# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.  1 Filter ID (Bhes Commission Filter)  2 Total pages filled 4  3 CANDIDATE / OFFICENOLDER NAME  DOUG Lance  1 CANDIDATE / OFFICENOLDER NAME  COMMISSION LAST DOUG LANCE LAST OFFICENOLDER NAME  ACOMES AND PACKE PRABER ACTIVE 4: CITY. GIATE 2P CODE MALING ADDRESS Change of Address  5 CANDIDATE / OFFICENOLDER PHONE PRABER ACTIVE 4: CITY. GIATE 2P CODE MALING ADDRESS Change of Address  6 CAMPAIGN TREASURER NAME  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  1 MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  Mr. MOSTANS / MR. PIRET MI NCOMME LAST LANCE  MR. MOSTANS / MR. PIRET MI NCOMME MOSTANS / MR. PIRET MI NCOMME LAST LANCE  MR. MOSTANS / MR. PIRET MI NCOMME MOSTANS / MR. PIRET MOCHANIE  MI NCOMME MOSTANS / MR. PIRET MI NCOMME MOCHAN / MR. MOSTANS / MR. PIRET MOCHANA MOCHAN / MR. MOSTANS / MR. PIRET MOCHANA MOCHAN / MR. MOCHAN						
OFFICEHOLDER NAME  NORMAE LAST DOUG LARCE USERNAME LOUGH LAST DOUG LARCE USERNAME ASTRONOMY APPLICATION AREA CODE PHONE NUMBER CAMPAIGN TREASURER NAME  CAMPAIGN TREASURER ADDRESS ROMONOME LAST SUPPRY MICHONIC USERNAME  MS / MRS / MRS / FIRST MS / SUPPRY LAST USERNAME  MS / MRS / MRS / FIRST MS / SUPPRY LAST USERNAME  LAST DOWN DESCRIPTION TREASURER ADDRESS ROMONOME LAST TREASURER ADDRESS ROMONOME LAST TREASURER ADDRESS ROMONOME LAST SUPPRY LAST DOWN DESCRIPTION TREASURER ADDRESS ROMONOME USERNAME  STREET ADDRESS NO PO BOX PLEASES APT / SUTE #: CIPY: STATE DOWN DESCRIPTION TREASURER ADDRESS ROMONOME  STATE SPOONE TEXAS TOSSS  AREA CODE PHONE NUMBER EXTENSION TREASURER ADDRESS ROMONOME  STATE SPOONE TOWN TREASURER ADDRESS ROMONOME  STATE STATE SPOONE TOWN TREASURER ADDRESS ROMONOME  STATE STATE SPOONE TOWN TREASURER ADDRESS ROMONOME  STATE STATE SPOONE TOWN TREASURER ADDRESS ROMONOME TOWN TREASURER ADDRESS TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4	
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OFFICEHOLDER PHONE  (903) 278-4704  Date Hand-delivered or Date Postmarked Phone  (903) 288-4704  Date Hand-delivered or Date Postmarked Phone  (903) 288-4704  Date Hand-delivered or Date Postmarked Date Manuel \$  Date Processed  Date Imaged  Date Ima						
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NICROMAME  LAST  Lance  7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE). APT / SUITE #.  Atlanta  Texas 75551  Texas 75551  Texas 75551  Texas 75551  AREA CODE PHONE NUMBER EXTENSION  9 REPORT TYPE  10 PERIOD COVERED  Month Day Year  Month Day Year  Month Day Year  Final Report (Atlant COH - FR)  8 / 16 / 23 THROUGH  12 OFFICE  OFFICE HELD (if sny)  This BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF POLITICAL COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS	TREASURER					
TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE   AREA CODE   PHONE NUMBER   EXTENSION    9 REPORT TYPE   January 15   30th day before election   Runoff   15th day after campaign treasurer appointment (Official Month)   Phone number   Exceeded Modified   Final Report (Attach CICH) - Final Report	NAME	NICKNAME	LAST	SUFFIX		
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  1 January 15			Lance		Date Imaged	
8 CAMPAIGN TREASURER PHONE (903) 277-5381  9 REPORT TYPE January 15 30th day before election Runoff Isth day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH-FR)  10 PERIOD COVERED 8 16 23 THROUGH 12 31 23  11 ELECTION ELECTION DATE North Day Year North Day Year Special Primary Runoff Description Special Primary Runoff Description Cass County Commissioner - Precinct 3  12 OFFICE OFFICE OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER: SPECIFIC COMMITTEE ADDRESS  COMMITTEE TYPE COMMITTEE ADDRESS  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	TREASURER ADDRESS					
July 15 Sth day before election Exceeded Modified Reporting Limit (Officeholder Only)  10 PERIOD COVERED  Month Day Year Month Day Year Strong Month Day Y	8 CAMPAIGN TREASURER			EXTENSION		
