,105.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 2,307.45 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 544.94 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 1,052.64 |

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.

Raymond L. Stith III

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 8

| | |
|---|--|
| 18 FILER NAME | 19 Filer ID (Ethics Commission Filers) 00090241 |
| Stith III, Raymond L. | |
| 20 SCHEDULE SUBTOTALS | |
| NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,105.00 |
| 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 | \$ 772.06 |
| 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 | \$ 1,535.39 |
| 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 | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/8 |
| 2 FILER NAME Stith III, Raymond L. | | 3 Filer ID (Ethics Commission Filers) 00090241 |
| 4 Date 11/23/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michnick, Stuart (Dr.) | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Argyle, TX 76226 | |
| 8 Principal occupation / Job title (See Instructions) Orthopedic Surgeon | | 9 Employer (See Instructions) Texas Health Group |
| Date 12/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nevels, Reggial | Amount of Contribution (\$) \$5.00 |
| | Contributor address; City; State; Zip Code Newnan, GA 30263 | |
| Principal occupation / Job title (See Instructions) Traveler | | Employer (See Instructions) Self Employed |
| Date 11/25/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stith, Judy | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Hampton, VA 23666 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 11/06/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority PAC | Amount of Contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77266 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 F1: Sch: 1/1 Rpt: 5/8 | 2 FILER NAME Stith III, Raymond L. | 3 Filer ID (Ethics Commission Filers) 00090241 |
| 4 Date 12/07/2025 | 5 Payee name ActBlue | |
| 6 Amount (\$) \$22.06 | 7 Payee address; City; P.O. Box 441146 Somerville, MA 02144 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Processing Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 12/14/2025 | Payee name Denton County Democratic Party | |
| Amount (\$) \$750.00 | Payee address; City; 2220 San Jacinto Blvd Suite 340 Denton, TX 76205 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee to run for office |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 G: Sch: 1/3 Rpt: 6/8 | 2 FILER NAME Stith III, Raymond L. | 3 Filer ID (Ethics Commission Filers) 00090241 | |
| 4 Date 12/16/2025 | 5 Payee name Best Name Badges | | |
| 6 Amount (\$) \$43.28 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 1700 NW 65th Ave Suite 4 Plantation, FL 33313 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Name tags for events | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/16/2025 | Payee name Fiverr | | |
| Amount (\$) \$310.76 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 401 Broadway Suite 1600 New York, NY 10013 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Website | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cost to have the campaign website created | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/13/2025 | Payee name Point Bank | | |
| Amount (\$) \$5.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 302 US-377 Argyle, TX 76226 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Cashiers Check Fee | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 G: Sch: 2/3 Rpt: 7/8 | 2 FILER NAME Stith III, Raymond L. | 3 Filer ID (Ethics Commission Filers) 00090241 | |
| 4 Date 11/21/2025 | 5 Payee name Snapberry Photographs | | |
| 6 Amount (\$) \$550.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 107 East 3rd Street Prosper, TX 75078 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographs for the political website | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/14/2025 | Payee name Stith, Raymond | | |
| Amount (\$) \$250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Argyle, TX 76226 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense personal funds to pay filing fees and for a cashiers check | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 11/14/2025 | Payee name US Postal Service | | |
| Amount (\$) \$188.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 440 US-377 Argyle, TX 76226 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees for campaign PO Box | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(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 - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | 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 G: Sch: 3/3 Rpt: 8/8 | 2 FILER NAME Stith III, Raymond L. | 3 Filer ID (Ethics Commission Filers) 00090241 | |
| 4 Date 11/16/2025 | 5 Payee name Wix.com | | |
| 6 Amount (\$) \$188.35 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 100 Gansevoort St New York, NY 10014 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Web Hosting fee | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |