

# 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                                                                 | MS / MRS / MR <i>Mrs.</i> FIRST <i>Holly</i> MI <i>D.</i><br>NICKNAME LAST <i>Thomas</i> SUFFIX<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HOLLY THOMAS COUNTY CLERK<br>JASPER COUNTY, TEXAS<br>Date Received<br><b>FILED JUL 09 2026</b><br>By <i>[Signature]</i><br>DEPUTY |                      |                                                                                                 |                                                                                                                  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address        | ADDRESS / PO BOX; SUITE #; CITY; STATE; ZIP CODE<br><div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <i>Jasper, Texas 75951</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                   |                      |                                                                                                 |                                                                                                                  |
| 5 CANDIDATE / OFFICEHOLDER PHONE                                                                | AREA CODE PHONE NUMBER EXTENSION<br><i>(409) 383-3799</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date Hand-delivered or Date Postmarked<br>Receipt # Amount \$<br>Date Processed<br>Date Imaged                                    |                      |                                                                                                 |                                                                                                                  |
| 6 CAMPAIGN TREASURER NAME                                                                       | MS / MRS / MR <i>Mrs.</i> FIRST <i>Hilda</i> MI <i>A.</i><br>NICKNAME LAST <i>McLeod</i> SUFFIX<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                   |                      |                                                                                                 |                                                                                                                  |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                         | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> <i>Jasper Tx. 75951</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   |                      |                                                                                                 |                                                                                                                  |
| 8 CAMPAIGN TREASURER PHONE                                                                      | AREA CODE PHONE NUMBER EXTENSION<br><i>(409) 382-0050</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                   |                      |                                                                                                 |                                                                                                                  |
| 9 REPORT TYPE                                                                                   | <input 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)<br><input checked="" 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<br><i>1 / 1 / 2026</i> <i>6 / 30 / 2026</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                   |                      |                                                                                                 |                                                                                                                  |
| 11 ELECTION                                                                                     | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><i>11 / 3 / 2026</i> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                      |                                                                                                 |                                                                                                                  |
| 12 OFFICE                                                                                       | OFFICE HELD (if any)<br><i>County Clerk</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 13 OFFICE SOUGHT (if known)<br><i>County Clerk</i>                                                                                |                      |                                                                                                 |                                                                                                                  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> 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.<br><table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">           COMMITTEE TYPE<br/><br/> <input type="checkbox"/> GENERAL<br/><br/> <input type="checkbox"/> SPECIFIC         </td> <td style="border: none;">           COMMITTEE NAME<br/>           COMMITTEE ADDRESS<br/>           COMMITTEE CAMPAIGN TREASURER NAME<br/>           COMMITTEE CAMPAIGN TREASURER ADDRESS         </td> </tr> </table> |                                                                                                                                   |                      | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   |                      |                                                                                                 |                                                                                                                  |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
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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)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

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

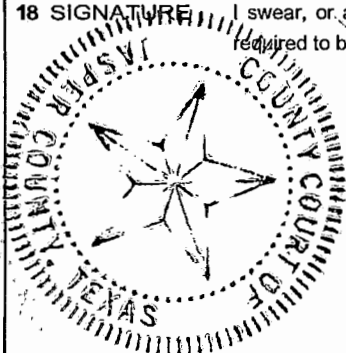
\$ 0

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.



*Holly Thomas*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Holly Thomas this 9 day of July,  
2020, 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 \_\_\_\_\_, 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)