

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: <div style="text-align: center; font-size: 1.2em;">4</div> |
| 3 CANDIDATE / OFFICEHOLDER NAME | <div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr. James W. </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Edge </div> | | <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="font-size: 1.5em; color: blue; margin-bottom: 10px;">RECEIVED</div> <div style="font-size: 1.2em; color: red; margin-bottom: 10px;">JUL 15 2025</div> <div style="font-size: 0.8em; color: blue; margin-bottom: 5px;">CITY SECRETARY'S OFFICE CITY OF BRYAN</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Receipt # Amount \$ </div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Processed</div> <div style="border-top: 1px solid black; padding-top: 2px;">Date Imaged</div> |
| | <div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> [REDACTED] Bryan TX [REDACTED] </div> | | |
| <div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> [REDACTED] [REDACTED] [REDACTED] </div> | | | |
| <div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr. William H. </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Bill Flores </div> | | | |
| <div style="display: flex; justify-content: space-between;"> 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="font-size: 0.8em;"> <input type="checkbox"/> Change of Address </div> | | | |
| <div style="display: flex; justify-content: space-between;"> 5 CANDIDATE / OFFICEHOLDER PHONE </div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | |
| <div style="display: flex; justify-content: space-between;"> 6 CAMPAIGN TREASURER NAME </div> <div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="display: flex; justify-content: space-between;"> Mr. William H. </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="display: flex; justify-content: space-between;"> Bill Flores </div> | | | |
| <div style="display: flex; justify-content: space-between;"> 7 CAMPAIGN TREASURER ADDRESS </div> <div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="display: flex; justify-content: space-between;"> 4715 Copperfield Dr. Bryan TX 77802-5936 </div> <div style="font-size: 0.8em;">(Residence or Business)</div> | | | |
| <div style="display: flex; justify-content: space-between;"> 8 CAMPAIGN TREASURER PHONE </div> <div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="display: flex; justify-content: space-between;"> (979) 436-8000 </div> | | | |
| <div style="display: flex; justify-content: space-between;"> 9 REPORT TYPE </div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | | |
| <div style="display: flex; justify-content: space-between;"> 10 PERIOD COVERED </div> <div style="display: flex; justify-content: space-between;"> <div> Month Day Year 01 / 01 / 2025 </div> <div>THROUGH</div> <div> Month Day Year 06 / 30 / 2025 </div> </div> | | | |
| <div style="display: flex; justify-content: space-between;"> 11 ELECTION </div> <div style="display: flex;"> <div style="flex: 1;"> <div style="text-align: center; font-size: 0.8em;">ELECTION DATE</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> Month Day Year </div> <div style="display: flex; justify-content: space-between; font-size: 1.1em;"> 11 / 05 / 2024 </div> </div> <div style="flex: 1; padding-left: 10px;"> <div style="text-align: center; font-size: 0.8em;">ELECTION TYPE</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div> </div> | | | |
| <div style="display: flex; justify-content: space-between;"> 12 OFFICE </div> <div style="display: flex; justify-content: space-between;"> OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) </div> <div style="display: flex; justify-content: space-between;"> Bryan City Council Single Member District 4 Bryan City Council Single Member District 4 </div> | | | |
| <div style="display: flex; justify-content: space-between;"> 14 NOTICE FROM POLITICAL COMMITTEE(S) </div> <div style="font-size: 0.8em;"> 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. </div> <div style="display: flex;"> <div style="flex: 1; padding-right: 10px;"> <div style="font-size: 0.8em;">COMMITTEE TYPE</div> <div style="margin-top: 10px;"> <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> </div> <div style="flex: 3;"> <div style="font-size: 0.8em;">COMMITTEE NAME</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="font-size: 0.8em;">COMMITTEE ADDRESS</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER NAME</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="font-size: 0.8em;">COMMITTEE CAMPAIGN TREASURER ADDRESS</div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Additional Pages </div> | | | |

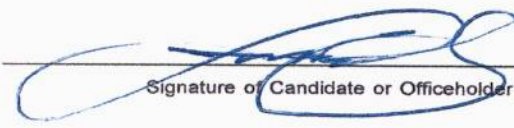
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------------|---|--|
| 15 C/OH NAME James W. Edge | | 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- |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ -0- |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ -0- |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 82.47 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2,377.75 |
| 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

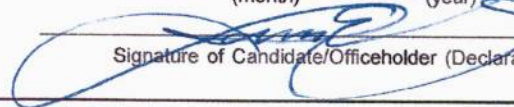
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is James W. Edge, and my date of birth is _____
_____, My address is _____ Bryan, TX _____
_____, _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
Executed in Brazos County, State of Texas, on the 15th day of July, 2025
(month) (year)


Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | |
|--------------------------------------|---|---|
| 15 C/OH NAME James W. Edge | | 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- |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ -0- |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ -0- |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 82.47 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 2,377.75 |
| 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

OR

(2) Unsworn Declaration

My name is James W. Edge, and my date of birth is _____
_____, My address is _____ Bryan, TX _____
_____, (street) _____ (city) _____ (state) _____ (zip code) _____ (country)
Executed in Brazos County, State of Texas, on the 15th day of July, 2025
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

James W. Edge

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
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 MADE FROM POLITICAL CONTRIBUTIONS | \$82.47 |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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.

| | | | | | |
|---|--|--|---|--|--|
| 1 Total pages Schedule F1: | | 2 FILER NAME James W. Edge | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 02/18/2025 | | 5 Payee name Name.com | | | |
| 6 Amount (\$) \$82.47 | | 7 Payee address; City; State; Zip Code Unknown | | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Website cost | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED