

# 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: 5  |                                      |                          |   |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME  | MS / MRS / MR<br>FIRST<br>Connie<br>NICKNAME<br>LAST<br>Drake   |                                      |                          | MI<br>J<br>SUFFIX  | OFFICE USE ONLY   |                                      |                          |   |
|  | ADDRESS / PO BOX;<br>PO Box 1681  |                                      |                          | APT / SUITE #;<br>Sealy  | CITY: STATE; ZIP CODE<br>TX 77474   |                                      |                          |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br>Change of Address |   |                                      |                          |  |   |                                      |                          |   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  | AREA CODE<br>(281 )   | PHONE NUMBER<br>844-3025             | EXTENSION                |  |   |                                      |                          |   |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR<br>FIRST<br>Lynn<br>NICKNAME<br>LAST<br>Drake   |                                      |                          | MI<br>E<br>SUFFIX  | Date Received<br><br><b>RECEIVED</b><br>JAN 14 2026<br>AUSTIN COUNTY<br>ELECTIONS<br>Date Hand-delivered or Date Postmarked |                                      |                          |   |
|  |   |                                      |                          |  | Receipt #   Amount \$   |                                      |                          |   |
|  |   |                                      |                          |  | Date Processed  |                                      |                          |   |
|  |   |                                      |                          |  | Date Imaged   |                                      |                          |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)            | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;<br>804 N Fowlkes  |                                      |                          | CITY;<br>Sealy   | STATE; ZIP CODE<br>TX 77474   |                                      |                          |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE<br>( 713 )  | PHONE NUMBER<br>503-5315             | 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<br>treasurer appointment<br>(Officeholder Only) |
|  | <input type="checkbox"/>  | July 15                              | <input type="checkbox"/> | 8th day before election  | <input type="checkbox"/>  | Exceeded Modified<br>Reporting Limit | <input type="checkbox"/> | Final Report (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED   | Month<br>12   | Day<br>19                            | Year<br>25               | THROUGH  | Month<br>12   | Day<br>31                            | Year<br>25               |   |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>3 / 3 / 26   |                                      |                          | ELECTION TYPE<br><br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |                                      |                          |   |
| 12 OFFICE  | OFFICE HELD (if any)  |                                      |                          | 13 OFFICE SOUGHT (if known)<br>Justice of the Peace, Precinct 3  |   |                                      |                          |   |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)<br><br>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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> 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<br>Connie J Drake | 16 Filer ID (Ethics Commission Filers)  |
| 17 CONTRIBUTION<br>TOTALS      | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$<br><br>2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ <b>2,603.98</b> |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$<br><br>4. <b>TOTAL POLITICAL EXPENDITURES</b> \$ <b>1,855.18</b>  |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ <b>1,748.80</b>   |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$<br>  |

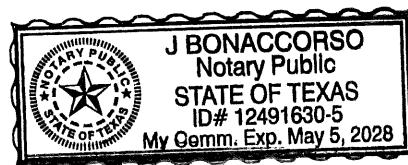
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Connie J Drake this the \_\_\_\_\_ day of January,

2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath J. Bonaccorso

Printed name of officer administering oath

J. Bonaccorso

Title of officer administering oath

Notary

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)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

|  |   |
|--|---|
| <b>19</b> FILER NAME<br>Connie J Drake   | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL<br>AMOUNT                            |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ 2,603.98                                   |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS   | \$  |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$  |
| 4. SCHEDULE E: LOANS   | \$  |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,855.18                                   |
| 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 FUNDS   | \$  |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                              | \$  |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS                                 | \$  |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>TO FILER                    | \$  |

