

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 <u>Michael</u> MI <u>E</u> NICKNAME _____ LAST <u>Vimerson</u> SUFFIX _____	OFFICE USE ONLY FILED FOR RECORD Date Received _____ RUSK COUNTY, TEXAS JUL 10 2025 ELECTIONS ADMINISTRATOR BY <u>A. Vander</u> DEPUTY Date Imaged _____ Date Postmarked _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX _____ APT / SUITE #; _____ CITY; _____ STATE; _____ ZIP CODE _____ <input type="checkbox"/> Change of Address <u>Henderson, TX 75653</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE _____ PHONE NUMBER _____ EXTENSION _____ <u>(903) 649-3099</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR _____ FIRST <u>Michael</u> MI <u>E</u> NICKNAME _____ LAST <u>Vimerson</u> SUFFIX _____		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); _____ APT / SUITE #; _____ CITY; _____ STATE; _____ ZIP CODE _____ (Residence or Business) <u>Henderson, TX 75653</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE _____ PHONE NUMBER _____ EXTENSION _____ <u>(903) 649-3099</u>		
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 _____ Day ^{MI} _____ Year _____ THROUGH Month _____ Day _____ Year _____ <u>01 / 15 / 2025</u> <u>07 / 15 / 2025</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month _____ Day _____ Year _____ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>8 / 2025</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>County Attorney</u>	13 OFFICE SOUGHT (if known) <u>County Attorney</u>	
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	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

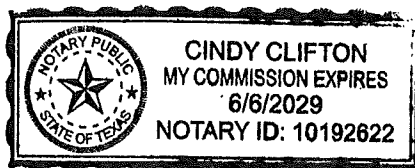
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 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	\$ 359 ⁴⁶ / ₁₀₀
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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Michael E. Jimerson this the 10th day of July, 2025, to certify which, witness my hand and seal of office.
Cindy Clifton Cindy Clifton Notary Public Co Tx
 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)