# 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:

**OFFICE USE ONLY**

Date Received

RECEIVED
JUL 16 2026
BY: Slm

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR | FIRST: Brandon | MI

NICKNAME | LAST: Hodges | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

[redacted]

☐ Change of Address

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION

[redacted]

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR | FIRST: Dustin | MI

NICKNAME | LAST: Gragg | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

[redacted]

**8 CAMPAIGN TREASURER PHONE**

AREA CODE | PHONE NUMBER | EXTENSION

[redacted]

**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: 01 / 01 / 26 THROUGH Month Day Year: 06 / 30 / 26

**11 ELECTION**

ELECTION DATE: Month Day Year: 11 / 03 / 26

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other Description

☑ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any): MISD District Five

**13** OFFICE SOUGHT (if known): Same

**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.

☐ Additional Pages

COMMITTEE TYPE

☐ GENERAL

☐ 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 | **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) | $0 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $155.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $0 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $155.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $24.62 |
| OUTSTANDING LOAN TOTALS | 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.

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 Brandon W. Hodges, and my date of birth is 08/16/1978.

My address is [redacted] (street), Midland, (city) TX (state) 79705 (zip code) US (country).

Executed in Midland County, State of Texas, on the 14th day of July (month), 20 26 (year).

Brandon W. Hodges

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 | $ 155.00 |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ 0 |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ 0 |
| 4. | ☐ | SCHEDULE E: LOANS | $ 0 |
| 5. | ☐ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 155.00 |
| 6. | ☐ | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ 0 |
| 7. | ☐ | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ 0 |
| 8. | ☐ | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ 0 |
| 9. | ☐ | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ 0 |
| 10. | ☐ | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ 0 |
| 11. | ☐ | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 0 |
| 12. | ☐ | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ 0 |

# 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:

**2** FILER NAME

**3** Filer ID (Ethics Commission Filers)

**4** Date: 5/13/26

**5** Full name of contributor: Brandon Hodges ☐ out-of-state PAC (ID#:_____)

**6** Contributor address; City; State; Zip Code: [redacted]

**7** Amount of contribution ($): 155.00

**8** Principal occupation / Job title (See Instructions)

**9** 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)

---

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.**

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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 A2: |
| **2** FILER NAME Brandon Hodges | **3** Filer ID (Ethics Commission Filers) |
| **4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | $0 |

| | | | |
|---|---|---|---|
| **5** Date | **6** Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>**7** Contributor address; City; State; Zip Code | **8** Amount of Contribution $ | **9** In-kind contribution description<br>☐ Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| **10** Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | **11** Employer (FOR NON-JUDICIAL) (See Instructions) |
| **12** Contributor's principal occupation (FOR JUDICIAL) | **13** Contributor's job title (FOR JUDICIAL) (See Instructions) |
| **14** Contributor's employer/law firm (FOR JUDICIAL) | **15** Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| **16** If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

| | | | |
|---|---|---|---|
| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____)<br>Contributor address; City; State; Zip Code | Amount of Contribution $ | In-kind contribution description<br>☐ Check if travel outside of Texas. Complete Schedule T. |

| | |
|---|---|
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | Employer (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | Contributor's job title (FOR JUDICIAL) (See Instructions) |
| Contributor's employer/law firm (FOR JUDICIAL) | Law firm of contributor's spouse (if any) (FOR JUDICIAL) |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.**

# PLEDGED CONTRIBUTIONS

**SCHEDULE B**

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 B: |
| **2** FILER NAME<br>Brandon Hodges | **3** Filer ID (Ethics Commission Filers) |
| **4** TOTAL OF UNITEMIZED PLEDGES | $0 |

| **5** Date | **6** Full name of pledgor ☐ out-of-state PAC (ID#:_____)<br>**7** Pledgor address; City; State; Zip Code | **8** Amount of Pledge $ | **9** In-kind contribution description<br>☐ Check if travel outside of Texas. Complete Schedule T. |
|---|---|---|---|
| **10** Principal occupation / Job title (See Instructions) | **11** Employer (See Instructions) | | |

| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____)<br>Pledgor address; City; State; Zip Code | Amount of Pledge $ | In-kind contribution description<br>☐ Check if travel outside of Texas. Complete Schedule T. |
|---|---|---|---|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | | |

| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____)<br>Pledgor address; City; State; Zip Code | Amount of Pledge $ | In-kind contribution description<br>☐ Check if travel outside of Texas. Complete Schedule T. |
|---|---|---|---|
| Principal occupation / Job title (See Instructions) | Employer (See Instructions) | | |

| Date | Full name of pledgor ☐ out-of-state PAC (ID#:_____)<br>Pledgor address; City; State; Zip Code | Amount of Pledge $ | In-kind contribution description<br>☐ Check if travel outside of Texas. Complete Schedule T. |
|---|---|---|---|
| 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.**

# LOANS

**SCHEDULE E**

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 E:

**2** FILER NAME
Brandon Hodges

**3** Filer ID (Ethics Commission Filers)

**4** TOTAL OF UNITEMIZED LOANS — $0

**5** Date of loan

**6** Is lender a financial Institution? Y N

**7** Name of lender ☐ out-of-state PAC (ID#:_____)

**8** Lender address; City; State; Zip Code

**9** Loan Amount ($)

**10** Interest rate

**11** Maturity date

**12** Principal occupation / Job title (See Instructions)

**13** Employer (See Instructions)

**14** Description of Collateral ☐ none

**15** ☐ Check if personal funds were deposited into political account (See Instructions)

**16** GUARANTOR INFORMATION ☐ not applicable

**17** Name of guarantor

**18** Guarantor address; City; State; Zip Code

**19** Amount Guaranteed ($)

**20** Principal Occupation (See Instructions)

**21** Employer (See Instructions)

Date of loan

Is lender a financial Institution? Y N

Name of lender ☐ out-of-state PAC (ID#:_____)

Lender address; City; State; Zip Code

Loan Amount ($)

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral ☐ none

☐ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION ☐ not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed ($)

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**If lender 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: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 1 | Brandon Hodges | |

| 4 Date | 5 Payee name |
|---|---|
| 5/15/26 | Frost Bank |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 155.00 | 4101 N Midland Dr. Midland, TX 79707 | | | |

☐ Check if individual's residence address.

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Fee | Bank Fees |

(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 |
|---|---|---|---|
| | | | |

| Date | Payee name |
|---|---|
| | |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| | | | | |

☐ Check if individual's residence address.

| 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 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 |
|---|---|---|---|---|
| | | | | |

☐ Check if individual's residence address.

| 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|
| | | | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**