

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/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 <b>Mrs.</b>	FIRST <b>Randee</b>	MI <b>L</b>	OFFICE USE ONLY <b>FILED</b>		
	NICKNAME	LAST <b>Daak</b>	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>3343 CR 114</b>	APT / SUITE #: <b>PO Box 164</b>	CITY: <b>Centerville, TX</b>	ZIP CODE: <b>75833</b>		
JAN 30 2026						
DONNA KOMINCKZAK ELECTIONS ADMINISTRATOR BY <u>Donna Kominczak</u> LEON COUNTY, TEXAS						
Date Hand-delivered or Date Postmarked						
Receipt # <input type="text"/> Amount \$ <input type="text"/>						
Date Processed						
Date Imaged						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <b>(936)</b>	PHONE NUMBER <b>204. 6501</b>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>John</b>	MI <b>m</b>	SUFFIX		
	NICKNAME <b>Mike</b>	LAST <b>Daak</b>				
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>3343 CR 114</b>		APT / SUITE #: <b>Centerville</b>	STATE: ZIP CODE <b>TX 75833</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(979)</b>	PHONE NUMBER <b>204 - 7935</b>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 <b>1</b>	Day <b>1</b>	Year <b>2024</b>	Month <b>1</b>	Day <b>30</b>	Year <b>24</b>
11 ELECTION	ELECTION DATE  Month <b>3</b> Day <b>3</b> Year <b>24</b>		ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description			
12 OFFICE	OFFICE HELD (if any) <b>Leon Co. JP, PCT. 2</b>		13 OFFICE SOUGHT (if known) <b>Leon Co. JP, PCT. 2</b>			
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  <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/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

\$ 0

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 of Candidate/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 Randee Doak, and my date of birth is October 4, 1978.  
My address is 3343 CR 114, Centerville, TX, 75833, Leon.

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

Executed in Leon County, State of Texas, on the 30 day of January, 20 26.

Randee Doak

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3****19 FILER NAME***Randee Doak***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

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