

# 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:					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>PERRY</i>	MI	OFFICE USE ONLY  Date Received <b>FILED FOR RECORD</b> at 1:35 o'clock pm  JAN 12 2026  SANDRA KNIGHT County Clerk, Carter County, Texas By <i>SL</i> Deputy					
	NICKNAME	LAST <i>WEEKS</i>	SUFFIX						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE <i>Pittsburg, TX 75686</i>					
3598 St Hwy 11 WEST									
<input type="checkbox"/> Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked					
<i>(903) 767 1648</i>									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #					
	NICKNAME	LAST <i>ANNETTE</i>	SUFFIX	Date Processed					
<i>WEEKS</i>									
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:			STATE: ZIP CODE <i>3598 State Hwy 11 WEST Pittsburg TX 75686</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION						
<i>(903) 767-1649</i>									
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff  <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month Day Year <i>7 / 1 / 2025 THROUGH 12 / 31 / 2025</i>					
11 ELECTION	Month	Day	Year	ELECTION TYPE  <input 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) <i>County Commissioner</i>			13 OFFICE SOUGHT (if known)					
14 NOTICE FROM POLITICAL COMMITTEE(S)	<small>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.</small> <table border="1"> <tr> <td rowspan="4">COMMITTEE TYPE   <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC             </td> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>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
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	COMMITTEE ADDRESS								
	COMMITTEE CAMPAIGN TREASURER NAME								
	COMMITTEE CAMPAIGN TREASURER ADDRESS								
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FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

*Perry Weeks*

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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

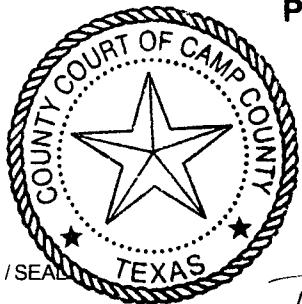
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Perry Weeks*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Perry Weeks this the 12th day of January, 20 26, to certify which, witness my hand and seal of office.

*Sandra Knight*  
Signature of officer administering oath

*SANDRA KNIGHT*  
Printed name of officer administering oath

*County Clerk*  
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)