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: 7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr.
FIRST: Charles
MI: R
NICKNAME:
LAST: Dunnahoe
SUFFIX:

OFFICE USE ONLY

Date Received

RECEIVED
APR 2 5 2025
BY: O Pecina

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
106 S Beaton   Corsicana   TX 75110

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (903)
PHONE NUMBER: 258-6524
EXTENSION:

Date Hand-delivered, or Date Postmarked
4-25-25

Receipt # | Amount $

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mr.
FIRST: Adam
MI:
NICKNAME:
LAST: Walthall
SUFFIX:

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
205 Goodwin Lane   Corsicana TX 75110

8 CAMPAIGN TREASURER PHONE

AREA CODE: (903)
PHONE NUMBER: 851-2441
EXTENSION:

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 4 / Day 4 / Year 25   THROUGH   Month 4 / Day 25 / Year 25

11 ELECTION

ELECTION DATE
Month 5 / Day 3 / Year 25

ELECTION TYPE
☐ Primary
☐ Runoff
☐ Other Description
☑ General
☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Corsicana Mayor

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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
☑ GENERAL
☐ SPECIFIC

COMMITTEE NAME
Corsicana Professional Firefighters Association

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME	Charles Dunnahoe	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)	$ 1,200.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,200.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 2,745.52
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,745.52
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 7,233.80
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 4,258.82

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

ORLANDO PECINA
Notary Public, State of Texas
Comm. Expires 01-23-2027
Notary ID 134158891

NOTARY STAMP / SEAL

Sworn to and subscribed before me by __Orlando Pecina__ this the __25__ day of __April__,

20 __25__ to certify which, witness my hand and seal of office.

Orlando Pecina | Orlando Pecina | Staff Accountant | 4-25-2025

| 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 Charles Dunnahoe	20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,200.00
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	☑ SCHEDULE E: LOANS	$ 4,258.82
5.	☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 2,745.52
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

Forms provided by Texas Ethics Commission   www.ethics.state.tx.us   Revised 1/1/2024

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 Charles Dunnahoe	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
4/7/25	Corsicana Professional Firefighter's Association	$1,000.00
	6 Contributor address; City; State; Zip Code	

8 Principal occupation / Job title (See Instructions) PAC	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/7/25	Joseph Saucedo	$100.00
	Contributor address; City; State; Zip Code ▓▓▓▓▓ Corsicana TX 75710	

Principal occupation / Job title (See Instructions) Doctor	Employer (See Instructions) Self-Employed

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
4/15/25	Dan Williams	$100.00
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) Constable	Employer (See Instructions) Navarro County

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 **Charles Dunnahoe**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS **$ 4,258.82**

5 Date of loan 2/1/25	**7** Name of lender ☐ out-of-state PAC (ID#:_____) **Charles Dunnahoe**	**9** Loan Amount ($) **4,209.04**
6 Is lender a financial Institution? Y (N)	**8** Lender address; City; State; Zip Code **106 S Beaton St Corsicana TX 75110**	**10** Interest rate **0%**
		11 Maturity date

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)

14 Description of Collateral ☐ none	**15** ☐ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION	**17** Name of guarantor	**19** Amount Guaranteed ($)
☐ not applicable	**18** Guarantor address; City; State; Zip Code	

20 Principal Occupation (See Instructions)	**21** Employer (See Instructions)

Date of loan 4/22/25	Name of lender ☐ out-of-state PAC (ID#:_____) **Charles Dunnahoe**	Loan Amount ($) **49.78**
Is lender a financial Institution? Y (N)	Lender address; City; State; Zip Code **106 S Beaton St Corsicana TX 75110**	Interest rate **0%**
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Description of Collateral ☐ none	☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed ($)
☐ not applicable	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	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	2 FILER NAME Charles Dunnahoe Corsicana Daily Sun	3 Filer ID (Ethics Commission Filers)

4 Date 4/14/25	5 Payee name Corsicana Daily Sun			
6 Amount ($) 130.00	**7 Payee address;** 2000 W 2nd Ave	City; Corsicana	State; TX	Zip Code 75110

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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 4/10/25	Payee name Vista Print			
Amount ($) 219.43	Payee address; 100 Hayden Ave	City; Lexington	State; MA	Zip Code 02421

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printing
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 4/22/25	Payee name Lume Cube			
Amount ($) 674.96	Payee address; 2870 Whiptail Loop E #103	City; Carlsbad	State; CA	Zip Code 92010

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Multimedia Service	Description Multimedia Service
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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

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 Charles Dunnahoe	3 Filer ID (Ethics Commission Filers)

4 Date 4/22/25	5 Payee name Amazon			
6 Amount ($) 49.78	7 Payee address;	City;	State;	Zip Code

8 **PURPOSE OF EXPENDITURE**	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Sound equipment

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 4/12/25	Payee name Thomas Printworks			
Amount ($) 1,017.35	Payee address; Po Box 830768	City; Richardson	State; TX	Zip Code 75083-0768

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mail Piece

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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

☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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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