

**APPOINTMENT OF A CAMPAIGN TREASURER  
BY A CANDIDATE**

**FORM CTA**

**PG 1**

See CTA Instruction Guide for detailed instructions.

<p>2 CANDIDATE NAME</p> <p>MR. <i>Bill</i> <i>DekWayne</i> NICKNAME <i>McBride</i></p>				<p>1 Total pages filed: <i>1</i></p> <p><b>OFFICE USE ONLY</b></p> <p>Filer ID # <i>RECEIVED</i> AT <i>10-24 Oct 2025 AM</i> Date Received</p> <p><b>OCT 14 2025</b></p> <p>RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS BY: <i>L. K. Kell</i></p> <p>Date Hand-delivered or Postmarked</p> <p>Receipt # <i></i> Amount \$ <i></i></p> <p>Date Processed</p> <p>Date Imaged</p>	
<p>3 CANDIDATE MAILING ADDRESS</p> <p>ADDRESS / PO BOX: <i>6387 S. FM 779 Alba TX 75410</i></p>					
<p>4 CANDIDATE PHONE</p> <p>AREA CODE <i>(903)</i> PHONE NUMBER <i>259-9525</i></p>					
<p>5 OFFICE HELD (if any)</p> <p><i>None</i></p>					
<p>6 OFFICE SOUGHT (if known)</p> <p><i>Rains County Commissioner Pct. 2</i></p>					
<p>7 CAMPAIGN TREASURER NAME</p> <p>MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX</p> <p><i>Mr. Bill A. McBride</i></p>					
<p>8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)</p> <p>STREET ADDRESS: <i>6387 S. FM 779 Alba TX 75410</i></p>					
<p>9 CAMPAIGN TREASURER PHONE</p> <p>AREA CODE <i>(903)</i> PHONE NUMBER <i>259-9525</i></p>					
<p>10 CANDIDATE SIGNATURE</p> <p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>[Signature]</i></p> <p>Signature of Candidate</p> <p><i>10-13-25</i></p> <p>Date Signed</p>					
<p><b>GO TO PAGE 2</b></p>					

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

PG 2

RECEIVED  
AT 10:04 OCLOCK AM  
OCT 14 2025

11 CANDIDATE  
NAME

B-L DeWayne McBride

12 MODIFIED  
REPORTING  
DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE  
CHOOSING MODIFIED REPORTING

RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS  
BY: *[Signature]*

• 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 \$1,110 in political contributions or  
make more than \$1,110 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.

*2026*

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](mailto: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	FIRST <i>Mr.</i>	MI <i>B.R.</i>	OFFICE USE ONLY			
	NICKNAME	LAST <i>McBride</i>	SUFFIX	Date Received <i>RECEIVED AT 159 O'CLOCK M</i>	Oct 14 2025		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX.	APT / SUITE #	CITY:	STATE:	ZIP CODE <i>6387 S. FM 779, Alba TX 75410</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>259-9525</i>	EXTENSION		Date Hand-delivered or Date Postmarked <i>10/14/25</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>B.R.</i>	MI <i>A.</i>	Receipt #	Amount \$		
	NICKNAME <i>McBride</i>	LAST	SUFFIX	Date Processed			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY:	STATE: ZIP CODE <i>6387 S. FM 779 Alba TX 75410</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>259-9525</i>	EXTENSION				
9 REPORT TYPE	<input 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)		
	<input checked="" 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 <i>1</i>	Day <i>1</i>	Year <i>26</i>	THROUGH	Month <i>6</i>	Day <i>30</i>	Year <i>26</i>
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 3 26</i>		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description				
12 OFFICE	OFFICE HELD (if any) <i>NONE</i>			13 OFFICE SOUGHT (if known) <i>Rains County Commissioner Pt. 2</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 <i>N/A.</i>					
		COMMITTEE ADDRESS					
	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

RECEIVED  
AT 1:59 O'CLOCK PM

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OCT 14 2025

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

B.L. D. Mcbride

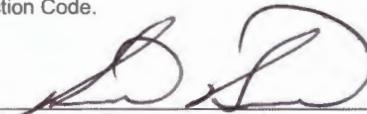
RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS

BY: *D.L. Mcbride*

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)	\$ <i>0</i>
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>240.32</i>
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ <i>240.32</i>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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

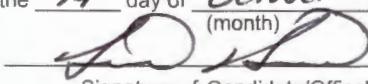
OR

**(2) Unsworn Declaration**

My name is B.L. D. Mcbride, and my date of birth is 9-1-58.

