

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

MI

Richard

L

NICKNAME

LAST

SUFFIX

Ricky

Brown

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

Change of Address

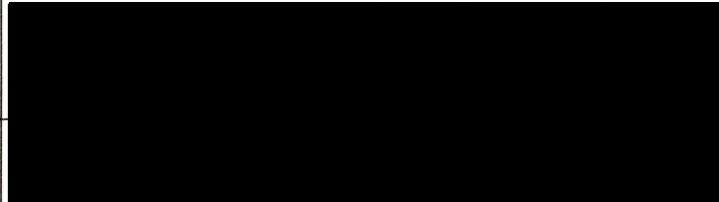
ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE



5 CANDIDATE/
OFFICEHOLDER
PHONE

MS / MRS / MR

FIRST

MI

Mrs.

Danna

NICKNAME

LAST

SUFFIX

Lee

6 CAMPAIGN
TREASURER
NAME

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE



8 CAMPAIGN
TREASURER
PHONE

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

7

1

25

THROUGH

Month

Day

Year

10

4

25

11 ELECTION

ELECTION DATE

Month

Day

Year

11

4

25

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Tax Assessor/Collector

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received 5:00 o'clock P M

OCT 24 2025

LEE H. CHAMBERS
COUNTY CLERK, LIBERTY COUNTY, TEXAS
BY Nat Jaramero DEPUTY

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

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)

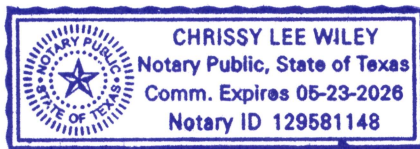
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

Richard J Brown
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Richard L Brown this the 4th day of October, 2025, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Chrissy Wiley Printed name of officer administering oath
Chief Deputy 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)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Richard L NICKNAME LAST SUFFIX Ricky Brown	OFFICE USE ONLY Date Received FILED at <u>3:00</u> o'clock <u>P</u> M OCT 24 2025 LEE H. CHAMBERS COUNTY CLERK LIBERTY COUNTY, TEXAS BY <u>Nat Sircoreno</u> DEPUTY 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										
5 CANDIDATE / OFFICEHOLDER PHONE	Change of Address										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Danna Lee NICKNAME LAST SUFFIX	Date Received FILED at <u>3:00</u> o'clock <u>P</u> M OCT 24 2025 LEE H. CHAMBERS COUNTY CLERK LIBERTY COUNTY, TEXAS BY <u>Nat Sircoreno</u> DEPUTY Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE										
8 CAMPAIGN TREASURER PHONE	(Residence or Business)										
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 10 / 5 / 25 THROUGH Month Day Year 10 / 27 / 25										
11 ELECTION	ELECTION DATE Month Day Year 11 / 4 / 25 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) Tax Assessor/Collector 13 OFFICE SOUGHT (if known)										
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16 Filer ID (Ethics Commission Filers)

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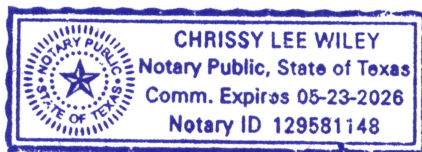
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Richard L Brown

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Richard L Brown this the 24 day of October, 2025, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Chrissy Wiley
Printed name of officer administering oath

Chief Deputy
Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____.
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Executed in _____ County, State of _____, on the _____ day of _____, 20____.
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Signature of Candidate/Officeholder (Declarant)