

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

<p>See CTA Instruction Guide for detailed instructions.</p>						1 Total pages filed:
2 CANDIDATE NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Filer ID # RECEIVED AT <u>11:30</u> O'CLOCK <u>AM</u> DEC 8 2025 RAINS COUNTY ELECTIONS DEPARTMENT TEXAS BY: <u>Monica Cole</u> Date Hand-delivered or Postmarked		
	MR.	Dustin	P			
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #:		CITY:	STATE:	ZIP CODE	
	P.O. Box 98 Point TX 75472					
4 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(903)	268 - 3461				
5 OFFICE HELD (if any)						
6 OFFICE SOUGHT (if known)	Rains County Commissioner Pct 4					
7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
		Dustin	P	Briggs		
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE <u>DB</u> <u>Monica Cole</u> Dustin P Briggs					
9 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(903)	<u>Monica Cole</u>	268-3461			
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.					
	 Signature of Candidate			<u>12-4-25</u> Date Signed		

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**CANDIDATE MODIFIED
REPORTING DECLARATION****FORM CTA
PG 2****11 CANDIDATE
NAME***Dustin Briggs***12 MODIFIED
REPORTING
DECLARATION****COMPLETE THIS SECTION ONLY IF YOU ARE
CHOOSING MODIFIED REPORTING**

**•• This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. ••**

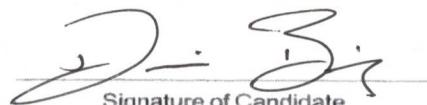
•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• Candidates for the office of state chair of a political party
may NOT choose modified reporting. ••**

I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2024

Year of election(s) or election cycle to
which declaration applies



Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

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 <i>Mr</i>	FIRST <i>Dustin</i>	MI <i>P</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Briggs</i>	SUFFIX	Date Received AT <i>11:30</i> RECEIVED O'CLOCK AM DEC 8 2025 RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS BY: <i>Mona Allen</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>PO Box 98 Point TX 75472</i>			Date Hand-delivered or Date Postmarked		
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>268-3461</i>	EXTENSION	Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Dustin</i>	FIRST <i>Dustin</i>	MI <i>P</i>	Date Processed		
	NICKNAME	LAST <i>Briggs</i>	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: <i>221 Ave C. Point TX 75472</i>			STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>268-3461</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>/</i>	Day <i>/</i>	Year <i>/</i>	Month <i>/</i>	Day <i>/</i>	Year <i>/</i>
11 ELECTION	ELECTION DATE Month <i>/</i>	Day <i>/</i>	Year <i>/</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description _____		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>PCT 4 Commissioner</i>		
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			

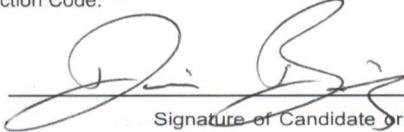
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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)	\$ 0
2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS		
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
4.	TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE		
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS		
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.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Dustin Briggs, and my date of birth is 3-4-1982.
 My address is 221 Ave C, Point, TX, 75472, Rains.
 (street) (city) (state) (zip code) (country)
 Executed in Rains County, State of Texas, on the 8th day of Dec, 20 25.
 (month) (year)



Signature of Candidate/Officeholder (Declarant)

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

RECEIVED
AT 11 30 OCLOCK AM

DEC 8 2025

RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS
BY: *Mona Cull*

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER <small>(Ethics Commission Filers)</small>		2 TYPE OF FILER <small>CANDIDATE <input checked="" type="checkbox"/></small>		<small>POLITICAL COMMITTEE <input type="checkbox"/></small>	
		<small>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</small>			
3 NAME OF CANDIDATE <small>(PLEASE TYPE OR PRINT)</small>		<small>TITLE (Dr., Mr., Ms., etc.)</small> <small>Mr.</small>	<small>FIRST</small> <small>Dustin</small>	<small>MI</small> <small>P</small>	
		<small>NICKNAME</small> <small>Briggs</small>	<small>LAST</small>	<small>SUFFIX (SR., JR., III, etc.)</small>	
4 TELEPHONE NUMBER OF CANDIDATE <small>(PLEASE TYPE OR PRINT)</small>		<small>AREA CODE</small> <small>(903)</small>	<small>PHONE NUMBER</small> <small>268-3461</small>	<small>EXTENSION</small>	
5 ADDRESS OF CANDIDATE <small>(PLEASE TYPE OR PRINT)</small>		<small>STREET Box 321</small> <small>PO Box</small>	<small>APT / SUITE #:</small> <small>Are C. Point</small>	<small>CITY:</small> <small>TX 75472</small>	<small>STATE:</small> <small>ZIP CODE</small>
6 OFFICE SOUGHT BY CANDIDATE <small>(PLEASE TYPE OR PRINT)</small>		<small>Rains County Commissioner Dist 4</small>			
7 NAME OF COMMITTEE <small>(PLEASE TYPE OR PRINT)</small>					
8 NAME OF CAMPAIGN TREASURER <small>(PLEASE TYPE OR PRINT)</small>		<small>TITLE (Dr., Mr., Ms., etc.)</small> <small></small>	<small>FIRST</small> <small></small>	<small>MI</small> <small></small>	
		<small>NICKNAME</small> <small></small>	<small>LAST</small> <small></small>	<small>SUFFIX (SR., JR., III, etc.)</small> <small></small>	

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CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature

12-4-25

Date