

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>Brett</i> | MI <i>M</i> | OFFICE USE ONLY FILED FOR RECORD RUSK COUNTY, TEXAS | | |
| | NICKNAME | LAST <i>CROSS</i> | SUFFIX | Date Received JAN 09 2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE | |
| <i>Henderson, TX 75654</i> | | | | | | |
| <input type="checkbox"/> Change of Address | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE <i>(903)</i> | PHONE NUMBER <i>646-3131</i> | EXTENSION | ELECTIONS ADMINISTRATOR Date Hand Delivered / Date Postmarked <i>By Hand Deputy</i> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR <i>Ms.</i> | FIRST <i>Suzanne</i> | MI | Receipt # | | |
| | NICKNAME | LAST <i>CROSS</i> | SUFFIX | Amount \$ | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; | | | CITY: <i>Henderson</i> | STATE; ZIP CODE <i>Tx 75654</i> | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>(903)</i> | PHONE NUMBER <i>646-5440</i> | EXTENSION | | | |
| 9 REPORT TYPE | <input checked="" 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 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>12</i> | Day <i>2</i> | Year <i>2025</i> | Month <i>12</i> | Day <i>31</i> | Year <i>2025</i> |
| 11 ELECTION | ELECTION DATE Month Day Year <i>3 / 3 / 2026</i> | | ELECTION TYPE <input checked="" 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) <i>Precinct 4 Commissioner</i> | | |
| 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. | | | | | |
| <input type="checkbox"/> Additional Pages | | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | | | | COMMITTEE NAME |
| | | | | | | 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**

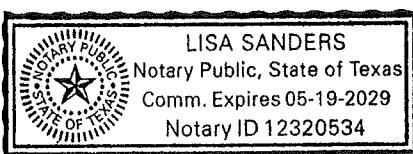
| | | | |
|------------------------|---|-------------|--|
| 15 C/OH NAME | Brett Cross | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 100.00 | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 100.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 166.33 | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 7,041.01 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 100.00 | |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 | |

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.

Brett Cross

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by

Brett Cross

this the 9th day of January,

20 2026, to certify which, witness my hand and seal of office.

LISA Sanders

Signature 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 _____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|---|---|
| 19 FILER NAME <i>Brett Cross</i> | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | |
| 8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | |
| 9. <input checked="" 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 | |
| SUBTOTAL AMOUNT | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ | |
| \$ 6291.01 | |
| \$ 750.00 | |
| \$ | |
| \$ | |
| \$ | |

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | | |
|---|--|---|---|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME <i>Brett Cross</i> | | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | \$ 166.33 |
| 5 CREDIT CARD ISSUER | Name of financial institution <i>Chase</i> | | |
| 6 PAYMENT | (a) Amount Charged <i>\$599.25</i> | (b) Date Expenditure Charged <i>12-12-25</i> | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name <i>Lindmark</i> | (b) Payee address; City, State, Zip Code <i>2700 Technology Pl. Norman OK, 73071</i> | <input type="checkbox"/> Check if individual's residence address. |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Political Advertising Billboard</i> | (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 | Candidate / Officeholder name | | Office Sought |
| PAYMENT | (a) Amount Charged <i>\$1476.84</i> | (b) Date Expenditure Charged <i>12-12-25</i> | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name <i>Lindmark</i> | (b) Payee address; City, State, Zip Code <i>2700 Technology Pl. Norman OK 73071</i> | <input type="checkbox"/> Check if individual's residence address. |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Political Advertising Billboard</i> | (c) <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 | Candidate / Officeholder name | | Office Sought |
| PAYMENT | (a) Amount Charged <i>\$2752.48</i> | (b) Date Expenditure Charged <i>12-15-25</i> | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name <i>Designer Graphics</i> | (b) Payee address; City, State, Zip Code <i>12404 Hwy 155 S. Tyler TX 75703</i> | <input type="checkbox"/> Check if individual's residence address. |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i> | (b) Description <i>Political Advertising signs</i> | (c) <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 | Candidate / Officeholder name | | Office Sought |
| | | | Office Held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Accounting/Banking

Consulting Expense

Contributions/Donations Made By

Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES
SCHEDULE F4:

2 FILER NAME

Brett Cross

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 CREDIT CARD
ISSUER

Name of financial institution

Chase

6 PAYMENT

(a) Amount Charged

\$445.34

(b) Date Expenditure Charged

12-18-25

(c) Date(s) Credit Card Issuer Paid

7 PAYEE

(a) Payee name

Designer Graphics

(b) Payee address; City, State, Zip Code

12404 Hwy 155 S. Tyler TX 75703

Check if individual's residence address.

8 PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Rack cards / Doorhangers

Political
 Non-Political

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$111.11

(b) Date Expenditure Charged

12-30-25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Lindmark

(b) Payee address; City, State, Zip Code

2700 Technology Pl. Norman OK, 73071

Check if individual's residence address.

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Billboard lighting

Political
 Non-Political

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

PAYMENT

(a) Amount Charged

\$739.46

(b) Date Expenditure Charged

12-31-25

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

Designer Graphics

(b) Payee address; City, State, Zip Code

12404 Hwy 155 S. Tyler TX 75703

Check if individual's residence address.

PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Political Advertising Signs

Political
 Non-Political

(c) Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct
expenditure to benefit C/OH

Candidate / Officeholder name

Office Sought

Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---------------------------------------|
| 1 Total pages Schedule G: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; | City: State: Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address. | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | Fees | Candidate filing fee |
| (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 | Candidate / Officeholder name | Office sought |
| | | Office held |
| | Precinct 4 Commissioner | |
| Date | Payee name | |
| Amount (\$) | Payee address; | City: State: Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | 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 | Candidate / Officeholder name | Office sought |
| | | Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; | City: State: Zip Code |
| <input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | 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 | Candidate / Officeholder name | Office sought |
| | | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |