# 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:

**OFFICE USE ONLY**

Date Received
FILED
8:49 o'clock A M
FEB 17 2026
SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS
Date Hand-Delivered or Date Postmarked
By Amanda Fox Deputy

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR | FIRST: Francisca | MI

NICKNAME: Franny | LAST: Ortiz | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

ADDRESS / PO BOX: P.O. Box 676 | APT / SUITE #: | CITY: Decatur | STATE: TX | ZIP CODE: 76234

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (768) | PHONE NUMBER: 468-1847 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR | FIRST: Francisca | MI

NICKNAME: Franny | LAST: Ortiz | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS**

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 112 Valley Meadow Dr | APT / SUITE #: | CITY: Decatur | STATE: TX | ZIP CODE: 76234

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (768) | PHONE NUMBER: 468-1847 | EXTENSION

**9 REPORT TYPE**

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☑ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

**10 PERIOD COVERED**

Month Day Year: 1 / 23 / 2026 THROUGH Month Day Year: 2 / 21 / 2026

**11 ELECTION**

ELECTION DATE: Month Day Year: 3 / 3 / 2026

ELECTION TYPE: ☑ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any)

**13 OFFICE SOUGHT (if known)**: Justice of the Peace Pct. 1

**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.

☐ Additional Pages

COMMITTEE TYPE: ☐ GENERAL ☐ 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**

| **15** C/OH NAME | **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) | $ 959.38 |
| | **2.** | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 959.38 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 260.00 |
| | **4.** | **TOTAL POLITICAL EXPENDITURES** | $ 260.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 699.38 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 699.38 |

**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.

Francisca Ortiz
Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

AMANDA KNOX
Notary Public
STATE OF TEXAS
ID# 13420440-3
My Comm. Exp. Feb. 15, 2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Francisca Ortiz this the 17th day of February, 2026, to certify which, witness my hand and seal of office.

Amanda Knox — Amanda Knox — Chief Deputy EA

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)