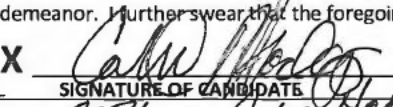
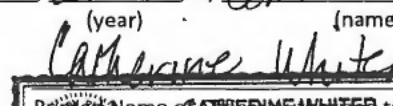
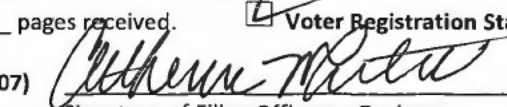


APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE <u>Keller ISD Board of Trustees, Place 5</u> GENERAL ELECTION BALLOT					
TO: City Secretary/Secretary of Board (name of election)					
I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.					
OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>Keller ISD Board of Trustees, Place 5</u>				INDICATE TERM ☒ FULL ☐ UNEXPIRED	
FULL NAME (First, Middle, Last) <u>Colin Eric Hodges</u>			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Colin Hodges</u>		
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>5017 Comstock Cir.</u>			PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)		
CITY <u>Fort Worth</u>	STATE <u>TX</u>	ZIP <u>76244</u>	CITY	STATE	ZIP
PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)		OCCUPATION (Do not leave blank) <u>Aerospace Sales</u>	DATE OF BIRTH 		VOTER REGISTRATION VOID NUMBER ² (Optional)
TELEPHONE CONTACT INFORMATION (Optional) Home: _____ Office: _____ Cell: _____					
FELONY CONVICTION STATUS (You MUST check one)		LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN			
☒ I have not been finally convicted of a felony.		IN THE STATE OF TEXAS <u>12</u> year(s) _____ month(s)		IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>9</u> year(s) _____ month(s)	
☐ I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³					
This Box Must ONLY be Completed by Candidates for School District Board of Trustees Check the Box Below: ☒ I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.					
*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.					
Before me, the undersigned authority, on this day personally appeared (name of candidate) <u>Colin E. Hodges</u> , who being by me here and now duly sworn, upon oath says: "I, (name of candidate) <u>Colin E. Hodges</u> , of <u>Tarrant</u> County, Texas, Being a candidate for the office of <u>KISD Board of Trustees, Place 5</u> , swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct.					
Sworn to and subscribed before me this the <u>14th</u> day of <u>August</u> , <u>2026</u> , by <u>Colin Hodges</u> (day) (month) (year) (name of candidate)		 SIGNATURE OF CANDIDATE  Printed Name of <u>CATHERINE WHITTE</u> to Administer Oath My Notary ID # <u>6447598</u> Expires <u>June 17, 2030</u>			
Signature of Officer Authorized to Administer Oath ⁴ <u>notary</u>					
Title of Officer Authorized to Administer Oath					
TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY: ☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE.					
This document and \$ <u>N/A</u> filing fee or a nominating petition of <u>1</u> pages received. ☒ Voter Registration Status Verified					
<u>8/17/2026</u> Date Received		<u>8/17/2026</u> Date Accepted		(See Section 1.007)  Signature of Filing Officer or Designee	

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

07-09-26

Date Hand-delivered or Postmarked

07-05-26

Date Processed

07-09-26

Date Imaged

07-09-26

1 ACCOUNT NUMBER
(Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE ☒

POLITICAL COMMITTEE ☐

*If filing as a candidate, complete boxes 3 - 6,
then read and sign page 2.*

*If filing for a political committee, complete
boxes 7 and 8, then read and sign page 2.*

3 NAME OF CANDIDATE
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mr.

Colin

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Hodges

4 TELEPHONE NUMBER
OF CANDIDATE
(PLEASE TYPE OR PRINT)

AREA CODE

PHONE NUMBER

EXTENSION

(817)

523-8380

5 ADDRESS OF CANDIDATE
(PLEASE TYPE OR PRINT)

STREET / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5017 Comstock Cir. Fort Worth TX 76244

6 OFFICE SOUGHT
BY CANDIDATE
(PLEASE TYPE OR PRINT)

Keller Independent School District Board of
Trustees - Place 5

7 NAME OF COMMITTEE
(PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN
TREASURER
(PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)

FIRST

MI

Mr.

Travis

NICKNAME

LAST

SUFFIX (SR., JR., III, etc.)

Clegg

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammelled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.



Signature

07/01/2026

Date

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.						1 Total pages filed: 3	
2 CANDIDATE NAME	MS / MRS / MR FIRST MI					OFFICE USE ONLY	
	Mr. Colin					Filer ID #	
3 CANDIDATE MAILING ADDRESS	NICKNAME LAST SUFFIX					Date Received	
	Hodges					07-09-26	
4 CANDIDATE PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE					Date Hand-delivered or Postmarked	
	5017 Comstock Cir. Fort Worth TX 76244					07-05-26	
5 OFFICE HELD (if any)	AREA CODE PHONE NUMBER EXTENSION					Receipt # Amount \$	
	(817) 523 8380					N/A	
6 OFFICE SOUGHT (if known)	Keller Independent School District Board of Trustees Place 5					Date Processed	
						07-09-26	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX					Date Imaged	
	Mr. Travis Clegg					07-09-26	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE						
	4020 Volk Ct. Fort Worth TX 76244						
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION						
	(817) 229 0043						
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.						
	 Signature of Candidate					07/01/2026 Date Signed	

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA
PG 2

11 CANDIDATE
NAME

Colin Hodges

12 MODIFIED
REPORTING
DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

• Candidates for the office of state or county chair of a political party
may NOT choose modified reporting. ••

I do not intend to accept more than \$1,140 in political
contributions or make more than \$1,140 in political expenditures
(excluding filing fees) in connection with any future election
within the election cycle. I understand that if either one of those
limits is exceeded, I will be required to file pre-election reports
and, if necessary, a runoff report.

Year of election(s) or election cycle to
which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

**Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC**

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

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: 17
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. NICKNAME	FIRST COLIN LAST HODGES	MI E. SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5017 COMSTOCK CIR FORT WORTH TX 76244		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 523-8380		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR. NICKNAME	FIRST TRAVIS LAST CLEGG	MI SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4020 VOLK CT. FORT WORTH TX 76244		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 229-0043		
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 07 / 09 / 2026 THROUGH 10 / 05 / 2026		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description 11 / 03 / 2026 ☒ General ☐ Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Keller Independent School District Board of Trustees, Place 5		
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 ☐ GENERAL ☐ SPECIFIC		COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

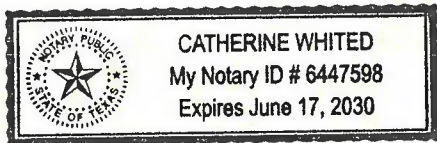
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Colin Hodges</u>		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)	\$ 2500
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9070.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,708.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,862.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2500

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.



Colin Hodges
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Colin Hodges this the 5th day of October, 2020, to certify which, witness my hand and seal of office.

Catherine Whited Catherine Whited Notary
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

Colin Hodges

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,070.75
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	☒	SCHEDULE E: LOANS	\$ 2,500.00
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,708.07
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	\$

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: 6
2 FILER NAME Colin Hodges		3 Filer ID (Ethics Commission Filers)
4 Date 8/31/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Jason Baldwin	7 Amount of contribution (\$) \$ 250⁰⁰
6 Contributor address; City; State; Zip Code 1741 Rio Secco Dr. Fort Worth TX 76131		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/2/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Melissa Miller	Amount of contribution (\$) \$ 250⁰⁰
Contributor address; City; State; Zip Code 4917 Cargill Cir Fort Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/10/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Cary Moon	Amount of contribution (\$) \$ 150⁰⁰
Contributor address; City; State; Zip Code 5016 Exposition Way Fort Worth TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 9/10/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Luna Loco, LLC	Amount of contribution (\$) \$ 150⁰⁰
Contributor address; City; State; Zip Code 228 S. Main Keller TX 76248		
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.

