

# 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

## OFFICE USE ONLY

Date Received  
**RECEIVED**  
OCT 06 2026  
GREGG APPRAISAL DISTRICT

Date Hand-delivered or Date Postmarked  
Hand-delivered

Receipt # Amount \$

Date Processed

Date Imaged  
10/13/2026

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

Mr.

FIRST

Mark

MI

R

NICKNAME

LAST

Pevey

SUFFIX

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1501 Lotus Lane Longview, Tx  
75604

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

237-8213

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

Mr

FIRST

Mark

MI

NICKNAME

LAST

Lammert

SUFFIX

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

868 Adrain Rd. Longview, Tx 75605

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

235-8745

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

7 / 01 / 2026

THROUGH

Month

Day

Year

9 / 24 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 3 / 2026

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

GCAO Board Place 2

13 OFFICE SOUGHT (if known)

GCAO B.O.D. Place 2

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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                  |                                                                                                                                       |                                        |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME <u>Mark R Pevey</u> |                                                                                                                                       | 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>1,250</u>                        |
| EXPENDITURE TOTALS               | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$ <u>0</u>                            |
|                                  | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <u>200</u>                          |
| CONTRIBUTION BALANCE             | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>1,250</u>                        |
| OUTSTANDING LOAN TOTALS          | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ <u>200</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.

Mark R. Pevey

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 Mark W. Smith, and my date of birth is 02/28/1953.

My address is PO Box 3733, Longview, TX, 75606 USA.  
(street) (city) (state) (zip code) (country)

Executed in Gregg County, State of Texas, on the 5<sup>th</sup> day of October, 20 26.  
(month) (year)

Mark W. Smith

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME***Mark R. Pevey***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |                                                                                                             |          |
|-----|-------------------------------------------------------------------------------------------------------------|----------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 1,250 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$       |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$       |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$       |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$       |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$       |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$       |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$       |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$       |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$       |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$       |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$       |

# 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<br><b>Mark R. Pevey</b>                                                                                                                                  |                                                                                                                       | 3 Filer ID (Ethics Commission Filers)          |
| 4 Date                                                                                                                                                                | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Jan Vanderwal</b>             | 7 Amount of contribution (\$)<br><b>\$2 00</b> |
|                                                                                                                                                                       | 6 Contributor address; City; State; Zip Code<br><b>3212 Player Dr. Longview, Tx 75605</b>                             |                                                |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                 |                                                                                                                       | 9 Employer (See Instructions)                  |
| Date                                                                                                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Mike Clements Operating LLC</b> | Amount of contribution (\$)<br><b>\$ 500</b>   |
|                                                                                                                                                                       | Contributor address; City; State; Zip Code<br><b>1702 Willow Lake Dr. White Oak, Tx 75693</b>                         |                                                |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                       | Employer (See Instructions)                    |
| Date                                                                                                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>A P Merritt Jr.</b>             | Amount of contribution (\$)<br><b>\$ 400</b>   |
|                                                                                                                                                                       | Contributor address; City; State; Zip Code<br><b>P.O. Box 3245 Kilgore, Tx 75663</b>                                  |                                                |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                       | Employer (See Instructions)                    |
| Date                                                                                                                                                                  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Bill Crow</b>                   | Amount of contribution (\$)<br><b>\$ 150</b>   |
|                                                                                                                                                                       | Contributor address; City; State; Zip Code<br><b>3820 Castle Ridge Longview, Tx 75605</b>                             |                                                |
| Principal occupation / Job title (See Instructions)                                                                                                                   |                                                                                                                       | Employer (See Instructions)                    |
|                                                                                                                                                                       |                                                                                                                       |                                                |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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:<br><b>1</b>                                                                        |
| 2 FILER NAME<br><b>Mark R. Pevy</b>                                                                                                                              |                                                                                                | 3 Filer ID (Ethics Commission Filers)                                                                        |
| 4 TOTAL OF UNITEMIZED LOANS                                                                                                                                      |                                                                                                | \$ <b>0</b>                                                                                                  |
| 5 Date of loan<br><b>7-20-26</b>                                                                                                                                 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>Mark R. Pevy</b> | 9 Loan Amount (\$)<br><b>200</b>                                                                             |
| 6 Is lender a financial Institution?<br><br>Y N                                                                                                                  | 8 Lender address; City; State; Zip Code<br><b>1501 Lotus Lane Longview, Tx 75604</b>           | 10 Interest rate<br><b>10%</b>                                                                               |
|                                                                                                                                                                  |                                                                                                | 11 Maturity date<br><b>12-31-26</b>                                                                          |
| 12 Principal occupation / Job title (See Instructions)                                                                                                           |                                                                                                | 13 Employer (See Instructions)                                                                               |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                                                                                         |                                                                                                | 15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                                                                               | 17 Name of guarantor                                                                           | 19 Amount Guaranteed (\$)                                                                                    |
|                                                                                                                                                                  | 18 Guarantor address; City; State; Zip Code                                                    |                                                                                                              |
| 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?<br><br>Y N                                                                                                                    | Lender address; City; State; Zip Code                                                          | Interest rate                                                                                                |
|                                                                                                                                                                  |                                                                                                | Maturity date                                                                                                |
| Principal occupation / Job title (See Instructions)                                                                                                              |                                                                                                | Employer (See Instructions)                                                                                  |
| Description of Collateral<br><input type="checkbox"/> none                                                                                                       |                                                                                                | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                                                                                             | Name of guarantor                                                                              | Amount Guaranteed (\$)                                                                                       |
|                                                                                                                                                                  | Guarantor address; City; State; Zip Code                                                       |                                                                                                              |
| Principal Occupation (See Instructions)                                                                                                                          |                                                                                                | Employer (See Instructions)                                                                                  |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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.

|                                                                                                                                |                                                                                                                                                                      |  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|
| <b>1</b> Total pages Schedule F1:                                                                                              | <b>2</b> FILER NAME<br><i>Mark R. Pevey</i>                                                                                                                          |  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><i>8-14-26</i>                                                                                                | <b>5</b> Payee name<br><i>Gregg County</i>                                                                                                                           |  |                                              |
| <b>6</b> Amount (\$)<br><i>\$200</i>                                                                                           | <b>7</b> Payee address; City; State; Zip Code<br><i>100 E. Methvin Longview Tx 75602</i><br><input type="checkbox"/> Check if individual's residence address.        |  |                                              |
| <b>8</b><br><br>PURPOSE OF EXPENDITURE                                                                                         | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Ballot Fee</i>                                                                         |  | <b>(b)</b> Description<br><i>Ballot</i>      |
|                                                                                                                                | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |                                              |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held |                                                                                                                                                                      |  |                                              |
| Date                                                                                                                           | Payee name                                                                                                                                                           |  |                                              |
| Amount (\$)                                                                                                                    | Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                            |  |                                              |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                                                                      |  |                                              |
| Date                                                                                                                           | Payee name                                                                                                                                                           |  |                                              |
| Amount (\$)                                                                                                                    | Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                            |  |                                              |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                                                                      |  |                                              |
| Date                                                                                                                           | Payee name                                                                                                                                                           |  |                                              |
| Amount (\$)                                                                                                                    | Payee address; City; State; Zip Code<br><input type="checkbox"/> Check if individual's residence address.                                                            |  |                                              |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name Office sought Office held          |                                                                                                                                                                      |  |                                              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED