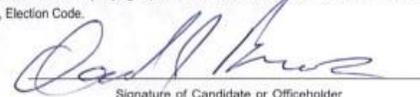
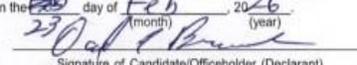


| CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT | | FORM C/OH COVER SHEET PG 1 | |
|--|--|--|---|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST David | MI Lloyd |
| | NICKNAME Bruns | LAST | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX | APT / SUITE # | CITY STATE ZIP CODE |
| | [Redacted] | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | [Redacted] | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mrs | FIRST Lesley | MI K |
| | NICKNAME Bruns | LAST | SUFFIX |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE) | APT / SUITE # | CITY STATE ZIP CODE |
| | [Redacted] | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | [Redacted] | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input 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 checked="" 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 | |
| 02 13 / 2026 | | THROUGH 02 / 23 / 2026 | |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE |
| | Month Day Year | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description | <input type="checkbox"/> General <input type="checkbox"/> Special |
| 12 OFFICE | | 13 OFFICE SOUGHT (if known) | |
| OFFICE HELD (if any) | | 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 | |
| | <input type="checkbox"/> GENERAL | | |
| | <input type="checkbox"/> SPECIFIC | 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 David L. Bruns | | 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) | | \$ - 0 - |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | | \$ 3468.92 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 3468.92 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | \$ |
| 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 |
| [Redacted] | | OR | |
| (2) Unsworn Declaration | | | |
| My name is David L. Bruns and my date of birth is 05/23/1962 | | | |
| My address: [Redacted] | | | |
| Executed in Galveston County, State of Texas, on the 23 day of Feb, 2026 | | | |
|  Signature of Candidate/Officeholder (Declarant) | | | |