

# 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: <i>2</i>  |                    |                     |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME  | MS / MRS / MR<br><b>MRS.</b>  | FIRST<br><b>BRANDOLYN</b>                                    | MI<br><b>R</b>   | OFFICE USE ONLY<br><br>Date Received<br><b>FILED FOR</b><br><b>UPSHUR CO.</b><br><br><b>JAN 30 2026</b><br><br>LORY HARLE<br>ELECTIONS ADMINISTRATOR<br><i>MA</i><br>Date Hand delivered to Date Postmarked<br><br>Receipt # <input type="text"/> Amount \$ <input type="text"/> |                    |                     |
|  | NICKNAME<br><b>BRANDY</b>   | LAST<br><b>VICK</b>  | SUFFIX   |  |                    |                     |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br>Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>2455 ARROWWOOD RD GILMER TX 75644</b>  |  |  |  |                    |                     |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  | AREA CODE<br>( )  | PHONE NUMBER   | EXTENSION  | BY <input type="text"/>  |                    |                     |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR<br><b>MRS.</b>  | FIRST<br><b>BRANDOLYN</b>                                    | MI<br><b>R</b>   | Date Processed<br><br>Date Imaged  |                    |                     |
|  | NICKNAME<br><b>BRANDY</b>   | LAST<br><b>VICK</b>  | SUFFIX   |  |                    |                     |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)            | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>2455 ARROWWOOD RD GILMER TX 75644</b>   |  |  |  |                    |                     |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE<br>( )  | PHONE NUMBER   | 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<br>COVERED   | Month<br><b>1</b>   | Day<br><b>/ 1</b>  | Year<br><b>/ 26</b>  | Month<br><b>1</b>  | Day<br><b>/ 22</b> | Year<br><b>/ 26</b> |
| 11 ELECTION  | ELECTION DATE<br>Month<br><b>3</b>  | Day<br><b>/ 3</b>  | Year<br><b>/ 26</b>  | ELECTION TYPE<br><br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><br><input type="checkbox"/> General <input type="checkbox"/> Special  |                    |                     |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>UPSHUR COUNTY TREASURER</b>  |  |  | 13 OFFICE SOUGHT (if known)<br><b>UPSHUR COUNTY TREASURER</b>  |                    |                     |
| 14 NOTICE FROM<br>POLITICAL<br>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. |  |  |  |                    |                     |
| Additional Pages   | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC   | COMMITTEE NAME   |  |  |                    |                     |
|  |   | COMMITTEE ADDRESS  |  |  |                    |                     |
|  |   | COMMITTEE CAMPAIGN TREASURER NAME                            |  |  |                    |                     |
|  |   | COMMITTEE CAMPAIGN TREASURER ADDRESS                         |  |  |                    |                     |

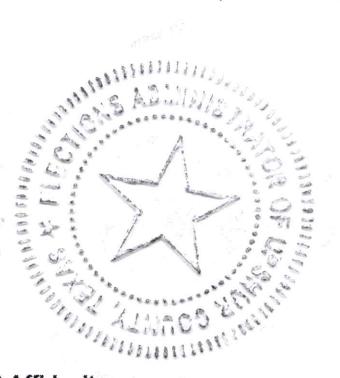
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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                |  |
|--------------------------------|--|
| 15 C/OH NAME<br>BRANDY VICK    | 16 Filer ID (Ethics Commission Filers)   |
| <b>17 CONTRIBUTION TOTALS</b>  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <b>\$ 0.00</b> |
| <b>EXPENDITURE TOTALS</b>      | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) <b>\$ 0.00</b>   |
| <b>CONTRIBUTION BALANCE</b>    | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. <b>\$ 0.00</b>  |
| <b>OUTSTANDING LOAN TOTALS</b> | 4. <b>TOTAL POLITICAL EXPENDITURES</b> <b>\$ 0.00</b>  |
|                                | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD <b>\$ 0.00</b>  |
|                                | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD <b>\$ 0.00</b>   |

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

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Brandy Vick this the 30<sup>th</sup> day of January,  
20 26, to certify which, witness my hand and seal of office.

Lori Harle  
Signature of officer administering oath

Lori Harle  
Printed name of officer administering oath

EA  
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)