My address is 6387 S. FM 779, Alba, TX, 75410, Rains.  
(street) (city) (state) (zip code) (country)

Executed in Rains County, State of Texas, on the 14 day of October, 2025.  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<i>Bru Mcbride</i>	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>0</i>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>240.32</i>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>0</i>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

# 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:  <i>1</i>
2 FILER NAME  <i>See D. McBride</i>			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  <i>N.A.</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$)  <i>0</i>
	6 Contributor address;  .....	City: _____ State: _____ Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor  <i>N.A.</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)  <i>0</i>
	Contributor address;  .....	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor  <i>N.A.</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)  <i>0</i>
	Contributor address;  .....	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor  <i>N.A.</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)  <i>0</i>
	Contributor address;  .....	City: _____ State: _____ Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:  <i>1</i>
2 FILER NAME  <i>B.L. McBride</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  <i>N.A.</i> )	8 Amount of Contribution \$  <i>0</i>
	7 Contributor address; City; State; Zip Code	9 In-kind contribution description
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:  <i>N.A.</i>		Amount of Contribution \$  <i>0</i>
Contributor address; City; State; Zip Code		In-kind contribution description  <i>0</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# PLEDGED CONTRIBUTIONS

# SCHEDULE B

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 B:  <i>1</i>
2 FILER NAME  <i>B. C. A. McBrade</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED PLEDGES  \$		
5 Date	6 Full name of pledgor  <i>N. A.</i>  7 Pledgor address; City: State: Zip Code	8 Amount of Pledge \$  <i>0</i>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)
Date	Full name of pledgor  <i>N. A.</i>  Pledgor address; City: State: Zip Code	Amount of Pledge \$  <i>0</i>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of pledgor  <i>N. A.</i>  Pledgor address; City: State: Zip Code	Amount of Pledge \$  <i>0</i>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of pledgor  <i>N. A.</i>  Pledgor address; City: State: Zip Code	Amount of Pledge \$  <i>0</i>  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## LOANS

## SCHEDULE E

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

<p>The Instruction Guide explains how to complete this form.</p>			<b>1</b> Total pages Schedule E:  <i>1</i>
<b>2</b> FILER NAME  <i>B.U. S. McBrule</i>			<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS  \$ <i>0</i>			
<b>5</b> Date of loan  <i>N/A.</i>	<b>7</b> Name of lender  <i>N/A.</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	<b>9</b> Loan Amount (\$)  <i>0</i>
<b>6</b> Is lender a financial institution?  <i>Y N</i>	<b>8</b> Lender address:  City: _____ State: _____ Zip Code: _____		<b>10</b> Interest rate  <i>0</i>
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)	
<b>14</b> Description of Collateral  <input type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor  <i>N/A.</i>	<b>19</b> Amount Guaranteed (\$)  <i>0</i>	
	<b>18</b> Guarantor address:  City: _____ State: _____ Zip Code: _____		
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)	
Date of loan  <i>N/A.</i>	Name of lender  <i>N/A.</i>	<input type="checkbox"/> out-of-state PAC (ID#_____)	Loan Amount (\$)  <i>0</i>
Is lender a financial institution?  <i>Y N</i>	Lender address:  City: _____ State: _____ Zip Code: _____		Interest rate  <i>0</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral  <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
<b>GUARANTOR INFORMATION</b>  <input type="checkbox"/> not applicable	Name of guarantor  <i>N/A.</i>	Amount Guaranteed (\$)  <i>0</i>	
	Guarantor address:  City: _____ State: _____ Zip Code: _____		
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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.

1 Total pages Schedule F1:	2 FILER NAME <i>Bill S. McBride</i>	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name <i>N.A.</i>		
6 Amount (\$) <i>0</i>	7 Payee address:	City: _____ State: _____ Zip Code: _____	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name <i>N.A.</i>		
Amount (\$) <i>0</i>	Payee address:	City: _____	State: _____ Zip Code: _____
  <b>PURPOSE OF EXPENDITURE</b>	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name <i>N.A.</i>		
Amount (\$) <i>0</i>	Payee address:	City: _____	State: _____ Zip Code: _____
  <b>PURPOSE OF EXPENDITURE</b>	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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

## EXPENDITURE CATEGORIES FOR BOX 10(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	<i>Barb D. McEachern</i>		
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <i>0</i>	
5 Date	6 Payee name <i>N.A.</i>		
7 Amount (\$)	8 Payee address: <i>D</i>		
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name <i>N.A.</i>		
Amount (\$)	Payee address: <i>D</i>		
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

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 F3:  <i>1</i>			
2 FILER NAME  <i>B.L. S. McRae</i>		3 Filer ID (Ethics Commission Filers)			
4 Date	5 Name of person from whom investment is purchased  <i>N.A.</i>				
	6 Address of person from whom investment is purchased:	City:	State:	Zip Code	
	7 Description of investment				
	8 Amount of investment (\$)  <i>0</i>				
Date	Name of person from whom investment is purchased  <i>N.A.</i>				
	Address of person from whom investment is purchased:	City:	State:	Zip Code	
	Description of investment				
	Amount of investment (\$)  <i>0</i>				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>B. L. D. McBride</i>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ <i>240.32</i>			
5 CREDIT CARD ISSUER	Name of financial institution <i>Discover</i>		
6 PAYMENT	(a) Amount Charged <i>\$ 240.32</i>	(b) Date Expenditure Charged <i>8-27-25</i>	(c) Date(s) Credit Card Issuer Paid <i>9-1-25</i>
7 PAYEE	(a) Payee name <i>B. L. D. McBride</i>	(b) Payee address; <i>6387 S. FM 779</i>	City, State, Zip Code <i>Alba TX 75410</i>
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>		(b) Description <i>Signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 SCHEDULE AS NEEDED

