

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: <u>9</u>		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <u>BRENT</u> <u>D</u>	OFFICE USE ONLY RECEIVED Date Received AT <u>3:27</u> O'CLOCK <u>PM</u> MAR 16 2026 RAINES COUNTY ELECTIONS DEPARTMENT, TEXAS BY: _____ Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____			
	NICKNAME LAST SUFFIX _____ <u>HILLIARD</u> _____				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 1149 EMORY, TX 75440</u>				
5 CANDIDATE / OFFICEHOLDER PHONE PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(903) 913-6003</u>				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI _____ <u>ELISA</u> <u>A</u>				
	NICKNAME LAST SUFFIX _____ <u>ALLEN</u> _____				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>P.O. Box 1149 EMORY TX 75440</u>				
8 CAMPAIGN TREASURER PHONE PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(903) 913-6003</u>				
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) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year <u>02 / 24 / 2026</u> THROUGH <u>03 / 13 / 2026</u>				
11 ELECTION	ELECTION DATE Month Day Year <u>03 / 03 / 2026</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <u>COUNTY JUDGE</u>	13 OFFICE SOUGHT (if known) <u>COUNTY JUDGE</u>			
14 NOTICE FROM POLITICAL COMMITTEE(S) <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.				
	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 HILLIARD		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)	\$ 500.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,920.30
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	\$

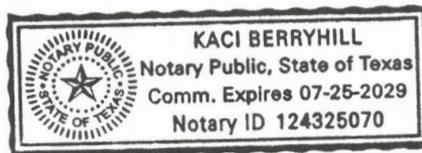
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature 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 16th day of March,

20 26, to certify which, witness my hand and seal of office.

Kaci Berryhill

Kaci Berryhill

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 - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME

BRENT D HILLIARD

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	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,435.00
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 485.30
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	\$

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 1
2 FILER NAME BRENT D HILLIARD		3 Filer ID (Ethics Commission Filers)
4 Date 3-9-2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ MICHAEL A. HARRISON	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code 2707 N. BIG SPRING ST., MIDLAND, TX 79705		
8 Contributor's principal occupation RANCHER		9 Contributor's job title RANCHER
10 Contributor's employer/law firm SELF		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 | 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) |

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			\$ 1,435.00	
5 CREDIT CARD ISSUER	Name of financial institution AMERICAN EXPRESS			
6 PAYMENT	(a) Amount Charged \$ 1,435.00	(b) Date Expenditure Charged 03-15-2026	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name MIKE STEVENS	(b) Payee address; City, State, Zip Code 6923 INDIANA AVE, LUBBOCK, TX 79413		
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		(b) Description TEXTS + SOCIAL MEDIA	
	(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 COUNTY JUDGE	Office Held COUNTY 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 <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

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.: 1235

Terms: Net 15

Invoice date: 03/13/2026

Due date: 03/28/2026

#	Date	Product or service	Description	Qty	Rate	Amount
1.		Hours	text message last 2 during early voting and for election day those not voted	1	\$1,115.00	\$1,115.00
2.		Hours	social media content creation, post and boost 2-11 to election day	1	\$320.00	\$320.00

Total

\$1,435.00

Ways to pay



View and pay

1
AMEX
3-15-26

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 | 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 G: 3	2 FILER NAME BRENT D HILLIARD	3 Filer ID (Ethics Commission Filers)
4 Date 02-28-2026	5 Payee name ADMARC	
6 Amount (\$) 416.76 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10 DESTA DRIVE, STE. 100W MIDLAND, TX 79705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING/ADVERTISING	(b) Description DIGITAL ART PRODUCTION
	(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 COUNTY JUDGE
		Office held COUNTY JUDGE
10 Date 03-10-2026	11 Payee name U.S. POSTAL SERVICE	
12 Amount (\$) 68.54 <input type="checkbox"/> Reimbursement from political contributions intended	13 Payee address; City; State; Zip Code 934 N. TEXAS ST. EMORY, TX 75440	
14 PURPOSE OF EXPENDITURE	15 Category (See Categories listed at the top of this schedule) OTHER	16 Description POSTAGE FOR THANK YOU CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
17 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name BRENT D. HILLIARD	Office sought COUNTY JUDGE
		Office held COUNTY JUDGE
18 Date	19 Payee name	
20 Amount (\$)	21 Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
22 PURPOSE OF EXPENDITURE	23 Category (See Categories listed at the top of this schedule)	24 Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
25 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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INVOICE

Admarc
10 Desta Drive, Suite 100W
Midland, TX 79705
432-687-1127

Hilliard Energy, Ltd.
P.O.Box 52510
Midland, Tx 79710

Number	25351
Date	02/28/26
Job Number	HILL-12966
PO#	--
Charge#	--

Job Name: Campaign Elements

Description	Amount
Digital Art Production Campaign Elements	\$385.00 *
Agency Service Subtotal:	\$385.00
SUB-TOTAL:	\$385.00
*8.2500% Sales Tax:	\$31.76
TOTAL:	\$416.76

#1019
3/12/26

PAYMENT TERMS: net 30 days

Thank you for your business and prompt payment.

Questions or concerns about this invoice ? Please email accounting - lori@admarc.com



EMORY
 934 N TEXAS ST
 EMORY, TX 75440-2462
 www.usps.com

03/10/2026

09:47 AM

Product	Qty	Unit Price	Price
Luna Moth	42	\$1.27	\$53.34
First-Class Mail® Large Envelope Emory, TX 75440 Weight: 0 lb 1.40 oz Estimated Delivery Date Fri 03/13/2026	1		\$1.90
First-Class Mail® Large Envelope Emory, TX 75440 Weight: 0 lb 1.40 oz Estimated Delivery Date Fri 03/13/2026	1		\$1.90
First-Class Mail® Large Envelope Emory, TX 75440 Weight: 0 lb 1.50 oz Estimated Delivery Date Fri 03/13/2026	1		\$1.90
First-Class Mail® Large Envelope Emory, TX 75440 Weight: 0 lb 1.50 oz Estimated Delivery Date Fri 03/13/2026	1		\$1.90
First-Class Mail® Large Envelope Emory, TX 75440 Weight: 0 lb 1.40 oz Estimated Delivery Date Fri 03/13/2026	1		\$1.90
First-Class Mail® Large Envelope Emory, TX 75440 Weight: 0 lb 1.40 oz Estimated Delivery Date Fri 03/13/2026	1		\$1.90
First-Class Mail® Large Envelope Emory, TX 75440 Weight: 0 lb 1.40 oz Estimated Delivery Date Fri 03/13/2026	1		\$1.90
Grand Total:			\$68.54
Cash			\$68.54

TO REPORT AN ISSUE
 Visit <https://email.usps.com>