

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 Filer)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Kirk	MI	OFFICE USE ONLY			
	NICKNAME	LAST Hanath	SUFFIX	Date Received 2/2/2026 JG			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 645 South Berlin Rd. Brenham TX 77833						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER 277-2044	EXTENSION	Date Hand-delivered or Date Postmarked 2/2/2026			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Brandi	MI	Recepl. # Amount \$			
	NICKNAME	LAST Schwartz	SUFFIX	Date Processed 2/2/2026			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 6604 Old Gay Hill Rd. Brenham			STATE; ZIP CODE TX 77833			
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 251-4042	EXTENSION				
9 REPORT TYPE	January 15	X 30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 16	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 01 / 16 / 2026	Day	Year	Month 02 / 02 / 2026	Day	Year	
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 2026		ELECTION TYPE X Primary General				
			Runoff	Other Description Special			
12 OFFICE	OFFICE HELD (if any) County Commissioner			13 OFFICE SOUGHT (if known) County Judge			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.						
	GENERAL SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME				
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

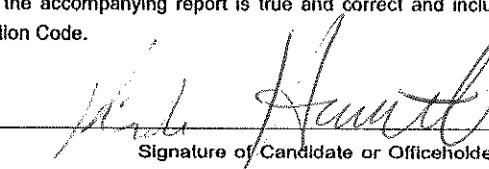
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

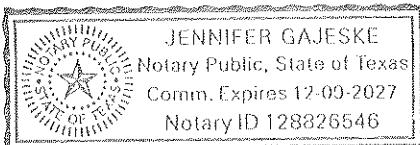
FORM C/OH
COVER SHEET PG 2

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) \$ 836.40
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4017.02
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 362.45
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 4,802.61
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6165.25
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 7000.00

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.


Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kirk Hanath this the 2 day of February, 20 2016, to certify which, witness my hand and seal of office.

Jennifer Gajeske Signature of officer administering oath

Jennifer Gajeske Printed name of officer administering oath

Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____.

(street)

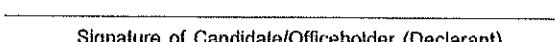
(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
KIRK HANATH	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,180.60
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 350.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 4000.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1440.16
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. 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 <i>Kirk Hanath</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>1-22-26</i>	5 Full name of contributor <i>Barney Loech</i>	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) <i>\$515.82</i>
6 Contributor address; <i>1806 Waischen, Brenham TX 77833</i>	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>1-26-26</i>	Full name of contributor <i>Emily Mokry</i>	out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; <i>312 W. Vulcan St Brenham TX 77833</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-19-26</i>	Full name of contributor <i>Deanne Kocian</i>	out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>\$200.00</i>
Contributor address; <i>5102 BOGGY CREEK RD BRENHAM TX 77833</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>1-28-26</i>	Full name of contributor <i>Mikay + Cindy Brannon</i>	out-of-state PAC (ID#_____)	Amount of contribution (\$) <i>\$500.00</i>
Contributor address; <i>1555 Hwy 36N BRENHAM TX 77833</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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

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			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC (ID#_____)	7 Amount of contribution (\$)
1-22-26	ROBERT & CATHLEEN DAVIS		\$500.00
6 Contributor address:		City: State: Zip Code	
6070 RIDGE CREEK CHAPPELL HILL TX 77426			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#_____)	Amount of contribution (\$)
1-12-26	JAMES HAFNER		\$200.00
Contributor address:		City: State: Zip Code	
4130 HWY 105 BRENTHAM TX 77833			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#_____)	Amount of contribution (\$)
1-17-26	WILLIAM HEGERT		\$514.80
Contributor address:		City: State: Zip Code	
3875 TIGER POINT BRENTHAM TX 77833			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#_____)	Amount of contribution (\$)
1-22-26	MICHAEL FENIER		\$250.00
Contributor address:		City: State: Zip Code	
12631 PEPPERBROOK HOUSTON TX 77033			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>			
2 FILER NAME <i>KIRK HANATIT</i>		1 Total pages Schedule A2: <i>1</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS <i>\$</i>			
5 Date <i>1/31/26</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>10X GRAPHICS</i>	8 Amount of Contribution \$ <i>\$ 250.00</i>	9 In-kind contribution description <i>SOCIAL MEDIA</i>
7 Contributor address: <i>1008 WIND SWEPT BLUFF HAMPTON TX 77333</i>			
<small>Check if travel outside of Texas. Complete Schedule T.</small>			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>.....</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>.....</i>	Amount of Contribution \$ <i>.....</i>	In-kind contribution description <i>.....</i>
<small>Check if travel outside of Texas. Complete Schedule T.</small>			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

If funder 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address; 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) GIFT	(b) Description HOSPITAL FOUNDATION BACK	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/21/26	GREEN MEADOWS		
Amount (\$)	Payee address;	City: State: Zip Code	
\$400.00	9655 FM 50	BRENTHAM INDEPENDENCE TX 77833	
	Check if individual's residence address.	Check if Austin, TX, officeholder living expense	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description RENTAL	
	Check if travel outside of Texas. Complete Schedule T.	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		
1/23/26	10X GRAPHICS		
Amount (\$)	Payee address;	City: State: Zip Code	
\$3640.16	1008 WINDSWEPT DR.	BRENTHAM TX 77833	
	Check if individual's residence address.	Check if Austin, TX, officeholder living expense	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITRAC SIGNS + DOOR HANGERS	
	Check if travel outside of Texas. Complete Schedule T.	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

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