

# 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: **6**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR **(MR)**

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

**RECEIVED**

**JAN 28 2026**

BY **[Signature]**

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

**485 NARUNA RD LAMAR TX 76550**

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(512)**

**556 7305**

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR **(MR)**

FIRST

MI

NICKNAME

LAST

SUFFIX

**James**  
**Ball**

7 CAMPAIGN  
TREASURER  
ADDRESS

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

CITY;

STATE;

ZIP CODE

(Residence or Business)

**2600 CR 1025 LAMAR TX 76550**

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

**(512)**

**734-1060**

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

**01 / 01 / 2026**

THROUGH

Month Day Year

**01 / 22 / 2026**

11 ELECTION

ELECTION DATE

Month Day Year

**3 / 3 / 2026**

☒ Primary

☐ Runoff

ELECTION TYPE

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

**Lamar County Judge**

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

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)	\$ 4700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3221.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2916.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

*David L. Milligan*

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 DAVID L. MILLIGAN, and my date of birth is 02/15/1961  
 My address is 485 NARUNA RD, LAMPASAS, TX, 76550, USA  
 (street) (city) (state) (zip code) (country)  
 Executed in LAMPASAS County, State of TEXAS, on the 26<sup>th</sup> day of JANUARY, 2026  
 (month) (year)  
*David L. Milligan*  
 Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4700.00
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3221.47
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: <b>1</b>
2 FILER NAME <b>DAVID MILLICAN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1-7-26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DEAN TOME</b>	7 Amount of contribution (\$) <b>3500.00</b>
6 Contributor address; City; State; Zip Code <b>PO Box 467 LAUREL TX 76550</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

  

Date <b>1-8-26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>STEVE HUDSON</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>610 GEORGETOWN A LAUREL TX 76550</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date <b>1-16-26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DONALDY BRIGGS</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>8233 CR101 LAUREL TX 76550</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

  

Date <b>1-16-26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JOSEPH BELL</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>PO Box 623 LAUREL TX 76550</b>		
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.



# 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: <span style="font-size: 1.5em;">2</span>	<b>2</b> FILER NAME <span style="font-size: 1.2em;">DAVID Millican</span>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <span style="font-size: 1.2em;">1-7-26</span>	<b>5</b> Payee name <span style="font-size: 1.2em;">LAMARCA RADIO</span>				
<b>6</b> Amount (\$) <span style="font-size: 1.2em;">145.00</span>	<b>7</b> Payee address; City; State; Zip Code <span style="font-size: 1.2em;">505 N Key Ave Lamarca TX 76550</span> <input type="checkbox"/> Check if individual's residence address.				
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <span style="font-size: 1.2em;">Advertising</span>				
	<b>(b)</b> Description <span style="font-size: 1.2em;">Stock Show RADIO SPOT</span>				
<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					
<table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <span style="font-size: 1.2em;">1-8-26</span>	Payee name <span style="font-size: 1.2em;">Area Wide Locksmith</span>				
Amount (\$) <span style="font-size: 1.2em;">844.35</span>	Payee address; City; State; Zip Code <span style="font-size: 1.2em;">211 S. Key Lamarca TX 76550</span> <input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <span style="font-size: 1.2em;">Advertising</span>				
	Description <span style="font-size: 1.2em;">SIGNS</span>				
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					
<table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date <span style="font-size: 1.2em;">1-15-26</span>	Payee name <span style="font-size: 1.2em;">Area Wide Locksmith</span>				
Amount (\$) <span style="font-size: 1.2em;">558.03</span>	Payee address; City; State; Zip Code <span style="font-size: 1.2em;">211 S. Key Ave Lamarca TX 76550</span> <input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <span style="font-size: 1.2em;">Advertising</span>				
	Description <span style="font-size: 1.2em;">SIGNS</span>				
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
<b>Complete ONLY if direct expenditure to benefit C/OH</b>					
<table style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>DAVID MILLIGAN</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-16-26</b>	5 Payee name <b>2B SIGNS</b>			
6 Amount (\$) <b>1527.70</b>	7 Payee address; <b>508 S Key</b> <input type="checkbox"/> Check if individual's residence address.		City; <b>LAWYERS</b>	State; <b>TX</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>		(b) Description <b>SIGNS, TRADE TENTS</b>	
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH			
Date <b>1-22-26</b>	Payee name <b>2B SIGNS</b>			
Amount (\$) <b>146.39</b>	Payee address; <b>508 S. Key</b> <input type="checkbox"/> Check if individual's residence address.		City; <b>LAWYERS</b>	State; <b>TX</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>MIG SIGN</b>	
	<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			
Date	Payee name			
Amount (\$)	Payee address;		City;	State; Zip Code
<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			
Date	Payee name			
Amount (\$)	Payee address;		City;	State; Zip Code
<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			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**