

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

13

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

BRENT

D

HILLIARD

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 1149

EMORY, TX 75440

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

913-6003

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

ELISA

A

ALLEN

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 1149

EMORY

TX

75440

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

913-6003

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 / 15 / 2026

THROUGH

02 / 01 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other  
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

COUNTY JUDGE

13 OFFICE SOUGHT (if known)

COUNTY JUDGE

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

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME <u>BRENT D HILLIARD</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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>18,969.83</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

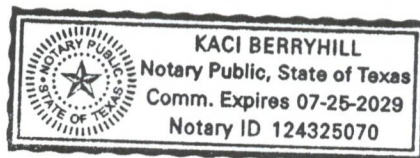
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Brent D. Hilliard this the 2nd day of February, 2026, to certify which, witness my hand and seal of office.

Kaci Berryhill  
Signature of officer administering oath

Kaci Berryhill  
Printed name of officer administering oath

Notary  
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 - JC/OH****FORM JC/OH  
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 13,772.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,023.73
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,174.10
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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.

<b>1</b> Total pages Schedule F2: <div style="text-align: center; font-size: 1.2em;">2</div>	<b>2</b> FILER NAME <div style="text-align: center; font-size: 1.2em;">BRENT D. HILLIARD</div>	<b>3</b> Filer ID (Ethics Commission Filers)						
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$</b> 13,772.00						
<b>5</b> Date <div style="text-align: center; font-size: 1.2em;">1-29-2026</div>	<b>6</b> Payee name <div style="text-align: center; font-size: 1.2em;">MIKE STEVENS</div>							
<b>7</b> Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$13,772.00</div>	<b>8</b> Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">6923 INDIANA AVE. LUBBOCK TX 79413</div>							
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political							
<b>10</b> PURPOSE OF EXPENDITURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>(a)</b> Category (See Categories listed at the top of this schedule)  <div style="text-align: center; font-size: 1.2em;">ADVERTISING EXP + CONSULTING</div> </td> <td style="width: 50%; vertical-align: top;"> <b>(b)</b> Description  <div style="text-align: center; font-size: 1.2em;">MAILERS, PRINT, DESIGN</div> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                             <input type="checkbox"/> Check if Austin, TX, officeholder living expense                         </td> </tr> </table>		<b>(a)</b> Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">ADVERTISING EXP + CONSULTING</div>	<b>(b)</b> Description <div style="text-align: center; font-size: 1.2em;">MAILERS, PRINT, DESIGN</div>	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
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<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense								
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH								
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate / Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;">BRENT D HILLIARD</td> <td style="text-align: center; font-size: 1.2em;">COUNTY JUDGE</td> <td style="text-align: center; font-size: 1.2em;">COUNTY JUDGE</td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	BRENT D HILLIARD	COUNTY JUDGE	COUNTY JUDGE
Candidate / Officeholder name	Office sought	Office held						
BRENT D HILLIARD	COUNTY JUDGE	COUNTY JUDGE						
<b>Date</b>	<b>Payee name</b>							
<b>Amount (\$)</b>	<b>Payee address; City; State; Zip Code</b>							
<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political							
<b>PURPOSE OF EXPENDITURE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Category</b> (See Categories listed at the top of this schedule)                         </td> <td style="width: 50%; vertical-align: top;"> <b>Description</b> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                             <input type="checkbox"/> Check if Austin, TX, officeholder living expense                         </td> </tr> </table>		<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>							
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense								
Complete <u>ONLY</u> if direct expenditure to benefit C/OH								
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Candidate / Officeholder name	Office sought	Office held						
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>								

# INVOICE

**Mike Stevens**  
6923 Indiana Ave  
Lubbock, TX 79413-6111

mikes@action-printing.com  
+1 (806) 790-0709

## Bill to

Elect Brent Hilliard Rains County Judge  
Elect Brent Hilliard Rains County Judge

## Ship to

Elect Brent Hilliard Rains County Judge  
Elect Brent Hilliard Rains County Judge

## Invoice details

Invoice no.: 1202  
Terms: Net 30  
Invoice date: 01/29/2026  
Due date: 02/28/2026

#	Date	Product or service	Description	Qty	Rate	Amount
1.		Hours	Mailers 1, 2 3 and 4 design supplied. print, mail postage	4	\$2,606.00	\$10,424.00
2.		Services	re print cards 2 3 and 4 charging cost only	1	\$1,107.00	\$1,107.00
3.		Hours	push card re print cost only	1	\$391.00	\$391.00
4.		Hours	social media, design post and boost	1	\$1,850.00	\$1,850.00
5.		Hours	web site changes no charge	1	\$0.00	\$0.00

**Total**

**\$13,772.00**

## Ways to pay



[View and pay](#)

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES  
SCHEDULE F4: 2

2 FILER NAME

BRENT D HILLIARD

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 2,023.73

5 CREDIT CARD  
ISSUER

Name of financial institution

AMERICAN EXPRESS

6 PAYMENT

(a) Amount Charged

\$ 2,023.73

(b) Date Expenditure Charged

1/12/2026

(c) Date(s) Credit Card Issuer Paid

2/13/2026

7 PAYEE

(a) Payee name

DESIGNER GRAPHICS

(b) Payee address;

City,

State, Zip Code

12404 Hwy 1555. TYLER, TX 75703

8 PURPOSE OF  
EXPENDITURE

☒ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

ADVERTISING EXP

(b) Description

SIGNS

(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

BRENT D HILLIARD

Office Sought

COUNTY JUDGE

Office Held

CO. JUDGE

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

☐ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c) ☐ 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

PAYMENT

(a) Amount Charged

\$

(b) Date Expenditure Charged

(c) Date(s) Credit Card Issuer Paid

PAYEE

(a) Payee name

(b) Payee address;

City,

State, Zip Code

PURPOSE OF  
EXPENDITURE

☐ Political

☐ Non-Political

(a) Category (See Categories listed at the top of this schedule)

(b) Description

(c) ☐ 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

Designer Graphics  
12404 Hwy 155 South Tyler, TX 75703  
dana@maildg.com  
(903) 581-0777

www.designergraphics.com



# 23381

PAYMENT DATE  
01/12/2026

DETAILS  
: -XXXX-3008  
Auth: 207030

Payment Receipt

CLIENT  
Hilliard Camp - Brent

CONTACT INFO

Payment # # 23381  
Payment Date 01/12/2026  
Amount \$2,023.73  
Applied \$2,023.73  
Balance \$0.00

Invoices

#	NAME	ID	PRICE	PAID	BALANCE	APPLIED
1	Brent Hilliard - 24x18 and 96x48	628094	\$2,023.73	\$2,023.73	\$0.00	\$2,023.73

Total: \$2,023.73

SIGNATURE:

DATE:



# 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/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 G: <b>6</b>		2 FILER NAME <b>BRENT D HILLIARD</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>1-15-2026</b>		5 Payee name <b>ROSE COMMUNITY CENTER</b>			
6 Amount (\$) <b>300.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; <b>239 E. QUITMAN ST.,</b>		City; <b>EMORY,</b>	State; <b>TX</b>
				Zip Code <b>75440</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXP</b>		(b) Description <b>FACILITY USE</b>		
	(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 <b>BRENT D HILLIARD</b>		Office sought <b>COUNTY JUDGE</b>	Office held <b>COUNTY JUDGE</b>
Date <b>1-19-2026</b>		Payee name <del>BRENT D HILLIARD</del> <b>FAMILY DOLLAR</b>			
Amount (\$) <b>29.50</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; <b>509 E LENNON DR</b>		City; <b>EMORY</b>	State; <b>TX</b>
				Zip Code <b>75440</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXP</b>		Description <b>SUPPLIES</b>		
	<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 <b>BRENT D HILLIARD</b>		Office sought <b>COUNTY JUDGE</b>	Office held <b>CO. JUDGE</b>
Date <b>1-19-2026</b>		Payee name <b>BROOKSHIRES</b>			
Amount (\$) <b>21.97</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; <b>959 E. LENNON DR</b>		City; <b>EMORY</b>	State; <b>TX</b>
				Zip Code <b>75440</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>FOOD BEVERAGE</b>		Description <b>COOKIES / WATER</b>		
	<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 <b>BRENT D HILLIARD</b>		Office sought <b>COUNTY JUDGE</b>	Office held <b>COUNTY JUDGE</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# 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/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 G: _____		2 FILER NAME <b>BRENT D HILLIARD</b>		3 Filer ID (Ethics Commission Filers) _____	
4 Date <b>1-19-2026</b>		5 Payee name <b>SHERIFF DEPUTIES</b>			
6 Amount (\$) <b>500.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <b>EMORY TX 75440</b>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		(b) Description <b>SECURITY</b>		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <b>BRENT D HILLIARD</b> Office sought <b>COUNTY JUDGE</b> Office held <b>COUNTY JUDGE</b>					
Date <b>1-15-2026</b>		Payee name <b>AMAZON</b>			
Amount (\$) <b>42.63</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>		Description <b>SUPPLIES PLATES NAPKINS</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <b>BRENT D HILLIARD</b> Office sought <b>COUNTY JUDGE</b> Office held <b>CO. JUDGE</b>					
Date <b>1-21-2026</b>		Payee name <b>BUCKS LANDSCAPE LLC</b>			
Amount (\$) <b>2280.00</b> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <b>P.O. Box 594 EMORY, TX 75440</b>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXP</b>		Description <b>SIGN FRAMES</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name <b>BRENT D HILLIARD</b> Office sought <b>COUNTY JUDGE</b> Office held <b>COUNTY JUDGE</b>					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# RECEIPT

No. 0026

DATE January 15 2026  
FROM Phillip's Pet & Pet

\$300.00

FOR For Community/ Home's Service Club DOLLARS

Amount of Account	
Amount of Paid	<u>300.00</u>
Balance Due	<u>0</u>

☒ CASH  
☐ CHECK  
☐ MONEY ORDER  
☐ CREDIT CARD

FROM Phillip's  
BY Phillip's

## FAMILY DOLLAR

STORE #05601 509 E LENNON DR  
EMORY, TX, 430-266-3057

FD MINI SPIRAL BOOK 60SHIS 3PK  
032251700521 13.75 T  
11 @ 1.25  
INC CLIPCLICKS RETRACTABLE BALL PEN 8CT  
724328902043 12.00 T  
6 @ 2.00  
MULTI PURPOSE WHITE LABELS  
032251696862 1.50 T  
SUBTOTAL \$27.25  
TAX1 \$2.25  
TOTAL \$29.50  
CASH \$40.50  
CHANGE \$11.00



99056010221680204723

ITEMS 18  
01-19-2026 11:14:16 05601 02 1110870 2168  
Cash Check Debit Credit & EBT Accepted.  
THANK YOU.

-----TEAR HERE-----  
Please provide your feedback at

**www.ratefd.com**

Receive 10 chances to WIN \$1,000 daily plus instant prizes valued at \$1,500 weekly. For complete rules, eligibility, sweepstakes & previous winners, visit [www.ratefd.com](http://www.ratefd.com). No purchase/survey req'd to enter. Sweepstakes sponsored by InMoment Inc. across multiple int'l clients. Void where prohibited.

# Brookshire's

Brookshire's Food Store #4  
959 E. Lennon Drive  
Emory  
TX, 75440  
903-473-4519

## BAKERY

FRSH BKD 10CT O 1462596	\$4.99 F
FRSH BKD 10CT M 1462598	\$4.99 F

## EDIBLE GROCERY

BRK GALLON DRIN 102383	\$1.00 F
You Saved	\$0.99
BRK GALLON DRIN 102383	\$1.00 F
You Saved	\$0.99
BRK GALLON DRIN 102383	\$1.00 F
You Saved	\$0.99
BRK GALLON DRIN 102383	\$1.00 F
You Saved	\$0.99
BRK GALLON DRIN 102383	\$1.00 F
You Saved	\$0.99
BRK GALLON DRIN 102383	\$1.00 F
You Saved	\$0.99
BRK DRINKING WA 103746	\$4.99 F
You Saved	\$1.00

Net Sales:	\$21.97
Tax:	\$0.00
Total:	\$21.97

Sold Items:	10
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Paid:	
Debit	\$21.97

\*\* TOTAL SAVINGS \*\*  
\$7.93

01/19/2026	14:54:11
053087	

DEBIT CARD

PURCHASE

CARD #:	XXXXXXXXXXXX8351
Chip Card:	US Debit
ATD:	A0000000042203
ATC:	0018

Security  
\$500 CASH  
SHERIFF DEPUTIES  
1-19-26



9:26



Q Search or ask a question



## Order Summary

[Save](#)

Order placed January 15, 2026    Order # 112-4105035-3273014

**Ship to**

Brent Hilliard  
900 RS COUNTY ROAD  
1325  
EMORY, TX 75440-5984  
United States

**Payment method**

Mastercard ending in 8351

[View related transactions](#)**Order Summary**

Item(s) Subtotal: \$39.95

Shipping &amp; \$0.00

Handling:

Total before tax: \$39.95

Estimated tax to be  
collected: \$2.68**Grand Total: \$42.63**

DB CARD

**Delivered today**

Your package was left near the front door or porch.



ITTEBISS 48Pcs 4th of July Plates, 4th of July  
Decorations American Flag Patriotic Party Supplies  
Disposable Paper Plates for Memorial Day Veterans  
Day Independence Day Party Decorations

Sold by: shangxuan8

Return or replace items: Eligible through February 15, 2026  
\$9.99

Gatherfun American Flag Patriotic Party Supplies  
Disposable Paper Napkins Cocktail Napkins for  
Veterans Day Election Day 4th of July Independence  
Day Decorations, 40 Pack of Stars+40 Pack of  
Stripes

Sold by: Wow-wow party

Return or replace items: Eligible through February 15, 2026  
\$9.98

**STRAIGHT BILL OF LADING - SHORT FORM**  
 THIS DOCUMENT IS NOT VALID UNLESS IT IS ACCOMPANIED BY THE ORIGINAL EMERGENCY RESPONSE NUMBER AND/OR EMERGENCY RESPONSE PHONE NUMBER.  
 Original - Not Negotiable

Date 01-21-2006

Bill of Lading No. \_\_\_\_\_

Shipper No. \_\_\_\_\_

Carrier No. \_\_\_\_\_

TO: Brent Hillard Name of Consignee  
 FROM: Butler Landscaping LLC Shipper  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Country: \_\_\_\_\_

DESCRIPTION: Build 3 4x8 Siding sign  
stands & frames  
Paint red  
2885.00 each  
22880.00  
11/11/06

QUANTITY	UNIT	DESCRIPTION	WEIGHT (LBS)	WEIGHT (KGS)	VOLUME (CU YD)	VOLUME (CU M)	NET WEIGHT (LBS)	NET WEIGHT (KGS)	GROSS WEIGHT (LBS)	GROSS WEIGHT (KGS)	CHARGES
3	4x8	Siding sign									
1	stand	stands & frames									
1	unit	Paint red									
1	unit	2885.00 each									
1	unit	22880.00									
1	unit	11/11/06									

SHIPPER'S CERTIFICATE: I hereby certify that the above described goods are in the possession and control of the shipper and are being transported in accordance with the applicable regulations of the U.S. Department of Transportation. I further certify that the goods are in good condition and are being transported in accordance with the applicable regulations of the U.S. Department of Transportation.

REMARKS: The above described goods are in the possession and control of the shipper and are being transported in accordance with the applicable regulations of the U.S. Department of Transportation. I further certify that the goods are in good condition and are being transported in accordance with the applicable regulations of the U.S. Department of Transportation.

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