

# 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:                                       |  |  |  |           |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR   | FIRST<br><b>Patrick</b>                           | MI<br><b>Ray</b>   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br><div style="font-size: 2em; font-weight: bold; color: blue;">FILED</div><br><br><div style="font-size: 1.2em; font-weight: bold; color: blue;">MAY 19 2026</div><br><br><div style="font-size: 0.8em; font-weight: bold; color: blue;">DONNA KOMINCZAK</div><br>Date RECEIVED BY ELECTIONS ADMINISTRATOR<br><i>[Signature]</i><br>LEON COUNTY, TEXAS<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |  |  |           |
|  |   | NICKNAME  | LAST<br><b>Hemphill</b>                                    |  | SUFFIX                                     |  |           |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX  | APT / SUITE #                                     | CITY, STATE, ZIP CODE                                      |  |  |  |           |
| Change of Address  | <b>15993 CR 459, Normangee, Tx 77871</b>  |   |  |  |  |  |           |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE<br><b>( 936 )</b>   | PHONE NUMBER<br><b>348 0269</b>                   | EXTENSION  |  |  |  |           |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR   | FIRST<br><b>Jamie</b>                             | MI   |  |  |  |           |
|  | NICKNAME  | LAST<br><b>Hemphill</b>                           | SUFFIX   |  |  |  |           |
| 7 CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #  |   | CITY, STATE, ZIP CODE                                      |  |  |  |           |
| (Residence or Business)  | <b>15993 CR 459, Normangee, Tx 77871</b>  |   |  |  |  |  |           |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE<br><b>( 936 )</b>   | PHONE NUMBER<br><b>245 0639</b>                   | EXTENSION  |  |  |  |           |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15   | <input type="checkbox"/> 30th day before election | <input checked="" 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                                       |           |
|  | <b>01</b>   | <b>15</b>   | <b>26</b>  | THROUGH  | <b>05</b>                                  | <b>18</b>                                  | <b>26</b> |
| 11 ELECTION  | ELECTION DATE   |   |  | ELECTION TYPE  |  |  |           |
|  | Month   | Day   | Year   | <input type="checkbox"/> Primary   | <input checked="" type="checkbox"/> Runoff | <input type="checkbox"/> Other Description |           |
|  | <b>05</b>   | <b>26</b>   | <b>26</b>  | <input type="checkbox"/> General   | <input type="checkbox"/> Special           |  |           |
| 12 OFFICE  | OFFICE HELD (if any)  |   |  | 13 OFFICE SOUGHT (if known)  |  |  |           |
|  |   |   |  | <b>County Commissioner Pct 4</b>   |  |  |           |
| 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                                    |  |  |  |  |           |
|  | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                                 |  |  |  |  |           |
|  | <input type="checkbox"/> SPECIFIC   | 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<br>Patrick Ray Hemphill |   | 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) | \$ 3,000.00                            |
|                                      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 3,000.00                            |
| EXPENDITURE TOTALS                   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 2,282.61                            |
|                                      | 4. TOTAL POLITICAL EXPENDITURES   | \$ 2,282.61                            |
| CONTRIBUTION BALANCE                 | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 717.39                              |
| 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.

\_\_\_\_\_  
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 Patrick Hemphill, and my date of birth is 07-07-1974.  
 My address is 15993 CR 459 (street), Normangee (city), TX (state), 77871 (zip code), USA (country).  
 Executed in Leon County, State of Texas, on the 18 day of May, 2026 (month) (year).

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# 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<br><b>Patrick Ray Hemphill</b>               |  | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>04/26</b>                                    | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Corey Lademora</b><br>6 Contributor address; City; State; Zip Code<br><b>FM 3 Private Road 4200, Marquez, Texas 77865</b> | 7 Amount of contribution (\$) <b>\$3,000</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                  |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                  |
| Date  | Full name of contributor out-of-state PAC (ID#: _____)<br>Contributor address; City; State; Zip Code   | Amount of contribution (\$)                  |
| 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.

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |  |  |
|--|--|--|
| 19 FILER NAME  |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  |  | SUBTOTAL<br>AMOUNT                     |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                       |  | \$ 3,000.00                            |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                         |  | \$ 0                                   |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS   |  | \$ 0                                   |
| 4. SCHEDULE E: LOANS   |  | \$ 0                                   |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS               |  | \$ 2,222.61                            |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  |  | \$ 0                                   |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS              |  | \$ 0                                   |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                       |  | \$ 0                                   |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                         |  | \$ 0                                   |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        |  | \$ 0                                   |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           |  | \$ 0                                   |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER |  | \$ 0                                   |

# 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:<br>1                                | <b>2</b> FILER NAME<br>Patrick Ray Hemphill  | <b>3</b> Filer ID (Ethics Commission Filers): |
| <b>4</b> Date<br>05/18/26   | <b>5</b> Payee name<br>Ward Sign Company   |   |
| <b>6</b> Amount (\$)<br>\$1,495.96                                    | <b>7</b> Payee address:<br>P.O. Box 533, Fairfield, Tx 75840<br><small>Check if individual's residence address.</small>                          | City: State: Zip Code                         |
| <b>8</b><br>PURPOSE OF EXPENDITURE                                    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertisement   | <b>(b)</b> Description<br>Signs               |
|   | <b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> |   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH - | Candidate / Officeholder name  | Office sought Office held                     |

|                               |   |                            |
|-------------------------------|---|----------------------------|
| Date<br>5/18/26               | Payee name<br>Daper Designs   |                            |
| Amount (\$)<br>\$522.41       | Payee address:<br>Hwy 84 Fairfield, Texas 75840<br><small>Check if individual's residence address.</small>                            | City: State: Zip Code      |
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertisement   | Description<br>Hats/Shirts |
|                               | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> |                            |

|  |   |                                  |
|--|---|----------------------------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held        |
| Date<br>5/18/26  | Payee name<br>Imprint   |                                  |
| Amount (\$)<br>264.24                                      | Payee address:<br>Imprint.com<br><small>Check if individual's residence address.</small>  | City: State: Zip Code            |
| <b>PURPOSE OF EXPENDITURE</b>                              | Category (See Categories listed at the top of this schedule)<br>Advertisement   | Description<br>campaign handouts |
|  | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> |                                  |

|  |                               |                           |
|--|-------------------------------|---------------------------|
| 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