

# 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  Change of Address	MS / MRS / MR Mrs Tiffany		Date Received: <b>RECEIVED</b> FEB 03 2026 By _____			
	NICKNAME	LAST Pinkston		SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY, STATE: ZIP CODE			
	3151 Dabney Bottom Rd. Cleveland, TX 77328					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 832 )	PHONE NUMBER 863-0109	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms Shirley		MI			
	NICKNAME	LAST Brandon	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 210 Gale Haven Rd Willis, TX 77378		STATE, ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 936 )	PHONE NUMBER 520-9224	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 1	Day / 1 /	Year 26	Month 1	Day / 22 /	Year 26
11 ELECTION	ELECTION DATE Month 3 / Day / 3 / Year 26	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		SJC Pct. 3 JP	
14 NOTICE FROM POLITICAL COMMITTEE(S)  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				
<b>GO TO PAGE 2</b>						

<b>CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT</b>		<b>FORM C/OH COVER SHEET PG 2</b>		
<b>15 C/OH NAME</b> David Brandon	<b>16 Filer ID (Ethics Commission Filers)</b>			
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <b>750.00</b>		
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>750.00</b>		
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <b>3,141.32</b>		
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>3,141.32</b>		
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$		
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$		
<b>18 SIGNATURE</b>	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			
<b>Please complete either option below:</b>				
<b>(1) Affidavit</b>				
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				
<b>(2) Unsworn Declaration</b>				
My name is <u>Tiffany Pinkston</u> , and my date of birth is <u>10-08-1982</u> .				
My address is <u>3151 Disney Pattern Rd. Cleveland, TX 77328 USA</u> .				
(street)	(city)	(state)	(zip code)	(country)
Executed in <u>San Jacinto</u> County, State of <u>Texas</u> , on the <u>3</u> day of <u>February</u> , 20 <u>2016</u> .	<u>2</u>			
Signature of Candidate/Officeholder (Declarant)				

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

<b>19</b> FILER NAME David Brandon	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
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	\$ 247.13
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	\$ 2,894.19
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	\$

# 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)
<b>The Instruction Guide explains how to complete this form.</b>			
1 Total pages Schedule F1 1	2 FILER NAME Tiffany Pinkston		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2026	5 Payee name Vista Print		
6 Amount (\$) 184.68	7 Payee address; 275 Wyman St Waltham, MA 02451  Check if individual's residence address.		City; State; Zip Code
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Labels	
	(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/O/H	Candidate / Officeholder name  Payee name Vista Print		Office sought  Office held
Date 12/18/2025	Payee address;  275 Wyman St Waltham, MA 02451  Check if individual's residence address.		City; State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Business Cards	
	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/O/H	Candidate / Officeholder name  Payee name		Office sought  Office held
Amount (\$) 62.45	Payee address;  275 Wyman St Waltham, MA 02451  Check if individual's residence address.		City; State; Zip Code
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	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/O/H	Candidate / Officeholder name  Payee name		Office sought  Office held
	<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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 Tiffany Pinkston	3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Payee name Vista Print	
6 Amount (\$) 858.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 275 Wyman St Waltham, MA 02451 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Business Cards
	(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 ONLY if direct expenditure to benefit C/CH	Candidate / Officeholder name Willis, TX <input type="checkbox"/> Check if individual's residence address.	Office sought Office held
Date 01/13/2026	Payee name HEB	
Amount (\$) 122.92 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; Willis, TX <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Meet & greet
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX	officeholder living expense
Complete ONLY if direct expenditure to benefit C/CH	Candidate / Officeholder name Texas T's	Office sought Office held
Date 01/05/2026	Payee name Texas T's	
Amount (\$) 312.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 22275 Ford Rd, Porter, TX 77365 <input type="checkbox"/> Check if individual's residence address.	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Printed Tent
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX	officeholder living expense
Complete ONLY if direct expenditure to benefit C/CH	Candidate / Officeholder name Texas T's	Office sought Office held
	<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>	

# 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/Officer/Other/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 Filer)	
2	Tiffany Pinkston		
4 Date	5 Payee name		
01/08/2026	XYZ Signs		
6 Amount (\$)	7 Payee address	City, State, Zip Code	
1,599.94	1021 Aldine Bender Rd. Houston, TX 77038		
<input checked="" 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	
	Advertising Expense	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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			