

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: 14	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST BRENT	MI D	
	NICKNAME	LAST HILLIARD	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: P.O. Box 1149		STATE: TX ZIP CODE: 75440	
	APT / SUITE #: EMORY		CITY: EMORY TX	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 913-6003	EXTENSION	
	6 CAMPAIGN TREASURER NAME			
	MS / MRS / MR	FIRST ELISA	MI A	
	NICKNAME	LAST ALLEN	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:		CITY; STATE; ZIP CODE	
	P.O. Box 1149		EMORY TX 75440	
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 913-6003	EXTENSION	
	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 checked="" 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 Month Day Year 02/02/2026 THROUGH 02/23/2026		
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year 03/03/2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any) COUNTY JUDGE	13 OFFICE SOUGHT (if known) COUNTY JUDGE		
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.			
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2				

OFFICE USE ONLY

RECEIVED
Date Received **AT 9:30 O'CLOCK AM**
FEB 23 2026
RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS
BY: *[Signature]*

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 16,371.40

CONTRIBUTION
BALANCE

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

\$

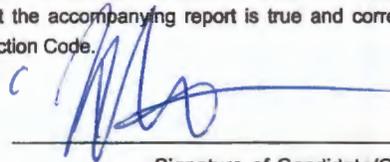
OUTSTANDING
LOAN TOTALS

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

\$

18 SIGNATURE

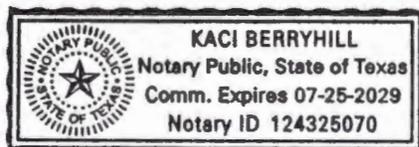
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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 23rd day of February, 2026, 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 type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6,839.50
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 9,531.90
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	\$

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: 3	2 FILER NAME: BRENT D HILLIARD	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 6,839.50
5 CREDIT CARD ISSUER	Name of financial institution MASTERCARD	
6 PAYMENT	(a) Amount Charged \$ 1,512.00	(b) Date Expenditure Charged 02/09/2026
7 PAYEE	(a) Payee name RAINS CO. LEADER	(b) Payee address; City, State, Zip Code 239 N. TEXAS EMORY TX 75440
8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description NEWSPAPER ADS
	(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
PAYMENT	(a) Amount Charged \$ 5,327.50	(b) Date Expenditure Charged 02/03/2026
PAYEE	(a) Payee name RAINS CO. LEADER	(b) Payee address; City, State, Zip Code 239 N. TEXAS EMORY, TX 75440
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description NEWSPAPER ADS
	(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 BRENT D HILLIARD	Office Sought COUNTY JUDGE
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Rains County Leader

PO Box 127 -- 126 N Planters St.
Emory, TX 75440 US
+19034732653
subscription@rainscountyleader.com
www.rainscountyleader.com

Receipt

Received From
BRENT HILLIARD
PO Box 1149
Emory, TX 75440

Date: 02/09/2026
Payment Method:
Reference No: CC-PoA x6

Invoice Number	Invoice Date	Due Date	Original Amount	Balance	Payment
1613710	02/12/2026	02/13/2026	252.00	252.00	252.00
1613713	02/12/2026	02/13/2026	252.00	252.00	252.00
1613711	02/19/2026	02/20/2026	252.00	252.00	252.00
1613714	02/19/2026	02/20/2026	252.00	252.00	252.00
1613712	02/26/2026	02/27/2026	252.00	252.00	252.00
1613715	02/26/2026	02/27/2026	252.00	252.00	252.00

Memo: CC-PoA x6

Amount Credited: \$0.00
Total: \$1,512.00

Get [Outlook for iOS](#)

Rains County Leader

PO Box 127 – 126 N Planters St.
Emory, TX 75440 US
+19034732653
subscription@rainscountyleader.com
www.rainscountyleader.com

Receipt

Received From
BRENT HILLIARD
PO Box 1149
Emory, TX 75440

Date: 02/03/2026
Payment Method:
Reference No: Brent Hilliard-PPcc

Invoice Number	Invoice Date	Due Date	Original Amount	Balance	Payment
1613648	02/05/2026	02/06/2026	1449.00	1228.50	1228.50
1613651	02/12/2026	02/13/2026	1008.00	1008.00	1008.00
1613654	02/12/2026	02/13/2026	193.00	193.00	193.00
1613649	02/19/2026	02/20/2026	1449.00	1449.00	1449.00
1613650	02/26/2026	02/27/2026	1449.00	1449.00	1449.00

Memo: Brent Hilliard-PPcc(PoA)

Amount Credited: \$0.00
Total: \$5,327.50

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: 8	2 FILER NAME BRENT D HILLIARD	3 Filer ID (Ethics Commission Filers)
4 Date 02/09 & 16/2026	5 Payee name SHERIFF'S DEPUTIES	
6 Amount (\$) 400.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code EMORY TX 75440	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP	(b) Description SECURITY
	(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
Date 02/02/2026	Payee name BROOKSHIRES	
Amount (\$) 9.98 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 959 E. LENNON DR EMORY TX 75440	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description COOKIES
	<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 BRENT D HILLIARD	Office sought COUNTY JUDGE
		Office held COUNTY JUDGE
Date 02/9/2026	Payee name BROOKSHIRES	
Amount (\$) 7.98 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 6410 WESLEY GREENVILLE TX 75401	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description COOKIES
	<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 BRENT D HILLIARD	Office sought COUNTY JUDGE
		Office held COUNTY JUDGE