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: **6**

2 FILER NAME **Colin Hodges**

3 Filer ID (Ethics Commission Filers)

4 Date
9/11/26

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Travis Clegs

7 Amount of contribution (\$)
\$ 257²⁴

6 Contributor address; City; State; Zip Code
4020 Volk Ct. Fort Worth TX 76244

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/24/26

Greg Polson

\$ 700⁰⁰

Contributor address; City; State; Zip Code
4820 Bateman Rd. Fort Worth TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/24/26

Daniel Piontkowski

\$ 500⁰⁰

Contributor address; City; State; Zip Code
4964 Paddock Dr. Fort Worth TX 76244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

9/24/26

Brian Black

\$ 500⁰⁰

Contributor address; City; State; Zip Code
9136 Tate Ave. Fort Worth TX 76244

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.

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: <u>6</u>
2 FILER NAME <u>Colin Hodges</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>9/25/26</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Jesse Gober</u>	7 Amount of contribution (\$) <u>\$500⁰⁰</u>
6 Contributor address; City; State; Zip Code <u>9113 Crandall Dr. Fort Worth TX 76244</u>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>9/25/26</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Keller Main Retail, LLC</u>	Amount of contribution (\$) <u>\$150⁰⁰</u>
Contributor address; City; State; Zip Code <u>128 S. Main St. Keller TX 76248</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/25/26</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Keller Tavern</u>	Amount of contribution (\$) <u>\$150⁰⁰</u>
Contributor address; City; State; Zip Code <u>128 S. Main St. Keller TX 76248</u>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>9/25/26</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>Keller Main 222, LLC</u>	Amount of contribution (\$) <u>\$150⁰⁰</u>
Contributor address; City; State; Zip Code <u>224 S. Main St. Keller TX 76248</u>		
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.		

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: 6	
2 FILER NAME Colin Hodges				3 Filer ID (Ethics Commission Filers)	
4 Date 9/25/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Ronnie Ford			7 Amount of contribution (\$) \$600⁰⁰	
	6 Contributor address; City; State; Zip Code 451 MorningStar Ct. Keller TX 76248				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 9/25/26 Full name of contributor ☐ out-of-state PAC (ID#: _____) Keller Main 234, LLC Amount of contribution (\$) \$200⁰⁰ Contributor address; City; State; Zip Code 234 S. Main St Keller TX 76248					
Principal occupation / Job title (See Instructions) ~~Director of Business Development~~			Employer (See Instructions) ~~SEDALCO Construction~~		
Date 9/28/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Justin King			Amount of contribution (\$) \$1,562⁸¹	
	Contributor address; City; State; Zip Code 8608 Olympia Trace Cir. Fort Worth TX 76244				
Principal occupation / Job title (See Instructions) Dir. of Business Development			Employer (See Instructions) SEDALCO Construction		
Date 9/29/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Alisha Moon			Amount of contribution (\$) \$350⁰⁰	
	Contributor address; City; State; Zip Code 5016 Exposition Way Fort Worth TX 76244				
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.

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: 6	
2 FILER NAME Colin Hodges				3 Filer ID (Ethics Commission Filers)	
4 Date 9/30/26	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Kyle Jensen			7 Amount of contribution (\$) \$400⁰⁰	
	6 Contributor address; City; State; Zip Code 8201 Rainier Rd. Fort Worth TX 76137				
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 9/30/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Charlie Laversdorf			Amount of contribution (\$) \$1,500⁰⁰	
	Contributor address; City; State; Zip Code 7916 Rampston Pl. Fort Worth TX 76137				
Principal occupation / Job title (See Instructions) Owner			Employer (See Instructions) Realty Pro Shots		
Date 10/1/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Gary Wysocki			Amount of contribution (\$) \$400⁰⁰	
	Contributor address; City; State; Zip Code 8570 Corral Cir. Fort Worth TX 76137				
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10/2/26	Full name of contributor ☐ out-of-state PAC (ID#: _____) Keller Main 136, LLC			Amount of contribution (\$) \$200⁰⁰	
	Contributor address; City; State; Zip Code 134 S. Main St. Keller TX 76248				
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.					

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: 6
2 FILER NAME Colin Hodges		3 Filer ID (Ethics Commission Filers)
4 Date 10/2/20	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Keller Main 124, LLC 6 Contributor address; City; State; Zip Code 124 S. Main St. Keller TX 76248	7 Amount of contribution (\$) \$ 150⁰⁰
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.

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: 1	
2 FILER NAME Colin Hodges				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS				\$ 2,500.00	
5 Date of loan 8/31/2026		7 Name of lender Colin Hodges		9 Loan Amount (\$) \$1,500.00	
6 Is lender a financial Institution? Y ☒ N		8 Lender address; City; State; Zip Code 5017 Comstock Cir. Fort Worth TX 76244		10 Interest rate 0	
				11 Maturity date 0	
12 Principal occupation / Job title (See Instructions) Aerospace Sales			13 Employer (See Instructions) Leonardo Helicopters		
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		19 Amount Guaranteed (\$)	
		18 Guarantor address; City; State; Zip Code			
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)		
Date of loan 10/03/2026		Name of lender Colin Hodges		Loan Amount (\$) \$1,000.00	
Is lender a financial Institution? Y ☒ N		Lender address; City; State; Zip Code 5017 Comstock Cir. Fort Worth TX 76244		Interest rate 0	
				Maturity date 0	
Principal occupation / Job title (See Instructions) Aerospace Sales			Employer (See Instructions) Leonardo Helicopters		
Description of Collateral ☒ none			☒ Check if personal funds were deposited into political account (See Instructions)		
GUARANTOR INFORMATION ☒ not applicable		Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City; State; Zip Code			
Principal Occupation (See Instructions)			Employer (See Instructions)		

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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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>6</u>		2 FILER NAME <u>Colin Hodges</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9/1/26</u>		5 Payee name <u>UZ Marketing</u>			
6 Amount (\$) <u>\$622^{ci}</u>		7 Payee address; <u>5900 Bingle Rd.</u>		City; <u>Houston</u>	State; <u>TX</u>
				Zip Code <u>77092</u>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<u>Printing Expense</u>		<u>Yard Signs</u>		
	☐ 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 <u>9/1/26</u>		Payee name <u>SP Stickerbros. Com</u>			
Amount (\$) <u>\$649^{SO}</u>		Payee address; <u>3200 S. Cravens Rd.</u>		City; <u>Fort Worth</u>	State; <u>TX</u>
				Zip Code <u>76119</u>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<u>Printing Expense</u>		<u>Road Signs</u>		
	☐ 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 <u>9/2/26</u>		Payee name <u>PayPal</u>			
Amount (\$) <u>\$11³⁵</u>		Payee address; <u>2211 N. 1st St.</u>		City; <u>San Jose</u>	State; <u>CA</u>
				Zip Code <u>95131</u>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<u>Fees</u>		<u>PayPal Fees</u>		
	☐ 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 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: 6	2 FILER NAME Colin Hodges		3 Filer ID (Ethics Commission Filers)	
4 Date 9/10/26	5 Payee name Pay Pal			
6 Amount (\$) \$ 14⁰³	7 Payee address; 2211 N. 1st St.		City; San Jose	State; CA
		Zip Code 95131		
☐ Check if individual's residence address.				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description PayPal Fees	
	(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 9/11/26	Payee name PayPal			
Amount (\$) \$ 11⁶⁹	Payee address; 2211 N. 1st St.		City; San Jose	State; CA
		Zip Code 95131		
☐ Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description PayPal Fees	
	☐ 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 9/13/26	Payee name Print World, Inc.			
Amount (\$) \$ 410⁵²	Payee address; 6025 E Lancaster Ave.		City; Fort Worth	State; TX
		Zip Code 76112		
☐ Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Door Hangers	
	☐ 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 6	2 FILER NAME Colin Hodges	3 Filer ID (Ethics Commission Filers)
4 Date 9/15/26	5 Payee name Good Party, LLC	
6 Amount (\$) \$10⁰⁰	7 Payee address; City; State; Zip Code 916 Silver Spur Rd, Ste. 310 Rolling Hills Estates CA 90274	
☐ Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description App
	(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 9/24/26	Payee name Anedot		
Amount (\$) \$89²⁰	Payee address; City; State; Zip Code 3723 Greenville Ave, Ste 41002 Dallas TX 75206		
☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Anedot Fees	
	☐ 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 9/28/26	Payee name Anedot		
Amount (\$) \$62⁸¹	Payee address; City; State; Zip Code 3723 Greenville Ave, Ste 41002 Dallas TX 75206		
☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Anedot Fees	
	☐ 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: <u>6</u>		2 FILER NAME <u>Colin Hodges</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>9/30/26</u>		5 Payee name <u>Meta Platforms, Inc.</u>			
6 Amount (\$) <u>\$34⁰⁰</u>		7 Payee address; <u>1 Meta Way</u>		City; <u>Menlo Park</u>	State; <u>CA</u>
				Zip Code <u>94025</u>	
		☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Ad Expense</u>		
	(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 <u>10/1/26</u>		Payee name <u>Meta Platforms, Inc.</u>			
Amount (\$) <u>\$18⁰⁰</u>		Payee address; <u>1 Meta Way</u>		City; <u>Menlo Park</u>	State; <u>CA</u>
				Zip Code <u>94025</u>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Ad Expense</u>		
	☐ 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 <u>10/2/26</u>		Payee name <u>Textla</u>			
Amount (\$) <u>\$150⁰⁰</u>		Payee address; <u>21750 Hardy Oak Blvd.</u>		City; <u>San Antonio</u>	State; <u>TX</u>
				Zip Code <u>78258</u>	
		☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Text Platform Fees</u>		
	☐ 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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)	
6	Colin Hodges			
4 Date	5 Payee name			
10/2/26	Meta Platforms, Inc.			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$18.00	1 Meta Way	Menlo Park	CA	94025
	☐ Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	Advertising		Ad Expense	
	(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	Payee name			
10/4/26	Walmart #2834			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$23.84	5366 Golden Triangle Blvd.	Fort Worth	TX	76240
	☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Food/Beverage Expense		Campaign Event (Meet + Greet)	
	☐ 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			
10/4/26	Meta Platforms, Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$72.00	1 Meta Way	Menlo Park	CA	94025
	☐ Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Advertising		Ad Expense	
	☐ 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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 6	2 FILER NAME Colin Hodges	3 Filer ID (Ethics Commission Filers)
4 Date 10/4/26	5 Payee name Up Up Balloons Colleyville	
6 Amount (\$) \$487¹³	7 Payee address; City; State; Zip Code 4600 Felps Dr., Ste C Colleyville TX 76034 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	
	(b) Description Campaign Event Expense (collect + direct)	
(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 10/5/26	Payee name Meta Platforms, Inc		
Amount (\$) \$24⁰⁰	Payee address; City; State; Zip Code 1 Meta Way Menlo Park CA 94025 ☐ 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 <u>ONLY</u> 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 <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



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

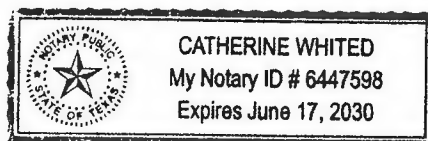
Filer name <u>Colin E. Hodges</u>	Filer ID #
--------------------------------------	----------------

OFFICE USE ONLY	
Date Received <u>10/05/24</u>	
Date Hand-delivered or Date Postmarked <u>[Signature]</u>	
Receipt #	Amount \$
Date Processed <u>10/05/24</u>	
Date Imaged <u>10/05/24</u>	

- I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
- I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- I am filing this affidavit with the 30 Day Report report due on 10/5/2026.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



[Signature]
Signature of Filer

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Colin Hodges this the 5th day of October, 2024, to certify which, witness my hand and seal of office.

[Signature] Catherine Whited notary
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**