

# 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<br>Mr.   | FIRST<br>Russell                      | MI<br>E  | <b>OFFICE USE ONLY</b>                 |
|  | NICKNAME   | LAST<br>Hess                          | SUFFIX   |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |                                       | 1229 River View Rd Millsap TX 76066  |  |
|  | 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE<br>(940)                    | PHONE NUMBER<br>659-8908   | EXTENSION                              |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Ms  | FIRST<br>Barbara                      | MI<br>G  | Date Hand-delivered or Date Postmarked |
|  | NICKNAME   | LAST<br>Wofford                       | SUFFIX   |  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  |                                       | 1229 River View Rd Millsap TX 76066  |  |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE<br>(940)   | PHONE NUMBER<br>328-9991              | 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)<br><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 Day Year    Month Day Year<br>07 / 01 / 2021    THROUGH    12 / 31 / 2021  |                                       |  |  |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>11 / 08 / 2022  |                                       | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
| 12 OFFICE  | OFFICE HELD (if any)   |                                       | 13 OFFICE SOUGHT (if known)<br>Parker County Sheriff   |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> Additional Pages   | 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  |  |  |

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>Russell E. Hess |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>          | 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  |
| <b>EXPENDITURE TOTALS</b>              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 750  |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$ 750  |
| <b>CONTRIBUTION BALANCE</b>            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0  |
| <b>OUTSTANDING LOAN TOTALS</b>         | 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.

*[Handwritten Signature]*  
Signature of Candidate or Officeholder

**Please complete either option below:**



**(1) Affidavit**  
NOTARY STAMP/SEAL  
Sworn to and subscribed before me by Russell E. Hess this the 17<sup>th</sup> day of January, 2022, to certify which, witness my hand and seal of office.  
*[Signature]*  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**(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<br><b>Russell E Hess</b>    |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 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                        | \$750-                                 |
| 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 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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:                             | <b>2</b> FILER NAME<br>Russell E. Hess   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date  | <b>5</b> Payee name<br>Parker County   |  |
| <b>6</b> Amount (\$)<br>750-                                 | <b>7</b> Payee address; City; State; Zip Code<br>1112 Santa Fe Drive Weatherford, TX 76086   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>fees  | <b>(b)</b> Description<br>Filing Fees        |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH |  |  |
| Date   | Candidate / Officeholder name  |  |
| Amount (\$)  | Office sought  | Office held                                  |
| 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            |  |
| Candidate / Officeholder name                                |  |  |
| Date   | Office sought  |  |
| Amount (\$)  | Office held  |  |
| 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            |  |
| Candidate / Officeholder name                                |  |  |
| Date   | Office sought  |  |
| Amount (\$)  | Office held  |  |
| 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            |  |
| Candidate / Officeholder name                                |  |  |
| Date   | Office sought  |  |
| Amount (\$)  | Office held  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED