

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: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr David		OFFICE USE ONLY <div style="border: 2px solid blue; padding: 10px; margin: 10px auto; width: 150px;"> RECEIVED JAN 15 2026 By _____ </div>
	NICKNAME LAST SUFFIX Brandon		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 210 Gale Haven Rd Willis, TX 77378	
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (936) 520-9221		Date Received Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms Shirley		Receipt # Amount \$
	NICKNAME LAST SUFFIX Brandon		Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 210 Gale Haven Rd Willis, TX 77378	
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (936) 520-9224			
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 Day Year THROUGH Month Day Year 7 / 1 / 25 12 / 31 / 25	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 3 / 3 / 26 <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE		OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) San Jacinto 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME David Brandon		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)	\$ 6,000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,208.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,898.78
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

OR

(2) Unsworn Declaration

My name is David Brandon, and my date of birth is 01/09/1952.
 My address is 210 Gale Haven Rd, Willis, Texas 77378, San Jacinto.
 (street) (city) (state) (zip code) (country)
 Executed in San Jacinto County, State of Texas, on the 15th day of January, 2026.
 (month) (year)
David Brandon
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

David Brandon

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,000.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,101.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,106.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 1
2 FILER NAME David Brandon		3 Filer ID (Ethics Commission Filers)
4 Date 12/10/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Laddie McAnally 6 Contributor address; City; State; Zip Code PO Box 550 Shepherd, TX 77371	7 Amount of contribution (\$) 5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/12/2025	Full name of contributor out-of-state PAC (ID#: _____) Morris Linder Contributor address; City; State; Zip Code 1634 Lynnview Dr. Houston, TX 77055	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

1 Total pages Schedule F1: 1	2 FILER NAME David Brandon	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2025	5 Payee name Vistaprint	
6 Amount (\$) 388.12	7 Payee address; City; State; Zip Code 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 Push cards
	(c) Check if travel outside of Texas. Complete Schedule T. 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
Date 12/19/2025	Payee name SJC GOP	
Amount (\$) 50.00	Payee address; City; State; Zip Code 201 Hwy 150 Coldspring, TX 77331 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Table at meet the candidate event
	Check if travel outside of Texas. Complete Schedule T. 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 12/19/2025	Payee name Signs on the Cheap	
Amount (\$) 663.10	Payee address; City; State; Zip Code 11525A Stonehollow Dr. Ste 100 Austin, TX 78758 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	Check if travel outside of Texas. Complete Schedule T. 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

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
2	David Brandon		
4 Date	5 Payee name		
12/03/2025	SJC GOP		
6 Amount (\$)	7 Payee address;		City; State; Zip Code
750.00	201 Hwy 150 Coldspring, TX 77331		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Fees		Fee for place on ballot as candidate for SJC County Judge
	(c) Check if travel outside of Texas. Complete Schedule T.		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		
	County Judge		
Date	Payee name		
12/04/2025	USPS		
Amount (\$)	Payee address;		City; State; Zip Code
188.00	609 N Campbell St., Willis, TX 77378		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Other		Rental of PO box
	Check if travel outside of Texas. Complete Schedule T.		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		
12/13/2025	Signs on the Cheap		
Amount (\$)	Payee address;		City; State; Zip Code
3,100.86	11525A Stonehollow Dr. Ste 100 Austin, TX 78758		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Advertising Expense		Campaign signs
	Check if travel outside of Texas. Complete Schedule T.		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		

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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.

1 Total pages Schedule G: 2	2 FILER NAME David Brandon		3 Filer ID (Ethics Commission Filers)
4 Date 12/13/2025	5 Payee name Signs on the Cheap		
6 Amount (\$) 3,100.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 11525A Stonehollow Dr. Ste 100 Austin, TX 78758 <input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Signs
	(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			
Date Payee name			
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended			
Payee address; City; State; Zip Code <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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended			
Payee address; City; State; Zip Code <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			

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