

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

MI

Mr

James

A

NICKNAME

LAST

SUFFIX

Pierce

Jr

OFFICE USE ONLY

Date Received

4-24-25

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Elizabeth

A

NICKNAME

LAST

SUFFIX

Pierce

Receipt #

Amount \$

Date Processed

4-25-25

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #

CITY:

STATE:

ZIP CODE

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(254)

338-8661

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15



8th day before election



Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

4

3

25

THROUGH

Month

Day

Year

4

23

25

11 ELECTION

ELECTION DATE

Month

Day

Year

5

3

25

Primary



Runoff

Other

Description



General

Special

12 OFFICE

OFFICE HELD (if any)

CTC Place 3

13 OFFICE SOUGHT (if known)

CTC Place 3

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.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CAMPAIGN FINANCE REPORT I

COVER SHEET FOR

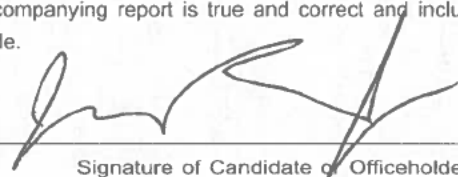
15 C/OH NAME
James A Pierce Jr

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)	\$ 2,116.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,862.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 253.98
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

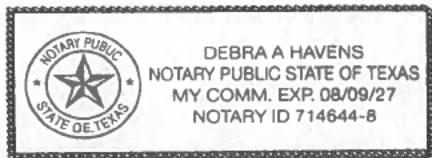
18 SIGNATURE

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 JAMES Pierce, JR this the 24th day of April, 2025, to certify which, witness my hand and seal of office.

Debra Havens
Signature of officer administering oath

Debra Havens
Printed name of officer administering oath

Notary Public
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 James A Pierce Jr		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,116.09
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
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	\$ 1,804.08
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 40.03
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

SCHEDULE A1

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2025

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:
2 FILER NAME James A Pierce Jr		3 Filer ID (Ethics Commission Filers)
4 Date 14 APR 2025	5 Full name of contributor out-of-state PAC (ID#: _____) Camron Cochran	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 800 Holliday Ln, Killeen, TX 76542		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 14 APR 2025	Full name of contributor out-of-state PAC (ID#: _____) Jack Welch	Amount of contribution (\$) 104.10
Contributor address; City; State; Zip Code 2002 Rustic Manor, Temple, TX 76502		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 14 APR 2025	Full name of contributor out-of-state PAC (ID#: _____) David Choquette	Amount of contribution (\$) 20.82
Contributor address; City; State; Zip Code 314 Skyline Dr, Copperas Cove, TX 76522		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 14 APR 2025	Full name of contributor out-of-state PAC (ID#: _____) Bonnie Vest	Amount of contribution (\$) 26.03
Contributor address; City; State; Zip Code 1056 Cazenovia St, Port Charlotte, FL 33952		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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:
2 FILER NAME James A Pierce Jr		3 Filer ID (Ethics Commission Filers)
4 Date 13 Apr 2025	5 Full name of contributor out-of-state PAC (ID#: _____) Bernadette Wolfe	7 Amount of contribution (\$) 104.10
6 Contributor address; City; State; Zip Code 906 Craddock St, Copperas Cove, 76522		
8 Principal occupation / Job title (See Instructions) Rediness		9 Employer (See Instructions) Texas HHS
Date 13 APR 2025	Full name of contributor out-of-state PAC (ID#: _____) Don Phillips	Amount of contribution (\$) 156.15
Contributor address; City; State; Zip Code 3269 Arista Rueda Rd, Kempner, TX 76539		
Principal occupation / Job title (See Instructions) Technical		Employer (See Instructions) General Dynamics
Date 12 APR 2025	Full name of contributor out-of-state PAC (ID#: _____) Joe Boyd	Amount of contribution (\$) 36.44
Contributor address; City; State; Zip Code 5907 Shelby Cove Ct, Richmond, TX 77407		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business owner
Date 11 APR 2025	Full name of contributor out-of-state PAC (ID#: _____) Rob Endter	Amount of contribution (\$) 260.25
Contributor address; City; State; Zip Code 906 Cassavaugh, Copperas Cove, TX 76522		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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:
2 FILER NAME James A Pierce Jr		3 Filer ID (Ethics Commission Filers)
4 Date 11 Apr 2025	5 Full name of contributor out-of-state PAC (ID#: _____) Larry Robison	7 Amount of contribution (\$) 104.10
6 Contributor address; City; State; Zip Code 410 Robison Dr, Harker Heights, TX 76548		
8 Principal occupation / Job title (See Instructions) General Contractor		9 Employer (See Instructions) Central Texas Home Lawn Transitions
Date 11 Apr 2025	Full name of contributor out-of-state PAC (ID#: _____) Norman Mitchell	Amount of contribution (\$) 104.10
Contributor address; City; State; Zip Code 1912 Wanda St, Copperas Cove, TX 76522		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Business Owner
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.		

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	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 H: 2	2 FILER NAME James A Pierce Jr	3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2025	5 Business name Home Base	
6 Amount (\$) 68.08	7 Business address; City; State; Zip Code 804 E Business 190, Copperas Cove, TX 76522	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Supplies	(b) Description t-posts, zip ties
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James A Pierce Jr	Office sought CTC Place 3
		Office held CTC Place 3
Date 04/21/2025	Business name Divine Signs and Printing	
Amount (\$) 404.00	Business address; City; State; Zip Code 210 W Ave E, Copperas Cove, TX 76522	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James A Pierce	Office sought CTC Place 3
		Office held CTC Place 3
Date 04/23/2025	Business name Copperas Cove Leader Press	
Amount (\$) 225.00	Business address; City; State; Zip Code PO Box 370, Copperas Cove, TX 76522	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James A Pierce Jr	Office sought CTC Place 3
		Office held CTC Place 3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
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 H: 2	2 FILER NAME James A Pierce Jr		3 Filer ID (Ethics Commission Filers)	
4 Date 04/23/2025	5 Business name Killeen Daily Herald			
6 Amount (\$) 1,125.00	7 Business address; 1809 Florence Rd, Killeen, TX 76541		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Newspaper	
	(c) Check if travel outside of Texas. Complete Schedule T. 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				
James A Pierce Jr CTC Place 3 CTC Place 3				
Date	Business name			
Amount (\$)	Business address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Check if travel outside of Texas. Complete Schedule T. 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			
Amount (\$)	Business address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Check if travel outside of Texas. Complete Schedule T. 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: 1	2 FILER NAME James A Pierce Jr	3 Filer ID (Ethics Commission Filers)
4 Date 04/15/2025	5 Payee name WinRed Technical Services, LLC	
6 Amount (\$) 40.03	7 Payee address; City State Zip Code 4250 Fairfax Dr Suite 600, Arlington, VA 22203	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Donation Fees	(b) Description (See instructions regarding type of information required.) Fees
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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