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

If the requested information is not applicable, **DO NOT include this page in the report.**

| The Instruction Guide explains how to complete this form.                              |   |   |        | 1 Total pages Schedule A1:                                      |
|--|---|---|--------|---|
| <b>2 FILER NAME</b><br>Connie J Drake  |   |   |        | <b>3 Filer ID (Ethics Commission Filers)</b>                    |
| <b>4 Date</b><br><br>12/23/2025  | <b>5 Full name of contributor</b><br><br>Lynn Drake         | out-of-state PAC (ID#:<br>.....)                                      |        | <b>7 Amount of contribution (\$)</b><br><br><big>2,000.00</big> |
|  | <b>6 Contributor address;</b><br><br>804 N. Fowlkes         | City;   | State; | Zip Code  |
|  |   | Sealy   | TX     | 77474   |
| <b>8 Principal occupation / Job title (See Instructions)</b><br><br>Deputy Constable   |   | <b>9 Employer (See Instructions)</b><br><br>Harris County, Precinct 5 |        |   |
| <b>Date</b><br><br>12/30/2025  | <b>Full name of contributor</b><br><br>Clyde Drake Campaign | out-of-state PAC (ID#:<br>.....)                                      |        | <b>Amount of contribution (\$)</b><br><br><big>603.98</big>     |
|  | <b>Contributor address;</b><br><br>PO Box 1570              | City;   | State; | Zip Code  |
|  |   | Sealy   | TX     | 77474   |
| <b>Principal occupation / Job title (See Instructions)</b><br><br>Justice of the Peace |   | <b>Employer (See Instructions)</b><br><br>Austin County               |        |   |
| <b>Date</b>  | <b>Full name of contributor</b>                             | out-of-state PAC (ID#:<br>.....)                                      |        | <b>Amount of contribution (\$)</b>                              |
|  | <b>Contributor address;</b>                                 | City;   | State; | Zip Code  |
| <b>Principal occupation / Job title (See Instructions)</b>                             |   | <b>Employer (See Instructions)</b>                                    |        |   |
| <b>Date</b>  | <b>Full name of contributor</b>                             | out-of-state PAC (ID#:<br>.....)                                      |        | <b>Amount of contribution (\$)</b>                              |
|  | <b>Contributor address;</b>                                 | City;   | State; | Zip Code  |
| <b>Principal occupation / Job title (See Instructions)</b>                             |   | <b>Employer (See Instructions)</b>                                    |        |   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

**The Instruction Guide explains how to complete this form.**

|   |   |  |  |
|---|---|--|--|
| <b>1</b> Total pages Schedule F1:   | <b>2</b> FILER NAME<br>Connie J Drake   |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>12/20/2025   | <b>5</b> Payee name<br>UZ Marketing   |  |  |
| <b>6</b> Amount (\$)<br><b>917.10</b>   | <b>7</b> Payee address;<br>5900 BINGLE HOUSTON TX 77092<br>Check if individual's residence address.                   |  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                        | <b>(b)</b> Description<br>Signs              |  |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense |  |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Connie J Drake |   | Office sought<br>Justice of the Peace, Pct 3 | Office held                                  |
| Date<br>12/27/2025  | Payee name<br>UZ Marketing  |  |  |
| Amount (\$)<br><b>917.10</b>  | Payee address;<br>5900 BINGLE HOUSTON TX 77092<br>Check if individual's residence address.                            |  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>Category</b> (See Categories listed at the top of this schedule)<br>Advertising Expense                            | <b>Description</b><br>Signs                  |  |
|   | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense            |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Connie J Drake          |   | Office sought<br>Justice of the Peace, Pct 3 | Office held                                  |
| Date<br>12/29/2025  | Payee name<br>Citizens State Bank   |  |  |
| Amount (\$)<br><b>20.98</b>   | Payee address;<br>222 Main Street Sealy TX 77092<br>Check if individual's residence address.                          |  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | <b>Category</b> (See Categories listed at the top of this schedule)<br>Fees   | <b>Description</b><br>Bank Charge            |  |
|   | Check if travel outside of Texas. Complete Schedule T.<br>Check if Austin, TX, officeholder living expense            |  |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Connie J Drake          |   | Office sought<br>Justice of the Peace, Pct 3 | Office held                                  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**