

# 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: <i>13</i>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>MR</i>	FIRST <i>BRENT</i>	MI <i>D</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>HILLIARD</i>	SUFFIX	Date Received  <i>RECEIVED AT _____ O'CLOCK _____ M FEB 02 2026</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE <i>P.D. Box 1149 EMORY, TX 75440</i>		
<input type="checkbox"/> Change of Address <b>5 CANDIDATE/</b> <b>OFFICEHOLDER</b> <b>PHONE</b> <i>(903) 913-6003</i>						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>ELISA</i>	MI <i>A</i>	Receipt #      Amount \$		
	NICKNAME	LAST <i>ALLEN</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY; STATE; ZIP CODE <i>P.D. Box 1149 EMORY TX 75440</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>913-6003</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>01</i>	Day <i>15</i>	Year <i>2026</i>	Month <i>02</i>	Day <i>01</i>	Year <i>2026</i>
11 ELECTION	ELECTION DATE  <i>03/03/2026</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special Other Description _____				
12 OFFICE	OFFICE HELD (if any) <i>COUNTY JUDGE</i>	13 OFFICE SOUGHT (if known) <i>COUNTY JUDGE</i>				
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME

BRENT D HILLARD

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.

\$

CONTRIBUTION  
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$ 18,969.83

OUTSTANDING  
LOAN TOTALS

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

\$

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

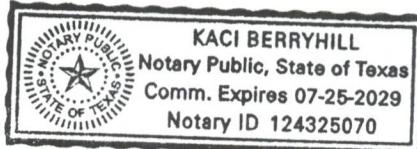
18 SIGNATURE

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

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Brent D. Hillard this the 2nd day of February,  
20 26, to certify which, witness my hand and seal of office.

Kaci Berryhill  
Signature of officer administering oath

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**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
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	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	
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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2	2 FILER NAME BRENT D HILLIARD	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 13,772.00			
5 Date 1-29-2020	6 Payee name MIKE STEVENS		
7 Amount (\$) \$13,772.00	8 Payee address; 6923 INDIANA AVE.	City; LUBBOCK State; TX Zip Code 79413	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP + CONSULTING	(b) Description MAILERS, PRINT, DESIGN	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name BRENT D HILLIARD	Office sought COUNTY JUDGE	Office held COUNTY JUDGE
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# 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

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

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	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 1/12/2020	(c) Date(s) Credit Card Issuer Paid 2/13/2020	
7 PAYEE	(a) Payee name DESIGNER GRAPHICS	(b) Payee address; 12404 Hwy 155 S.	City, State, Zip Code TYLER, TX 75703	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description SIGNS		
	(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 BRENT D HILLIARD		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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) <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		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 <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) <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		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](http://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	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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	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>	7 Payee address;  <b>239 E. QUITMAN ST., EMORY, TX 75440</b>	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended  <b>PURPOSE OF EXPENDITURE</b> (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 <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>1-19-2026</b>	Payee name <b>BRENT D HILLIARD FAMILY DOLLAR</b>	
Amount (\$) <b>29.50</b>	Payee address;  <b>509 E LENNON DR</b>	City; State; Zip Code  <b>EMORY TX 75440</b>
<input type="checkbox"/> Reimbursement from political contributions intended  <b>PURPOSE OF EXPENDITURE</b> 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 <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>1-19-2026</b>	Payee name <b>BROOKSHIRES</b>	
Amount (\$) <b>21.97</b>	Payee address;  <b>959 E. LENNON DR</b>	City; State; Zip Code  <b>EMORY TX 75440</b>
<input type="checkbox"/> Reimbursement from political contributions intended  <b>PURPOSE OF EXPENDITURE</b> 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 <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>		

# 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>	7 Payee address:  <input type="checkbox"/> Reimbursement from political contributions intended	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 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/O/H	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>	Payee address:  <input type="checkbox"/> Reimbursement from political contributions intended	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 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/O/H	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>	Payee address:  <input type="checkbox"/> Reimbursement from political contributions intended	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>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/O/H	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

**RECEIPT**

No. 0026

DATE January 15 2026FROM Fifth Ward Meet Street\$ 300.00FOR Pose Comm Center / Women's Service Club

Amount of Account

300.00 CASH  
 CHECK  
 MONEY ORDER  
 CREDIT CARDFROM PlunkettBY Plunkett**FAMILY DOLLAR**STORE #05601 509 E LENNON DR  
EMORY, TX, 430-266-3057

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

  
99056010221680204723ITEMS 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

Paid: \$21.97  
Debit \$21.97

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

01/19/2026 14:54:11  
053087

DEBIT CARD

PURCHASE

CARD #: XXXXXXXXXX8351  
Chip Card: US Debit  
ATD: A0000000042203  
ATO: 0018

Security  
\$500 CASH  
SHERIFF DEPUTIES  
1-19-20



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 &	\$0.00
Handling:	
Total before tax:	\$39.95
Estimated tax to be collected:	\$2.68
<b>Grand Total:</b>	<b>\$42.63</b>

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  
A-83876, 9013, 9014 T-3841, L3841, 3843

三

אדרת צדקה וצדקה אדרת צדקה

四庫全書

1

Brent Hillard  
2000  
Bud's Landscaping  
The Original

Kind of Purchase, Description of Article Supplies and Exports	Description of Article or General Description of Goods to be Exported or Supplied or Description of Goods to be Imported or Supplied	Value	Subject to Duties	Phone Number
Build 3	4Kg Swinging sign			
Stands 3 frames				

Printed 2280.00 11/11/01

The 3 <sup>rd</sup> party makes payment in full by a order or draft, the bill is to be paid directly to us, and we are to be notified of the payment.				
Leave a check or money order immediately in your payee's or recipient's name if you are sending a bill to a third party.				
Leave a check or money order immediately in your payee's or recipient's name if you are sending a bill to a third party.				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; padding: 5px;">C.O.D. AMT. \$</td> <td style="width: 25%; text-align: center; padding: 5px;">C.O.D. FEE COLLECT \$</td> <td style="width: 25%; text-align: center; padding: 5px;">TOTAL CHARGES \$</td> </tr> </table>		C.O.D. AMT. \$	C.O.D. FEE COLLECT \$	TOTAL CHARGES \$
C.O.D. AMT. \$	C.O.D. FEE COLLECT \$	TOTAL CHARGES \$		
<small>Subject to Section 7 of this condition, if this instrument is to be otherwise redeemed on the consignee, the consignee must sign the following statement:</small>				
<small>FREIGHT CHARGES Check Amounts B-9 Check Amounts B-9</small>				

Collect  
[Signature of Collector]

This is to certify that the above named materials are property classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.

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