

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: **4**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Brandy
Carr

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

301 Armstrong ST. Valley View, Tx
76272

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

727-9113

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Brandy
Carr

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

301 Armstrong ST. Valley View, Tx. 76272

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

727-9113

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

01 / 01 / 2026

THROUGH

06 / 30 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

ELECTION TYPE

☐

Primary

☐

Runoff

☒

Other
Description

☐

General

☐

Special

July Semi-annual

12 OFFICE

OFFICE HELD (if any)

Tax Assessor-Collector

13 OFFICE SOUGHT (if known)

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

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

FILED FOR RECORD
26 JUL 15 AM 9:24
PAY HARRISON
COUNTY CLERK, COOKE CO. TX
BY [Signature] DEPUTY

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

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.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

225.00

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

957.98

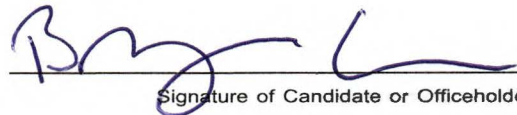
**OUTSTANDING
LOAN TOTALS**

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 Brandy Carr this the 15th day of July,
20 26, to certify which, witness my hand and seal of office.

Pam Han

Pam Harrison

County Clerk

Signature of officer administering oath

Printed name of officer administering oath

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____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)**

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ☐ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$ 225.00
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	\$
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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Brandy Ann Carr</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/3/26</i>		5 Payee name <i>Gainesville Area Chamber of Commerce</i>			
6 Amount (\$) <i>\$100.00</i>		7 Payee address; City; State; Zip Code <i>311 S. Weaver Gainesville, TX 76240</i> ☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Gift/Awards/Memorials Expense</i>		(b) Description <i>2026 Annual Meeting and Awards Banquet</i>		
	(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					
Date <i>4/14/26</i>		Payee name <i>Cooke County Republican Party</i>			
Amount (\$) <i>\$125.00</i>		Payee address; City; State; Zip Code <i>701 E. California St #304 Gainesville TX 76240</i> ☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other - sponsor</i>		Description <i>B406 2026 Station sponsor & recognition @ event</i>		
	☐ 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					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	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/OH					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	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/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED