

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: **2**

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: **MRS** FIRST: **GAYLA** MI: **R**
NICKNAME: LAST: **CATES** SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO BOX 233 PANHANDLE, TEXAS 79068
Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: **(806)** PHONE NUMBER: **898 1958** EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: **MRS** FIRST: **GAYLA** MI: **R**
NICKNAME: LAST: **CATES** SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
509 CHARLES PANHANDLE, TEXAS 79068
(Residence or Business)

8 CAMPAIGN TREASURER PHONE
AREA CODE: **(806)** PHONE NUMBER: **898 1958** 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 Month Day Year
2 / 3 / 26 THROUGH **3 / 3 / 26**

11 ELECTION

ELECTION DATE: Month Day Year ELECTION TYPE

Primary Runoff Other Description
 General Special

3 / 3 / 26

12 OFFICE OFFICE HELD (if any): **Carson County & District Clerk**

13 OFFICE SOUGHT (if known): **Carson County & District Clerk**

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.

COMMITTEE TYPE: GENERAL COMMITTEE NAME: _____

COMMITTEE ADDRESS: _____

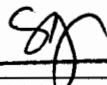
COMMITTEE CAMPAIGN TREASURER NAME: _____

COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

Additional Pages

OFFICE USE ONLY

Date Received
RECEIVED
JUL 01 2026

BY: 

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

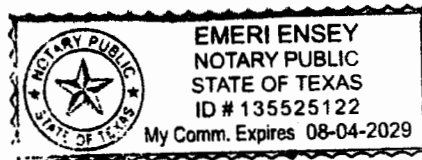
15 C/OH NAME GAYLA CATES		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Gayla Cates
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Gayla Cates this the 7th day of July, 2026, to certify which, witness my hand and seal of office.

Emeri Ensey Signature of officer administering oath
Emeri Ensey Printed name of officer administering oath
Notary 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)