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 | 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: 8	2 FILER NAME BRENT D HILLIARD	3 Filer ID (Ethics Commission Filers)
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4 Date 02/12/2026	5 Payee name RAINS COUNTY LEADER
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6 Amount (\$) 193. ⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 239 N. TEXAS	City; EMORY	State; TX	Zip Code 75440
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXP	(b) Description NEWSPAPER INSERTS
	(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
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Date 02/03/2026	Payee name ADMARC
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Amount (\$) 4,875. ⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 10 DESTA DR, STE. 100W	City; MIDLAND	State; TX	Zip Code 79705
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXP	Description DESIGN + CONSULTING
	<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 BRENT D HILLIARD	Office sought COUNTY JUDGE	Office held COUNTY JUDGE
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Date 02/08/2026	Payee name MINUTEMAN PRESS ROCKWALL
--------------------	--

Amount (\$) 1,420. ⁹⁹ <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1104B RIDGE RD	City; ROCKWALL	State; TX	Zip Code 75087
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description NEWSPAPER INSERTS
	<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 BRENT D HILLIARD	Office sought COUNTY JUDGE	Office held COUNTY JUDGE
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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 | 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: 8	2 FILER NAME BRENT D HILLIARD	3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2024	5 Payee name ADMARC	
6 Amount (\$) 2,1025⁰⁰ <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10 DESTA DR, STE. 100W MIDLAND TX 79705	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP	(b) Description DESIGN + CONSULTING
	(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

Date	Payee name		
Amount (\$)	Payee address;		City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended			
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		

Date	Payee name		
Amount (\$)	Payee address;		City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended			
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SECURITY

2/9 - \$200.⁰⁰/₁₀₀

Deputy Inman

2/16 - \$200.⁰⁰/₁₀₀

Deputy Inman

RECEIPT		No. 609402	
DATE	2/12/26		
FROM	Brent Hilliard	\$193	—
Inserts for 2/26/26 DOLLARS			
<input type="radio"/> FOR RENT	Check 1104		
<input type="radio"/> FOR			
ACCT.		<input type="radio"/> CASH	FROM _____ TO _____
PAID	193 —	<input checked="" type="radio"/> CHECK	BY <u>ka</u>
DUE		<input type="radio"/> MONEY ORDER	
		<input type="radio"/> CREDIT CARD	
			A-1152 T-4161

(C)

COOKIES

Brookshire's

Brookshire's Food Store #74
6410 Wesley
Greenville
TX, 75401
903-455-1358

BAKERY
FRSH BKD 10CT M 1462598 \$3.99 F
You Saved \$1.00
FRSH BKD 10CT C 1462599 \$3.99 F
You Saved \$1.00

Net Sales: \$7.98
Tax: \$0.00
Total: \$7.98

Sold Items: 2

Paid:
Cash \$20.00

Change:
Cash -\$12.02

Have a question or comment?
1-888-WE-RESPOND or brookshires.com

Try Brookshire's CURBSIDE
and let us do the shopping!

No minimum order or fee.

Pickup in as little as 2-hours.
Shop at Brookshires.com

Store Hours: 6AM to 10PM
Brookshire's Food Store #74
006 6724 02/09/2026 10:49



6290074006672402092026

Brookshire's

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

BAKERY
FRSH BKD 10CT C 1462590 \$4.99 F
FRSH BKD 10CT O 1462596 \$4.99 F

Net Sales: \$9.98
Tax: \$0.00
Total: \$9.98

Sold Items: 2

Paid:
Cash \$20.00

Change:
Cash -\$10.02

Have a question or comment?
1-888-WE-RESPOND or brookshires.com

THANK YOU HILLIARD
HOUSEHOLD!

Try Brookshire's CURBSIDE
and let us do the shopping!

No minimum order or fee.

Pickup in as little as 2-hours.
Shop at Brookshires.com

Store Hours: 6AM to 10PM
Brookshire's Food Store #4
010 8737 02/22/2026 15:12



6290004010373702022026



— ADVERTISING + DESIGN —

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

INVOICE

Hilliard for County Judge

Invoice Date: 02/03/26

Invoice No: 25315

HILLI-12774

Campaign for County Judge

Billing Work to Date

Digital Art Production

Design Campaign Elements

\$4,875.00

Total Amount Due – On Receipt

\$4,875.00

2/3/2026
#1102



Minuteman Press Rockwall
1104 B Ridge Road
Rockwall, TX 75087
Phone: 469-769-1600 / Fax: 469-769-1602
Web: www.rockwall-tx.minutemanpress.com
E-mail: rockwall@minutemanpress.com

Quotation

2/3/2026

Bill to: Brent D Hilliard Political Campaign
, TX

Phone: 432 352 2826
Email: sterlingh@mmbco.com

Ship to: Brent D Hilliard Political Campaign
, TX

Phone: 432 352 2826
Email: sterlingh@mmbco.com

2,500 8.5 x 11 full color double sided print on 100# Silk cover (Job ID 39066)

Subtotal: **\$1,312.65**
Tax: **\$108.29**
Total: **\$1,420.94**

Order Subtotal: **\$1,312.65**
Tax: **\$108.29**
Order Total: **\$1,420.94**

Salesperson: Frank McLeod

**Click or Scan the QR Code
to Order Online**



DB
2/3/26

Taxes are included.
This quote is valid for 30 days.
Thank you,

Terms: 50% Deposit, COD

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

Hillard Rains for County Judge

Number	25333
Date	02/03/26
Job Number	HILLI-12927
PO#	--
Charge#	--

Job Name: Campaign Elements

Description: Billing Work to Date for Work Completed in January 2026

Description	Amount
Digital Art Production <i>Design and produce graphic campaign elements</i>	\$2,625.00
Agency Service Subtotal:	\$2,625.00
TOTAL:	\$2,625.00

1017
2/19/2026

Thank you for your business and prompt payment.

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