

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.				1 Filter ID (Ethics Commission Filter)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Date Received	FILED <u>01/12/2026</u>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE:	
<input type="checkbox"/> Change of Address <b>Maridel Montgomery</b> <b>Elections Administrator</b> <b>Swisher County, Texas</b>						
5 CANDIDATE/ OFFICEHOLDER PHONE						Date Hand-delivered or Date Postmarked <u>01/12/2026</u>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	<input type="checkbox"/> Receipt # <input type="checkbox"/> Amount \$ <input type="checkbox"/> Date Processed <u>01/13/2026</u> <input type="checkbox"/> Date Imaged <u>01/12/2026</u>		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:				CITY:	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		<input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	<u>11/18/2025</u> THROUGH <u>12/31/2025</u>					
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	<input type="checkbox"/> Other Description	
	<u>3/3/2026</u>					
12 OFFICE	OFFICE HELD (if any) <u>Swisher Co. Commissioner</u> <u>Precinct 4</u>			13 OFFICE SOUGHT (if known) <u>Swisher Co.</u> <u>Commissioner Precinct 4</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	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL					
	<input type="checkbox"/> SPECIFIC					
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

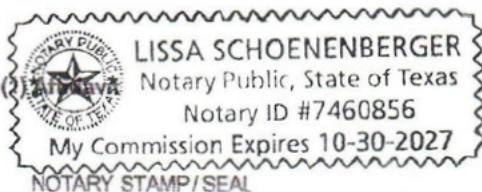
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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:



Sworn to and subscribed before me by Harry Buske this the 12<sup>th</sup> day of January, 20 26, to certify which, witness my hand and seal of office.

Lissa Schoenenberger Lissa Schoenenberger Notary Public  
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 \_\_\_\_\_.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)  
(month)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
Larry L. Buske	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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 G:	2 FILER NAME <i>Larry Buske.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-2-2025</i>	5 Payee name <i>Swisher County Republican Party</i>	
6 Amount (\$) <i>\$1750.00</i>	7 Payee address:  <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <i>Fees</i>	(b) Description  <i>Swisher County Commissioner Precinct 4 Texas</i>
	(c) <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  <i>Swisher County Republican Party</i>	Office sought Office held
Date <i>12-2-2025</i>	Payee name  <i>Swisher County Republican Party</i>	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address:  	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  <i>6</i>
	<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  <i>Swisher County Republican Party</i>	Office sought Office held
Date	Payee name	
Amount (\$)  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address;  <input type="checkbox"/> Check if individual's residence 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  <i>Swisher County Republican Party</i>	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

**APPOINTMENT OF A CAMPAIGN TREASURER  
BY A CANDIDATE**

**FORM CTA  
PG 1**

See CTA Instruction Guide for detailed instructions.

<p><b>2 CANDIDATE NAME</b></p>		MS / MRS / MR	FIRST	MI	<p>1 Total pages filed: <u>2 (front/back)</u></p> <p>OFFICE USE ONLY</p> <p>Filer ID #</p> <p>Date Received</p> <p>FILED <u>10/27/2025</u></p> <p>Maridel Montgomery Elections Administrator Swisher County, Texas</p> <p>Date Hand-delivered or Postmarked <u>10/27/2025</u></p> <p>Receipt # <u> </u> Amounts <u> </u></p> <p>Date Processed <u>10/27/2025</u></p> <p>Date Imaged</p>		
		Mr.	Larry	Lee			
<p><b>3 CANDIDATE MAILING ADDRESS</b></p>							
<p><b>4 CANDIDATE PHONE</b></p>							
<p><b>5 OFFICE HELD (if any)</b></p>		<p>County Commissioner Precinct 4</p>					
<p><b>6 OFFICE SOUGHT (if known)</b></p>		<p>County Commissioner Precinct 4</p>					
<p><b>7 CAMPAIGN TREASURER NAME</b></p>		MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
					<p>Mrs. Ann Deelane Buske</p>		
<p><b>8 CAMPAIGN TREASURER STREET ADDRESS</b> (residence or business)</p>							
<p><b>9 CAMPAIGN TREASURER PHONE</b></p>							
<p><b>10 CANDIDATE SIGNATURE</b></p>		<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><u>Larry Buske</u> Signature of Candidate</p> <p><u>10-14-2025</u> Date Signed</p>					

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# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

PG 2

11 CANDIDATE NAME	Larry Buske
12 MODIFIED REPORTING DECLARATION	<p><b>COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING</b></p> <p>• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •</p> <p>• The modified reporting option is valid for one election cycle only. • (An election cycle includes a primary election, a general election, and any related runoffs.)</p> <p>• Candidates for the office of state chair of a political party may NOT choose modified reporting. •</p> <p>I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.</p>

2026

Year of election(s) or election cycle to which declaration applies

  
Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us) or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>