

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 Filer) | 2 Total pages filed: 7 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Vance | MI | OFFICE USE ONLY RECEIVED JAN 15 2026 BY: MZ | | |
| | NICKNAME | LAST Riley | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO Box 3343, Victoria, TX 77903 | | | Date Received Date Hand-delivered or Date Postmarked | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (361) | PHONE NUMBER 571-8862 | EXTENSION | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MRS | FIRST ANN | MI F | Receipt # Date Processed Date Imaged | | |
| | NICKNAME | LAST RILEY | SUFFIX | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY, 459 Keefe Road, Victoria, Texas 77905 | | | STATE; ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE () | PHONE NUMBER | 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 treasurer appointment (Officeholder Only) | | |
| | <input 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 10 | Day 1 | Year / 25 | Month 12 | Day / 31 | Year / 25 |
| 11 ELECTION | ELECTION DATE Month 3 / Day 3 / Year / 26 | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) Victoria County Justice of the Peace Precinct 4 | | | | |
| 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. | | | | | |
| 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
VANCE RILEY

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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 6,250.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 6,539.49 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 9,710.51 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 10,000.00 |

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

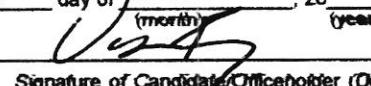
My name is VANCE RILEY, and my date of birth is 01/01/1961

My address is 459 Keefe Road, Victoria, Texas 77905, Victoria, Texas, 77905, USA

(street) (city) (state) (zip code) (country)

Executed in VICTORIA County, State of TEXAS, on the 15 day of JANUARY, 2026

(month) (year)


Signature of Candidate/Officeholder (Declarant)

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

| | |
|--|---|
| 19 FILER NAME VANCE RILEY | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 6,250.00 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. SCHEDULE E: LOANS | \$ 10,000.00 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 6,539.49 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0.00 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0.00 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0.00 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00 |

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 VANCE RILEY | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/05/2025 | 5 Full name of contributor Kirk Hendrick | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 5,000.00 |
| 6 Contributor address; 9101 W. Sahara Avenue Suite #105-313 Las Vegas, NV 89117 | | City; State; Zip Code | |
| 8 Principal occupation / Job title (See Instructions) INFORMATION REQUESTED | | 9 Employer (See Instructions) INFORMATION REQUESTED | |
| Date 12/19/2025 | Full name of contributor Bruce & Valerie (Dick) Ure | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 250.00 |
| | Contributor address; 15101 Falcon Drive, Austin, Texas 78734 | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) RETIRED | |
| Date 10/01/2025 | Full name of contributor Vance Riley | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 1,000.00 |
| | Contributor address; PO BOX 3343, VICTORIA, TX 77903 | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| 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. | | | |

LOANS**SCHEDULE E**

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 E: 1 |
| 2 FILER NAME VANCE RILEY | | | 3 Filer ID (Ethics Commission Filer) |
| 4 TOTAL OF UNITEMIZED LOANS | | | \$ |
| 5 Date of loan 12/19/2025 | 7 Name of lender Vance Riley | <input type="checkbox"/> out-of-state PAC (ID: _____) | 9 Loan Amount (\$) 10,000.00 |
| 6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address: PO BOX 3343, VICTORIA, TX 77903 | City: _____ State: _____ Zip Code: _____ | 10 Interest rate 0.00 |
| | | | 11 Maturity date 12/19/2026 |
| 12 Principal occupation / Job title (See Instructions) RETIRED | | 13 Employer (See Instructions) RETIRED | |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 ✓ Check if personal funds were deposited into political account (See Instructions) | |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor 18 Guarantor address: City: _____ State: _____ Zip Code: _____ | 19 Amount Guaranteed (\$) | |
| 20 Principal Occupation (See Instructions) | 21 Employer (See Instructions) | | |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID: _____) | Loan Amount (\$) | |
| Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address: _____ City: _____ State: _____ Zip Code: _____ | Interest rate | |
| | | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor Guarantor address: City: _____ State: _____ Zip Code: _____ | Amount Guaranteed (\$) | |
| 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fee
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME VANCE RILEY | 3 Filer ID (Ethics Commission Filer) |
| 4 Date 10/14/2025 | 5 Payee name THE UPS STORE #7420 | |
| 6 Amount (\$) 25.00 | 7 Payee address; 8806 N Navarro St Ste 600, Victoria, TX 77904 | City: _____ State: _____ Zip Code: _____ |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description Printing - Campaign Collaterals |
| | <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 11/13/2025 | Payee name THE UPS STORE #7420 | |
| Amount (\$) 67.12 | Payee address; 8806 N Navarro St Ste 600, Victoria, TX 77904 | City: _____ State: _____ Zip Code: _____ |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description Campaign Collaterals |
| | <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 12/18/2025 | Payee name JAYCOB GARCIA | |
| Amount (\$) 3,583.33 | Payee address; 205 SHILOH DR, VICTORIA, TX 77904 | City: _____ State: _____ Zip Code: _____ |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE | Description DECEMBER RETAINER + FEES |
| | <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 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
Accounting/Banking
Consulting Expenses
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME VANCE RILEY | 3 Filer ID (Ethics Commission Filer) |
| 4 Date 12/29/2025 | 5 Payee name JAYCOB GARCIA | |
| 6 Amount (\$) 2,864.04 | 7 Payee address; 205 SHILOH DR, VICTORIA, TX | City: _____ State: _____ Zip Code _____ |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | (b) Description CAMPAIGN COLLATERALS |
| | <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 |
| Date | Payee name | |
| Amount (\$) | Payee 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 ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee 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 ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name Office sought Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |