

# 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: <u>3</u>  |   |                      |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                           | MS / MRS / MR<br><u>Mr.</u>   | FIRST<br><u>William</u>                           | MI<br><u>C.</u>  | OFFICE USE ONLY  |   |                      |
|   | NICKNAME<br><u>Cody</u>   | LAST<br><u>Jones</u>                              | SUFFIX   | Date Received<br><u>Lamar County Elections</u>   |   |                      |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS             | ADDRESS / PO BOX;<br><u>305 Honey Grove St.</u>   | APT / SUITE #;<br><u>PO Box 118</u>               | CITY;<br><u>Roxton</u>                                     | STATE; ZIP CODE<br><u>TX 75477</u>   |   |                      |
| <input type="checkbox"/> Change of Address                      |   |   |  |  |   |                      |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                           | AREA CODE<br><u>(903)</u>   | PHONE NUMBER<br><u>249-4158</u>                   | EXTENSION  |  |   |                      |
| <input type="checkbox"/> Date Hand-delivered or Date Postmarked |   |   |  |  |   |                      |
| 6 CAMPAIGN<br>TREASURER<br>NAME                                 | MS / MRS / MR<br><u>Mr.</u>   | FIRST<br><u>James</u>                             | MI<br><u>D</u>   | Receipt # <input type="text"/> Amount \$ <input type="text"/>                              |   |                      |
|   | NICKNAME<br><u>David</u>  | LAST<br><u>Hiblett</u>                            | SUFFIX   | Date Processed   |   |                      |
| <input type="checkbox"/> Date Imaged                            |   |   |  |  |   |                      |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;<br><u>17236 Fm 137</u>  |   | CITY;<br><u>Roxton</u>                                     | STATE; ZIP CODE<br><u>TX 75477</u>   |   |                      |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                                | AREA CODE<br><u>(903)</u>   | PHONE NUMBER<br><u>249-6641</u>                   | 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<br>COVERED  | Month<br><u>/</u>   | Day<br><u>/</u>                                   | Year<br><u>THROUGH</u>                                     | Month<br><u>01</u>   | Day<br><u>/15</u>   | Year<br><u>/2026</u> |
| 11 ELECTION   | ELECTION DATE<br>Month<br><u>02</u> Day<br><u>/17</u> Year<br><u>/26</u>  |   | <input checked="" type="checkbox"/> Primary                | <input type="checkbox"/> Runoff  | ELECTION TYPE<br><input type="checkbox"/> General<br><input type="checkbox"/> Special<br><input type="checkbox"/> Other Description |                      |
| 12 OFFICE   | OFFICE HELD (if any)  |   |  | 13 OFFICE SOUGHT (if known)<br><u>County Commissioner, Pct. 2</u>                          |   |                      |
| 14 NOTICE FROM<br>POLITICAL<br>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  | 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

*Cody Jones*

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)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

CONTRIBUTION  
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$

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.

*Cody Jones*

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 *Cody Jones*, and my date of birth is *09/27/1980*.

My address is *305 Honey Grove St, Po Box 118*, *Roxton*, *TX*, *75477*, *USA*.

(street)

(city)

(state)

(zip code)

(country)

Executed in *Lamar* County, State of *Texas*, on the *15<sup>th</sup>* day of *January*, 20 *26*.

*Cody Jones*  
Signature of Candidate/Officeholder (Declarant)

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

|   |                    |               |
|---|--------------------|---------------|
| <b>19</b> FILER NAME  | <i>Cody Jones</i>  |               |
| <b>20</b> Filer ID (Ethics Commission Filers)   |                    |               |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE  | SUBTOTAL<br>AMOUNT |               |
| 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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$                 |               |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                            | \$                 | <i>750.00</i> |
| 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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED<br>TO FILER | \$                 | <i>50.00</i>  |

# 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:<br><br>①  | 2 FILER NAME<br><br>Cody Jones  | 3 Filer ID (Ethics Commission Filers)                                     |
| 4 Date<br><br>11/21/25  | 5 Payee name<br><br>Cody Jones  |   |
| 6 Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address;<br><br>305 Honey Grove St.<br>Po Box 118<br><input checked="" type="checkbox"/> Check if individual's residence address. | City: Roxton State: TX Zip Code: 75477                                    |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><br>Fees  | (b) Description<br><br>filing fees  |
|   | (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<br><br>Cody Jones   |   |
|   | Office sought<br><br>County Commissioner, Pct. 2  | Office held   |
| Date  | Payee name  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address;<br><br><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<br><br>Cody Jones   |   |
|   | Office sought   | Office held   |
| Date  | Payee name  |   |
| Amount (\$)<br><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address;<br><br><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<br><br>Cody Jones   |   |
|   | Office sought   | Office held   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>  |   |   |

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 K:<br><br><i>1</i>                                  |
| 2 FILER NAME<br><br><i>Cody Jones</i>                     |  | 3 Filer ID (Ethics Commission Filers)                                      |
| 4 Date  | 5 Name of person from whom amount is received<br><br><i>Rick Browning</i>  | 8 Amount (\$)<br><br><i>50.00</i>  |
|   | 6 Address of person from whom amount is received; City; State; Zip Code<br><br><i>4170 Linn Drive Paris TX 75460</i> |  |
|   | 7 Purpose for which amount is received<br><br><i>Advertising Expense</i>   | <input type="checkbox"/> Check if political contribution returned to filer |
| Date  | Name of person from whom amount is received<br><br>.....   | Amount (\$)  |
|   | Address of person from whom amount is received; City; State; Zip Code<br><br>.....                                   |  |
|   | Purpose for which amount is received<br><br>.....  | <input type="checkbox"/> Check if political contribution returned to filer |
| Date  | Name of person from whom amount is received<br><br>.....   | Amount (\$)  |
|   | Address of person from whom amount is received; City; State; Zip Code<br><br>.....                                   |  |
|   | Purpose for which amount is received<br><br>.....  | <input type="checkbox"/> Check if political contribution returned to filer |
| Date  | Name of person from whom amount is received<br><br>.....   | Amount (\$)  |
|   | Address of person from whom amount is received; City; State; Zip Code<br><br>.....                                   |  |
|   | Purpose for which amount is received<br><br>.....  | <input type="checkbox"/> Check if political contribution returned to filer |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED       |  |  |

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME

Cody Jones

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

## A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

## B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Cody Jones

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder