

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: <u>4</u>			
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR <u>MR</u>	FIRST <u>DAVID</u>	MI	OFFICE USE ONLY Date Received RECEIVED JAN 12 2026 BY: _____			
NICKNAME		LAST <u>Cave</u>	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE		
		<u>9514 FM 888 Skidmore, TX</u>						
		<u>78389</u>						
5 CANDIDATE/ OFFICEHOLDER PHONE		AREA CODE <u>(361)</u>	PHONE NUMBER <u>877. 0113</u>	EXTENSION				
6 CAMPAIGN TREASURER NAME		MS / MRS / MR <u>MR</u>	FIRST <u>Susan</u>	MI	Date Hand-delivered or Date Postmarked			
		NICKNAME	LAST <u>Cave</u>	SUFFIX	Receipt # Amount \$			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:				STATE: ZIP CODE		
		<u>9514 FM 888 Skidmore TX</u>				<u>78389</u>		
8 CAMPAIGN TREASURER PHONE		AREA CODE <u>(361)</u>	PHONE NUMBER <u>877. 0113</u>	EXTENSION				
9 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)			
10 PERIOD COVERED		Month <u>9</u>	Day <u>26</u>	Year <u>2025</u>	THROUGH	Month <u>12</u>	Day <u>31</u>	Year <u>2025</u>
11 ELECTION		ELECTION DATE Month <u>03</u> Day <u>03</u> Year <u>2026</u>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE		OFFICE HELD (if any) <u>N/A</u>			13 OFFICE SOUGHT (if known) <u>Bee County Commissioner Pct. 4</u>			
14 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. 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.						
		COMMITTEE TYPE		COMMITTEE NAME				
		<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS				
		<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME				
				COMMITTEE CAMPAIGN TREASURER ADDRESS				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

David Cave

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

\$ 1,809.38

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

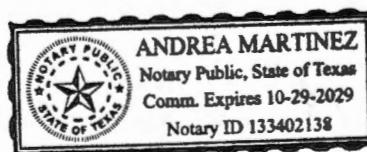
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

David Cave

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael David Cave this the 12th day of January, 20 2024, to certify which, witness my hand and seal of office.

Andrea M. Martinez
Signature of officer administering oath

Andrea Martinez
Printed name of officer administering oath

Notary Public
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 Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
David Cave		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	18 09. 38
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7. <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	1,559. 38
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	250. 0
10. <input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0

LOANS

SCHEDULE E

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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule E: 1	
2 FILER NAME <i>David Cave</i>			3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS			\$ <i>1,809. 38</i>	
5 Date of loan <i>9/26/2025</i>	7 Name of lender <i>David Cave</i>	<input type="checkbox"/> out-of-state PAC (ID#: 78389	9 Loan Amount (\$) <i>1,809. 38</i>	
6 Is lender a financial institution? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	8 Lender address; <i>9514 FM 888, Skidmore, TX</i>	City: 78389	State: TX	10 Interest rate
			11 Maturity date	
12 Principal occupation / Job title (See Instructions) <i>Rancher</i>		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 <i>David Cave</i>			19 Amount Guaranteed (\$) <i>\$1,809. 38</i>
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)		
Date of loan	Name of lender	<input type="checkbox"/> out-of-state PAC (ID#: 78389		Loan Amount (\$)
Is lender a financial institution? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Lender address;	City;	State: TX	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 Guarantor address; 78389 City; TX State; 78389 Zip Code			Amount Guaranteed (\$)
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.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>David Cave</i>	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ <i>1,559.38</i>
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5 CREDIT CARD ISSUER	Name of financial institution <i>MasterCard</i>	
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6 PAYMENT	(a) Amount Charged <i>\$ 1,451.01</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid <i>10/1/25 & 11/25/25</i>
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7 PAYEE	(a) Payee name <i>Sign 2 Go</i>	(b) Payee address; <i>304 E. Pecan, McAllen, TX, 78501</i>	City, State, Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>SIGNS</i>
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Political Non-Political

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>DAVID CAVE</i>	Office Sought <i>Bee County Commissioner Pct. 4</i>	Office Held <i>N/A</i>
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PAYMENT	(a) Amount Charged <i>\$ 87.26</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid <i>9/26/25 & 10/8/25</i>
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PAYEE	(a) Payee name <i>Vista Print</i>	(b) Payee address; <i>275 Wyman St, Waltham, MA 02451</i>	City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Campaign Cards</i>
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Political Non-Political

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>DAVID CAVE</i>	Office Sought <i>Bee County Commissioner Pct. 4</i>	Office Held <i>N/A</i>
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PAYMENT	(a) Amount Charged <i>\$ 21.11</i>	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid <i>12/12/25</i>
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PAYEE	(a) Payee name <i>Bird's Rubber Stamp</i>	(b) Payee address; <i>5230 Kostoryz, Corpus Christi, TX, 78415</i>	City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Campaign Name Badge</i>
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Political Non-Political

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>DAVID CAVE</i>	Office Sought <i>Bee County Commissioner Pct. 4</i>	Office Held <i>N/A</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	David Cave	
4 Date	5 Payee name	
9/26/25	David Cave	
6 Amount (\$)	7 Payee address;	City: State: Zip Code
250.00	9514 FM 988	Skidmore TX 78389
<input type="checkbox"/> Reimbursement from political contributions intended		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Banking	OPENED Campaign Account
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought
Complete <u>ONLY</u> if direct expenditure to benefit C/O/H	David Cave	Office held
	Bee County Commissioner Pct. 4	n/a
Date	Payee name	
9/26/2025	Simmons Bank of Beeville Branch	
Amount (\$)	Payee address;	City: State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	P.O. Box 7009	Pine Bluff, Ark. 71611
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/O/H	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address;	City: State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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/O/H	Candidate / Officeholder name	Office sought
Date	Payee name	
Amount (\$)	Payee address;	City: State: Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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/O/H	Candidate / Officeholder name	Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		