

# 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 <i>Mr</i>	FIRST <i>Wade</i>	MI <i>N</i>	<b>OFFICE USE ONLY</b> <del>FILED FOR RECORD</del> <del>at Date Received</del> <i>clock 19:12 M</i> <b>FEB 04 2026</b> <del>LEE H. CHAMBERS</del> <del>COUNTY CLERK, LIBERTY COUNTY, TEXAS</del> <del>BY <i>Deputy</i></del> <del>DEPUTY</del>  Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged		
	NICKNAME	LAST <i>Brown</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <input type="text"/> APT / SUITE #: <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/> ZIP CODE <input type="text"/>					
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	<input type="text"/>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Same</i>	FIRST	MI	Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged		
	NICKNAME	LAST	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <input type="text"/> APT / SUITE #: <input type="text"/> CITY: <input type="text"/> STATE: <input type="text"/> ZIP CODE <input type="text"/> <i>Same</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>( Same</i>	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 COVERED	Month <i>1</i>	Day <i>/16</i>	Year <i>/26</i>	Month <i>2</i>	Day <i>/3</i>	Year <i>/26</i>
11 ELECTION	ELECTION DATE Month <i>/</i> Day <i>/</i> Year <i>/</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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.					
	COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

# 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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>2825.07</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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 Wade Brown, and my date of birth is 03/17/1958.

My address is 531 CR 2284.

Executed in Liberty, County, State of Texas, on the 3rd day of Feb, 20 24.

Signature of Candidate/Officeholder (Declarant)