July 15   Bith day before election   Exceeded Modified Reporting Limit   Final Report (Attach C/OH - FR)	9 REPORT TYPE	January 15	30th day before e	election	treasurer appointment	
10 PERIOD COVERED    Month   Day   Year   Notice   Special   Primary   Runoff   Description		July 15	8th day before ele	ection	Final Report (Attach C/OH - FR)	
Month Day Year 3 5 24 General Special  12 OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  Cass County Commissioner - Precinct 3  14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S ORD OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE  GENERAL  SPECIFIC  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				12		
Cass County Commissioner - Precinct 3  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'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  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS	11 ELECTION	Month Day	Year Primary	Runoff Other Description		
POLITICAL COMMITTEE(S)  THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE  GENERAL  SPECIFIC  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS	12 OFFICE	OFFICE HELD (if any)		The second secon	,	
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			GO ТО	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME William D. Lance II aka [	Doug Lance		16 Filer	ID (Ethics C	Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$	0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		S)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$	0.00	
	4. TOTAL POLITICAL EXPENDITURES			\$ 2,257.84		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	TRIBUTIONS MAINTAINED AS OF THE L.	AST DAY	\$	0.00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	UNT OF ALL OUTSTANDING LOANS AS ORTING PERIOD	OF THE	\$	0.00	
(1) Afficient	Please co	Signature of Complete either option below		Officeholde	) T	
NOTARY STAMP (SEAL)  Sworn to and subscribed before the seal of th	ı, witness my hand and seal of offi	ice. U	12th	0	anwy	
signature of officer administering of	ith Printed name	of officer administering oath	Ti	tle of officer	administering oath	
(2) Unsworn Declaration		OR				
My name is		, and my date of birth is				
My address is		, and my date of birth is			•	
	(street)	(city)	state) (zip	,	(country)	
Executed in	,	, on the day of (month	, , ,	20 (year)	(country)	
		Signature of Candid	date/Officeho	older (Declar	rant)	

#### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	FILER NAME /illiam D. Lance II aka Doug Lance	20 Filer ID (Ethics Co	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	2,257.84
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	

## 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5 (5		
<ul><li>1 Total pages Schedule G:</li></ul>	<sup>2</sup> FILER NAME William D. Lance II aka Doug La	ance	3 Filer ID (Ethics Commission Filers)		
4 Date 11/09/2023	5 Payee name Cigainero Enterprises				
6 Amount (\$) 1,507.84 Reimbursement from political contributions intended	7 Payee address; 2828 S .State Line	c <sub>ity;</sub> Texarkana	State; Zip Code Texas 75501		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date 11/11/2023	Payee name Cass County Republican Party				
Amount (\$) 750.00 Reimbursement from political contributions intended	Payee address; 509 Sweet Gum Alley	<sup>City;</sup> Queen City	State; Zip Code 7 Texas 75572		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees  Description Candidate Filing Fee				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought Office bexpenditure to benefit C/OH				
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Reimbursement from political contributions intended					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	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 S	SCHEDULE AS NEEDE	ED		