

# 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: <div style="text-align: center; font-size: 1.5em;">10</div>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u> FIRST <u>BRANDON</u> MI <u>T</u>		<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Date Received <b>FILED FOR RECORD</b> <b>UPSHUR COUNTY, TEXAS</b></p> <p style="font-size: 1.2em; margin-top: 10px;"><b>JAN 15 2026</b></p> <p>LOPYUABLE ELECTIONS ADMINISTRATION</p> <p>Date Hand-delivered or Date Postmarked</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged			
	Receipt #	Amount \$									
Date Processed											
Date Imaged											
NICKNAME LAST SUFFIX											
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE											
<input type="checkbox"/> Change of Address <u>105 SIMPSON GILMER TX 75644</u>											
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS											
5 CANDIDATE / OFFICEHOLDER PHONE											
6 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u> FIRST <u>BRAD</u> MI <u>E</u>										
	NICKNAME LAST SUFFIX <u>WILBURN</u>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE									
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION									
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input 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 Day Year    Month Day Year <u>7 / 16 / 2025</u> THROUGH <u>JAN / 15 / 2026</u>									
11 ELECTION		ELECTION DATE    ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>3 / 3 / 26</u> <input type="checkbox"/> General <input type="checkbox"/> Special									
12 OFFICE		13 OFFICE SOUGHT (if known)									
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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>		COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

# 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,867.15
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,989.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2002.00

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.

*[Handwritten Signature]*

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by BRANDON WILSON this the 15th day of JANUARY.

20 21, to certify which, witness my hand and seal of office.

Deanna Lyne Townsend

Deanna Lyne Townsend

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 - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> BRANDON W/INV		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,200 <sup>00</sup>
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	\$ 2,002 <sup>00</sup>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,867.15
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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:

2 FILER NAME

ISRAIDOW WINIV

3 Filer ID (Ethics Commission Filers)

4 Date

11-04-2025

5 Full name of contributor

☐ out-of-state PAC ID#:

MARSHA DAVIES

7 Amount of contribution (\$)

\$150.00

6 Contributor address;

City;

State;

Zip Code

8 Contributor's principal occupation

LEGAL ASSISTANT

9 Contributor's job title

10 Contributor's employer/law firm

GREGG COUNTY

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

12-13-2025

Full name of contributor

☐ out-of-state PAC ID#:

CATHERINE BATEMAN

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

Contributor's principal occupation

ATTY

Contributor's job title

Contributor's employer/law firm

SELF

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

Date

1-8-2026

Full name of contributor

☐ out-of-state PAC ID#:

JO BRANDT THORSON

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

Contributor's principal occupation

ATTY

Contributor's job title

Contributor's employer/law firm

SELF

Law firm of contributor's spouse (if any)

If contributor is a child, law firm of parent(s) (if any)

**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 (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME BRANDON KLEIN		3 Filer ID (Ethics Commission Filers)
4 Date 1-8-2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ KENDRA SMITH	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code		
8 Contributor's principal occupation HR PROFESSIONAL		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1-8-2026	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ PAUL HERMANSON	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code		
Contributor's principal occupation INS. AGENT		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS (JUDICIAL)****SCHEDULE E(J)**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J):
<b>2</b> FILER NAME <span style="font-family: cursive; font-size: 1.2em; color: blue;">BRANDON WINN</span>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan <span style="font-family: cursive; font-size: 1.2em; color: blue;">11-4-2025</span>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <span style="font-family: cursive; font-size: 1.2em; color: blue;">BRANDON WINN</span>	<b>9</b> Loan Amount (\$) <span style="font-family: cursive; font-size: 1.2em; color: blue;">\$1,500<sup>00</sup></span>
<b>6</b> Is lender a financial Institution?  <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral  <input type="checkbox"/> none		<b>18</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>22</b> Amount Guaranteed (\$)		
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**LOANS (JUDICIAL)****SCHEDULE E(J)**

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J):
<b>2</b> FILER NAME <div style="font-family: cursive; font-size: 1.2em; color: blue;">RANDON WINN</div>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan <div style="font-family: cursive; font-size: 1.2em; color: blue;">12-13-2025</div>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-family: cursive; font-size: 1.2em; color: blue;">BRANDON WINN</div>	<b>9</b> Loan Amount (\$) <div style="font-family: cursive; font-size: 1.2em; color: blue;">502<sup>00</sup></div>
<b>6</b> Is lender a financial Institution?  <input type="checkbox"/> Y <input type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is a child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral  <input type="checkbox"/> none		<b>18</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>19</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>20</b> Name of guarantor	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is a child, law firm of parent(s) (if any)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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  
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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME <span style="font-size: 1.2em; color: blue;">BRANDON WINN</span>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <span style="font-size: 1.2em; color: blue;">11.04.2025</span>		<b>5</b> Payee name <span style="font-size: 1.2em; color: blue;">BRANDON HENSON</span>			
<b>6</b> Amount (\$) <span style="font-size: 1.2em; color: blue;">2097.15</span>		<b>7</b> Payee address; City; State; Zip Code <input checked="" type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <span style="font-size: 1.2em; color: blue;">ADVERTISING EXP</span>		<b>(b)</b> Description		
	<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 Candidate / Officeholder name Office sought Office held					
Date <span style="font-size: 1.2em; color: blue;">11.8.2025</span>		Payee name <span style="font-size: 1.2em; color: blue;">REPUBLICAN PARTY of UPSTAR Co.</span>			
Amount (\$) <span style="font-size: 1.2em; color: blue;">750.00</span>		Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <span style="font-size: 1.2em; color: blue;">FEES</span>		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 Candidate / Officeholder name Office sought Office held					
Date <span style="font-size: 1.2em; color: blue;">11.12.2025</span>		Payee name <span style="font-size: 1.2em; color: blue;">FIRST NATIONAL BANK</span>			
Amount (\$) <span style="font-size: 1.2em; color: blue;">\$10.00</span>		Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <span style="font-size: 1.2em; color: blue;">RANKING</span>		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 Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <span style="font-size: 1.2em; color: blue;">BRANDON WINN</span>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <span style="font-size: 1.2em; color: blue;">12-31-2025</span>	<b>5</b> Payee name <span style="font-size: 1.2em; color: blue;">FIRST NATIONAL BANK</span>		
<b>6</b> Amount (\$) <span style="font-size: 1.2em; color: blue;">\$10<sup>00</sup></span>	<b>7</b> Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <span style="font-size: 1.2em; color: blue;">BANKING</span>		<b>(b)</b> Description
	<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 Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	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 Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	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 Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	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 Candidate / Officeholder name Office sought Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

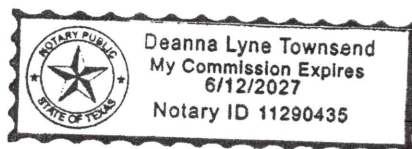
Filer name	Filer ID #
------------	------------

<b>OFFICE USE ONLY</b>	
FILED FOR RECORD UPSHUR COUNTY	
JAN 15 2026	
LODYMADE BY <u>ST</u> ELECTIONS Date Hand Delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Team report due on Team.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

### (1) Affidavit



[Signature]

Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by BRANDON WINN this the 15<sup>TH</sup> day of JANUARY.

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

Deanna Townsend Deanna Townsend  
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**