# 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	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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1	BILL S. McBRIDE		
4 Date	5 Payee name		
	N. A.		
6 Amount (\$)	7 Payee address;	City: _____ State: _____ Zip Code: _____	
<input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
	N. A.		
Amount (\$)	Payee address;	City: _____	State: _____ Zip Code: _____
<input type="checkbox"/> Reimbursement from political contributions intended			
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		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
	N. A.		
Amount (\$)	Payee address;	City: _____	State: _____ Zip Code: _____
<input type="checkbox"/> Reimbursement from political contributions intended			
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		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

**PAYMENT MADE FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH**

**SCHEDULE H**

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.

1 Total pages Schedule H:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
<u>1</u>	<u>b.r. o. m. g. f. d. e.</u>		
4 Date	5 Business name	<u>N. A.</u>	
6 Amount (\$)	7 Business address;	City: _____ State: _____ Zip Code: _____	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name	<u>N. A.</u>	
Amount (\$)	Business address;	City: _____	State: _____ Zip Code: _____
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name	<u>N. A.</u>	
Amount (\$)	Business address;	City: _____	State: _____ Zip Code: _____
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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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

**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE I**

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 I:	2 FILER NAME <i>BILL A. McBRIDE</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>N.A.</i>	
6 Amount (\$) <i>0</i>	7 Payee address:	City _____ State _____ Zip Code _____
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name <i>N.A.</i>	
Amount (\$) <i>0</i>	Payee address;	City _____ State _____ Zip Code _____
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name <i>N.A.</i>	
Amount (\$) <i>0</i>	Payee address;	City _____ State _____ Zip Code _____
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name <i>N.A.</i>	
Amount (\$) <i>0</i>	Payee address;	City _____ State _____ Zip Code _____
<b>PURPOSE OF EXPENDITURE</b>	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 K: <i>1</i>
2 FILER NAME <i>B.D. S. McBride</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received <i>N. A.</i>	8 Amount (\$) <i>0</i>
	6 Address of person from whom amount is received; City; State; Zip Code	
	7 Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
Date	Name of person from whom amount is received <i>N. A.</i>	Amount (\$) <i>0</i>
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
Date	Name of person from whom amount is received <i>N. A.</i>	Amount (\$) <i>0</i>
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
Date	Name of person from whom amount is received <i>N. A.</i>	Amount (\$) <i>0</i>
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES  
FOR TRAVEL OUTSIDE OF TEXAS**

**SCHEDULE T**

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 T:  1
2 FILER NAME <i>B.R. B. McRae</i>		3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>N.A.</i>		
5 Contribution / Expenditure reported on:  <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
6 Dates of travel	7 Name of person(s) traveling	
	8 Departure city or name of departure location	
	9 Destination city or name of destination location	
10 Means of transportation	11 Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>N.A.</i>		
Contribution / Expenditure reported on:  <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee <i>N.A.</i>		
Contribution / Expenditure reported on:  <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC <input type="checkbox"/> Schedule B-SS		
Dates of travel	Name of person(s) traveling	
	Departure city or name of departure location	
	Destination city or name of destination location	
Means of transportation	Purpose of travel (including name of conference, seminar, or other event)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

\*\* Complete only if "Report Type" on page 1 is marked "Final Report" \*\*

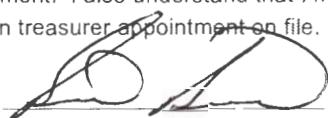
1 C/OH NAME

B. R. O. McGrade

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

\*\* Complete A & B below only if you are not an officeholder. \*\*

## A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

\*\* Complete this section only if you are an officeholder \*\*

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name <i>Bru D. McBride</i>	Filer ID #
-------------------------------------	------------

OFFICE USE ONLY	
RECEIVED	
AT	<i>10:20 O'CLOCK A.M.</i>
OCT 14 2025	
RAINS COUNTY ELECTIONS DEPARTMENT TEXAS	
BY: <i>✓ D. McBride</i>	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the \_\_\_\_\_ report due on \_\_\_\_\_. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

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 *Bru D. McBride*, and my date of birth is *9-1-58*.

My address is *6387 S. FM 779* (street), *Alba* (city), *TX* (state), *75410* (zip code), *Rains* (country)

Executed in *Rains* County, State of *Texas*, on the *14* day of *October*, 20 *25*.

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**