

# 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:

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <i>Doyle</i>	MI <i>E</i>	<b>OFFICE USE ONLY</b>
	NICKNAME <i>Wagner</i>	SUFFIX <i>Jr</i>	

<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; <i>1801 Old Colorado City Hwy</i>	APT / SUITE # <i>Big Spring</i>	CITY <i>Big Spring</i>	STATE <i>Texas</i>	ZIP CODE <i>79720</i>	<i>1-18-2022</i> <i>Joe Paul</i>
<input type="checkbox"/> Change of Address						

<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <i>(432)</i>	PHONE NUMBER <i>268-8914</i>	EXTENSION
Date Hand-delivered or Date Postmarked			

<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <input checked="" type="checkbox"/> FIRST <i>David</i>	MI <i>A</i>	Receipt #      Amount \$
	NICKNAME <i>Scott</i>	SUFFIX	
Date Processed			
Date Imaged			

<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); <i>1308 Pennsylvania Ave</i>	APT / SUITE #	CITY <i>Big Spring</i>	STATE <i>Texas</i>	ZIP CODE <i>79720</i>
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<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <i>(432)</i>	PHONE NUMBER <i>466-3405</i>	EXTENSION
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<b>9 REPORT TYPE</b>	<input checked="" 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)
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<b>10 PERIOD COVERED</b>	Month      Day      Year <i>10 / 29 / 2021</i>	THROUGH	Month      Day      Year <i>1 / 15 / 2022</i>
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<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <i>3 / 1 / 2022</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
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<b>12 OFFICE</b> OFFICE HELD (if any)	<b>13 OFFICE SOUGHT</b> (if known) <i>County Commissioner PCT 4</i>
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<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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  <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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

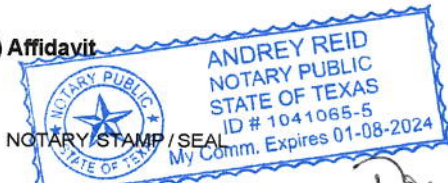
<b>15 C/OH NAME</b> <i>Douglas E Wagner Jr</i>		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1,800.00</i>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <i>1,438.78</i>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>361.22</i>
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Doug Wagner*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



Sworn to and subscribed before me by Douglas Wagner Jr this the 18 day of January 2022, to certify which, witness my hand and seal of office.

Andrey Reid      Andrey Reid      Justice Clerk  
Signature of officer administering oath      Printed name of officer administering oath      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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Douglas E Wigner Jr</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,800.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,438.78
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# 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: 1

2 FILER NAME

*Douglas E Wignen Jr*

3 Filer ID (Ethics Commission Filers)

4 Date

*11-19-21*

5 Full name of contributor

*J.D. or KARA Smith*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

*\$1,500.00*

6 Contributor address;

City;

State; Zip Code

*3 Highland Heather Big Spring Texas 79720*

8 Principal occupation / Job title (See Instructions)

*CEO*

9 Employer (See Instructions)

*Encore Permian*

Date

*1-10-22*

Full name of contributor

*MIKE HALL*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

*\$300.00*

Contributor address;

City;

State; Zip Code

*901 Mountain Park Big Spring Texas 79720*

Principal occupation / Job title (See Instructions)

*FORMAN*

Employer (See Instructions)

*DUNCAN DRILLING*

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

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.

# 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Deborah E Waynes Jr</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>12-18-2021</i>	5 Payee name <i>Signs on the Cheap</i>
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6 Amount (\$) <i>\$1,259.30</i>	7 Payee address: <i>11525A Stone hollow Drive Suite 100</i>	City: <i>AUSTIN</i>	State: <i>TEXAS</i>	Zip Code <i>78758</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule): <i>Advertising 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1-15-22</i>	Payee name <i>Harris Lumber and Hardware</i>
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Amount (\$) <i>\$179.48</i>	Payee address: <i>1515 E FM 700</i>	City: <i>Big Spring</i>	State: <i>Texas</i>	Zip Code <i>79720</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): <i>Advertising expense</i>	Description <i>T-Posts to hold signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED