

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <span style="font-size: 2em;">7</span>		
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR <span style="margin-left: 20px;">FIRST</span> <span style="margin-left: 20px;">MI</span> <div style="text-align: center; font-size: 1.5em;">David</div> <hr/> NICKNAME <span style="margin-left: 100px;">LAST</span> <span style="margin-left: 100px;">SUFFIX</span> <div style="text-align: center; font-size: 1.5em;">Cave</div>		<b>OFFICE USE ONLY</b>  Date Received <div style="font-size: 2em; color: blue; border: 1px solid blue; padding: 5px;">RECEIVED</div> <div style="color: red; font-weight: bold; font-size: 1.2em;">JAN 27 2026</div> BY: _____		
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <span style="margin-left: 20px;">APT / SUITE #;</span> <span style="margin-left: 20px;">CITY;</span> <span style="margin-left: 20px;">STATE;</span> <span style="margin-left: 20px;">ZIP CODE</span> <div style="text-align: center; font-size: 1.2em;">9514 FM 088 Skidmore, Tx 78389</div>				
<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <span style="margin-left: 40px;">PHONE NUMBER</span> <span style="margin-left: 40px;">EXTENSION</span> <div style="text-align: center; font-size: 1.2em;">(361) 877. 0113</div>				
<b>6</b> CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS / MR <span style="margin-left: 20px;">FIRST</span> <span style="margin-left: 20px;">MI</span> <div style="text-align: center; font-size: 1.5em;">Susan</div> <hr/> NICKNAME <span style="margin-left: 100px;">LAST</span> <span style="margin-left: 100px;">SUFFIX</span> <div style="text-align: center; font-size: 1.5em;">Cave</div>				
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <span style="margin-left: 20px;">APT / SUITE #;</span> <span style="margin-left: 20px;">CITY;</span> <span style="margin-left: 20px;">STATE;</span> <span style="margin-left: 20px;">ZIP CODE</span> <div style="text-align: center; font-size: 1.2em;">9514 FM 088 Skidmore, Tx 78389</div>				
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <span style="margin-left: 40px;">PHONE NUMBER</span> <span style="margin-left: 40px;">EXTENSION</span> <div style="text-align: center; font-size: 1.2em;">(361) 877. 0113</div>				
<b>9</b> REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" 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 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>				
<b>10</b> PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>             Month Day Year  <div style="font-size: 1.2em;">01 / 01 / 2026</div> </div> <div>THROUGH</div> <div>             Month Day Year  <div style="font-size: 1.2em;">01 / 22 / 2026</div> </div> </div>				
<b>11</b> ELECTION	<div style="display: flex;"> <div style="flex: 1;">             ELECTION DATE              Month Day Year  <div style="font-size: 1.2em;">03 / 03 / 2026</div> </div> <div style="flex: 2;">             ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special           </div> </div>				
<b>12</b> OFFICE	OFFICE HELD (if any) <div style="font-size: 1.5em;">N/A</div>		<b>13</b> OFFICE SOUGHT (if known) <div style="font-size: 1.2em;">Bee County Commissioner Pct. 4</div>		
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	<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> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%; vertical-align: top;">           COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC         </td> <td style="width:80%;">           COMMITTEE NAME             COMMITTEE ADDRESS             COMMITTEE CAMPAIGN TREASURER NAME             COMMITTEE CAMPAIGN TREASURER ADDRESS         </td> </tr> </table>			COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

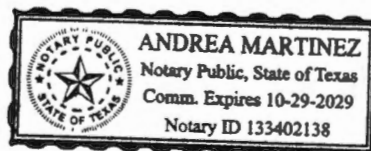
<b>15 C/OH NAME</b> <u>David Cave</u>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>900.<sup>00</sup>/<sub>100</sub></u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <u>1,053.<sup>14</sup>/<sub>100</sub></u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

**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 27<sup>th</sup> day of January, 20 20, to certify which, witness my hand and seal of office.

*Andrea Martinez* Andrea Martinez Notary Public  
Signature of officer administering oath Printed name of officer administering oath 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

DAVID CAVE

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 900. <sup>00</sup>
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	\$ 932. <sup>00</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1053. <sup>14</sup>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1053. <sup>14</sup>
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	\$

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule A1: **1**

David Cave

1/9/2026

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Benifer Broughton

City;

Zip Code

Sinton, Tx  
78387

9 Employer (See Instructions)

1/9/2026

☐ out-of-state PAC (ID#: \_\_\_\_\_)

JAY Carr

City;

State; Zip Code

██████████ ██████████ Sinton, TX 78387

Amount of contribution (\$) 300.00

Employer (See Instructions)

1/21/2026

☐ out-of-state PAC (ID#: \_\_\_\_\_)

## Mengers & Sons Farms

City;

State; Zip Code

██████████ ██████████ ██████████ ██████████ ██████████ TYNAN, TX. 78391

Amount of contribution (\$) 500,00

Employer (See Instructions)

☐ out-of-state PAC (ID#:

City;

State; Zip Code

Amount of contribution (\$)

Employer (See Instructions)

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# 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: <b>1</b>	2 FILER NAME <b>DAVID CAVE</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>1/21/2026</b>	5 Payee name <b>Fernando Javier Orozco Signs</b>	
6 Amount (\$) <b>932.00</b>	7 Payee address; City; State; Zip Code <b>700 W. Expressway 83, McAllen, TX. 78501</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>ADvertising</b>	(b) Description <b>Door hangers</b>
	(c) <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 <b>DAVID CAVE</b>	Office sought <b>Bee County Commissioner Pct. 4</b>
		Office held <b>N/A</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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	
<b>PURPOSE OF EXPENDITURE</b>	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

# 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

<b>1 TOTAL PAGES SCHEDULE F4:</b>	<b>2 FILER NAME</b>		<b>3 FILER ID (Ethics Commission Filers)</b>
	1 David Cave		
<b>4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD</b>			\$ 1,053.14
<b>5 CREDIT CARD ISSUER</b>	Name of financial institution		
	Master Card		
<b>6 PAYMENT</b>	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
	\$ 121.14		1/2/2026 & 1/6/2026
<b>7 PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
	Tractor Supply	1305 E. Sinton St. Sinton, TX 78389	
<b>8 PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)		(b) Description
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	Advertising		T-Posts
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9 Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held David Cave Bee County Commissioner Dist. 4 N/A		
<b>PAYMENT</b>	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
	\$ 932.00		1/21/2026
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
	Javier Orozco Signs	700 W. Expressway 83, McAllen, TX 78501	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)		(b) Description
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	Advertising		Door Hangers
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held David Cave Bee County Commissioner Dist. 4 N/A		
<b>PAYMENT</b>	(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
	\$		
<b>PAYEE</b>	(a) Payee name	(b) Payee address; City, State, Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)		(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political			
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b>	Candidate / Officeholder name Office Sought Office Held David Cave Bee County Commissioner Dist. 4 N/A		

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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>DAVID CAVE</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>11/21/2026</b> <b>1/6/2026</b>	5 Payee name <b>TRACTOR SUPPLY</b>	
6 Amount (\$) <b>121.14</b>	7 Payee address; City; State; Zip Code <b>1305 E. Sinton ST; Sinton TX 78387</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	
	(b) Description <b>T- Posts</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held <b>DAVID CAVE Bee County Commissioner Pct. 4 N/A</b>		
Date <b>11/21/2026</b>	Payee name <b>Fernando Javier Orozco Signs</b>	
Amount (\$) <b>932.00</b>	Payee address; City; State; Zip Code <b>700 W. Expressway 83, McAllen TX 78501</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING</b>	
	Description <b>Door Hangers</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held <b>DAVID CAVE Bee County Commissioner Pct. 4 N/A</b>		
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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED