

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:

28

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <u>MR</u>	FIRST <u>BRENT</u>	MI <u>D</u>	OFFICE USE ONLY	
	NICKNAME	LAST <u>HILLIARD</u>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <u>P.O. Box 1149</u>	APT / SUITE #;	CITY; <u>EMORY</u>	STATE; <u>TX</u>	ZIP CODE <u>75440</u>
	<div>RECEIVED AT 1059 O'CLOCK AM JAN 15 2026</div> <div>RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS</div> <div>Date Hand-delivered or Date Postmarked</div>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(903)</u>	PHONE NUMBER <u>913-6003</u>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR	FIRST <u>ELISA</u>	MI <u>A</u>	Receipt # Amount \$ Date Processed Date Imaged	
	NICKNAME	LAST <u>ALLEN</u>	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <u>P.O. Box 1149</u>		APT / SUITE #;	CITY; <u>EMORY</u>	STATE; <u>TX</u>
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(903)</u>	PHONE NUMBER <u>913-6003</u>	EXTENSION		
9 REPORT TYPE	<input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year <u>09 / 29 / 2025</u>		Month Day Year <u>01 / 14 / 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		
	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 <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)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>—</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>33,888.88</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>—</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>—</u>

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 15th day of January, 2026, to certify which, witness my hand and seal of office.

[Signature] Michelle Mayberry

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 checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 20,411.00
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	\$ 3,726.34
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 9,751.54
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.

1 Total pages Schedule F2: 05	2 FILER NAME BRENT D HILLIARD	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 20,411.00
5 Date 1-5-2026	6 Payee name RAINS COUNTY LEADER	
7 Amount (\$) \$4,851.00	8 Payee address; 126 N. PLANTERS ST.	City; State; Zip Code EMORY, TX 75440
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.	(b) Description CAMPAIGN FULL + 1/2 PAGE ADS
	(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 Office sought Office held BRENT D HILLIARD COUNTY JUDGE Co. JUDGE	
Date 1-1-2026	Payee name MIKE STEVENS	
Amount (\$) \$11,710.00	Payee address; 6923 INDIANA AVE.	City; State; Zip Code LUBBOCK TX 79413
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING + CONSULTING EXP	Description CAMPAIGN CONSULTING, DESIGN, MAILERS
	<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 BRENT D HILLIARD COUNTY JUDGE Co. JUDGE	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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.

1 Total pages Schedule F2: 05	2 FILER NAME BRENT D HILLIARD	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ 20,411.00
5 Date 1-1-2026	6 Payee name MIKE STEVENS	
7 Amount (\$) \$3,850.00	8 Payee address; City; State; Zip Code 6923 INDIANA AVE. LUBBOCK TX 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 & CONSULTING EXPENSE	(b) Description WEBSITE DESIGN, 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	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held BRENT D HILLIARD COUNTY JUDGE Co. 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

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: 01/05/2026**Payment Method:****Reference No:** CC-PoA

Invoice Number	Invoice Date	Due Date	Original Amount	Balance	Payment
1613427	01/08/2026	01/15/2026	1449.00	1449.00	1449.00
1613428	01/08/2026	01/15/2026	504.00	504.00	504.00
1613423	01/15/2026	01/22/2026	724.50	724.50	724.50
1613424	01/22/2026	01/29/2026	724.50	724.50	724.50
1613425	01/29/2026	02/05/2026	724.50	724.50	724.50
1613426	02/05/2026	02/12/2026	724.50	724.50	724.50

Memo: CC-PoA

VISA BLACK

Amount Credited:

\$0.00

Total:

\$4,851.00

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.: 1183

Terms: Due on receipt

Invoice date: 01/01/2026

Due date: 01/10/2026

#	Date	Product or service	Description	Qty	Rate	Amount
1.		Hours	consulting and Christmas Card mail out to all voters homes, \$7210. Web site design, Social Media design and political ad dis, registration. registration for campaign texting from web site \$3500 , printing brochure and delivery \$1000.00	1	\$11,710.00	\$11,710.00

Ways to pay



VISA BLACK

Total **\$11,710.00**

Payment -\$11,710.00

Balance due **\$0.00**

Paid in Full

Rainy

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

Shipping info

Ship date: 01/01/2026

Invoice details

Invoice no.: 1186
Terms: Net 30
Invoice date: 01/01/2026
Due date: 01/31/2026

#	Date	Product or service	Description	Qty	Rate	Amount
1.		Hours	social media creating, applying for certification for boosting and political ad disclaimer. Content build 1-1-2026 to 1-10-2026 boosting budget	1	\$950.00	\$950.00
2.		Hours	consulting hours on web site build out hosting, e mail services. changes and posting to web. SEO registration, key words. registration for texting	1	\$2,100.00	\$2,100.00
3.		Services	brochures 500 of each shipping	1000	\$0.80	\$800.00

Total

\$3,850.00

Ways to pay

View and pay

VISA, BLACK

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: 03

2 FILER NAME BRENT D. HILLIARD

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 3,337.67

5 CREDIT CARD
ISSUER

Name of financial institution

SOUTHWEST VISA BLACK

6 PAYMENT

(a) Amount Charged
\$ 3,337.67

(b) Date Expenditure Charged
12/23/2025

(c) Date(s) Credit Card Issuer Paid
1/7/2026

7 PAYEE

(a) Payee name

BRENT D HILLIARD

(b) Payee address;

City,

State, Zip Code

PO Box 1149 EMORY, TX 75440

8 PURPOSE OF
EXPENDITURE

☒ Political
☐ Non-Political

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

ADVERTISING EXPENSE

(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

Office Sought

Office Held

BRENT D HILLIARD

COUNTY JUDGE 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



Invoice 627809

Brent Hilliard - 24x18 and 96x48

SALES REP INFO
Amanda Smith
Customer Service
amanda@danwal.com

INVOICE DATE
12/23/2025

INV.DUE DATE
12/23/2025

TERMS
Deposit

SHIPPING METHOD
Customer Pickup

QT#
12499

ORDERED BY
Hilliard Camp - Brent
Account Number: 93888
Attn: Brent Hilliard
Hilliard Camp - Brent
900 RS CR 1325
Emory, TX 75440

CONTACT INFO
Brent Hilliard
hilliard@mmbo.com
(432) 352-2821

#	ITEM	QTY	UOM	U.PRICE	TOTAL (EXCL. TAX)	TAXABLE
1	Coro Yard Sign 24x18 digital print 24" X 18" Yard Sign 4mm coro digital printed See asset Colors: Two Color Sides: Double Sided	100	Each	\$5.36	\$536.00	Y
2	Coro Yard Sign 96x48 digital printed w/grommets 4mm coro digital printed **5 grommets on top and 5 grommets on bottom (corners and every 2 ft)** See asset Colors: Two Color Sides: Single Sided	30	Each	\$47.47	\$1,424.10	Y
3	Coro Yard Sign 96x48 digital printed w/grommets 4mm coro digital printed **Grommets on 4 corners** See asset Colors: Two Color Sides: Double Sided	20	Each	\$52.41	\$1,048.20	Y
4	Step Stake - Standard Wire	100	Each	\$0.75	\$75.00	Y

#	PAID ON	METHOD	AMOUNT
1	12/12/2025	: -XXXX-7923 Auth: 08638Z	\$64.95
2	12/11/2025	: -XXXX-7923 Auth: 08284Z	\$3,272.72

Subtotal:	\$3,083.30
Sales Tax (8.25%):	\$254.37
Total:	\$3,337.67
Total Paid:	\$3,337.67
Balance Due:	\$0.00

SIGNATURE:

DATE:

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: 07

2 FILER NAME

BRENT D. HILLIARD

3 FILER ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$ 388.67

5 CREDIT CARD
ISSUER

AMERICAN EXPRESS

Name of financial institution

AMERICAN EXPRESS

6 PAYMENT

(a) Amount Charged

\$ 197.14

(b) Date Expenditure Charged

12/7/2025

(c) Date(s) Credit Card Issuer Paid

1/13/2026

7 PAYEE

(a) Payee name

BRENT D HILLIARD

(b) Payee address;

PO Box 1149

City,

EMORY TX

State, Zip Code

75440

8 PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

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

ADVERTISING EXPENSE

(b) Description

WEBSITE DOMAIN

(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

\$ 92.96

(b) Date Expenditure Charged

12/7/2025

(c) Date(s) Credit Card Issuer Paid

1/13/2026

PAYEE

(a) Payee name

BRENT D HILLIARD

(b) Payee address;

PO Box 1149

City,

EMORY, TX

State, Zip Code

75440

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

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

ADVERTISING EXPENSE

(b) Description

WEBSITE DOMAIN

(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

BRENT D HILLIARD

Office Sought

COUNTY JUDGE

Office Held

CO. JUDGE

PAYMENT

(a) Amount Charged

\$ 98.57

(b) Date Expenditure Charged

12/8/2025

(c) Date(s) Credit Card Issuer Paid

1/13/2026

PAYEE

(a) Payee name

BRENT D HILLIARD

(b) Payee address;

PO Box 1149

City,

EMORY TX

State, Zip Code

75440

PURPOSE OF
EXPENDITURE

☒ Political

☐ Non-Political

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

ADVERTISING EXPENSE

(b) Description

WEBSITE DOMAIN

(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

BRENT D HILLIARD

Office Sought

COUNTY JUDGE

Office Held

CO JUDGE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

From: Lee Leonard lleonard@mmbo.com
Subject: Fw: Your order from Directnic
Date: Jan 5, 2026 at 8:06:27 AM
To: Brent D. Hilliard hilliard@mmbo.com

LEE LEONARD
Director of Service

Office: (972) 972-8876
Email: lleonard@hilliardos.com
Web: hilliardOS.com

HILLIARD
OFFICE SOLUTIONS

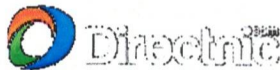
Let Us Know How We're Doing!
(click to submit survey)
Follow us:   

150 Tawakoni Dr, Emory, TX, 75440, United States

This email message along with any files transmitted with it contains PROPRIETARY, CONFIDENTIAL, and/or otherwise restricted information and is intended only for the individual or individuals to whom it is addressed. If you are not an intended recipient of this email, you are hereby notified that any unauthorized use, dissemination or copying of this email or the information contained herein or attached hereto is strictly prohibited. If you receive this email in error, notify the person named above by reply email and delete this message. Any views or opinions expressed in this email are solely those of the author and do not necessarily represent those of the company. Employees of the company are expressly required not to make derogatory statements and not to engage in conduct that is prejudicial to the company or its employees. Any such communication is contrary to company policy and outside the scope of the employment of the individual concerned. The company will not accept any liability in respect of such communication, and the employee responsible will be personally liable for any damages or other liability arising therefrom.

From: Directnic Support <support@directnic.com>
Sent: Sunday, December 7, 2025 8:36 AM
To: HilliardIT <hilliardit@hilliardos.com>
Subject: Your order from Directnic

WARNING: EXTERNAL SENDER - Only open links and attachments from known senders



support@directnic.com

[504.355.0081](tel:504.355.0081)

Hello Brent Hilliard,
Thank you for purchasing the following services with Directnic:

Invoice Details

Directnic, LLC
9029 Jefferson Hwy., Suite D #298
River Ridge, LA 70123

Order Info:

Invoice/Draft#: [9415114](#)
Date/Time: 12/07/2025 02:36 pm
Payment Method: Credit Card
*****1057 AMEX 12/2027
Account: 505587

Billed to:

Brent Hilliard
Hilliard Office Solutions
P.O. Box 52510,
Midland, TX 79710
+1.4326839100
129.222.77.62

Type	Description	Quantity	Price	Subtotal
ICANN Fees	NA	10	\$0.20	\$2.00
Register .COM Domain	votebrenthilliard.com	5	\$14.51	\$72.57
Direct Privacy	votebrenthilliard.com	5	\$5.00	\$25.00
Register .COM Domain	electbrenthilliard.com	5	\$14.51	\$72.57
Direct Privacy	electbrenthilliard.com	5	\$5.00	\$25.00

Invoice Total: \$197.14
Credit Card: -\$197.14
Amount Due: \$0.00

Thank you! Your payment has been accepted.
Please print or save a copy of this page, as it is your proof of payment.

Purchaser's IP Address: 129.222.77.62

This is your official receipt for proof of payment. Please note that Directnic.com is run by DNC Holdings, Inc. and that either name may appear on your credit card statement.

If you have any questions about your purchase, please contact Directnic Customer Support either by phone at [+1.504.355.0081](tel:+1.504.355.0081) (Mon-Fri 013:00 to 22:00 GMT (8 am to 5 pm CST) Mon-Fri Central) or by e-mail at support@directnic.com.

-Your Directnic Team



Click here to add a picture of your business or product.

[here](#)




9029 Jefferson Hwy., Suite D #298
River Ridge, LA 70123
[+1.504.355.0081](#)



From: Lee Leonard lleonard@mmbo.com
Subject: Fw: Your order from Directnic
Date: Jan 5, 2026 at 8:06:27 AM
To: Brent D. Hilliard hilliard@mmbo.com

LEE LEONARD
Director of Service



Office: (972) 972-8876
Email: lleonard@hilliardos.com
Web: hilliardos.com
Let Us Know How We're Doing!
(click to submit survey)
Follow us:   

150 Tawakoni Dr, Emory, TX, 75440, United States

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From: Directnic Support <support@directnic.com>
Sent: Sunday, December 7, 2025 8:37 AM
To: HilliardIT <hilliardit@hilliardos.com>
Subject: Your order from Directnic

WARNING: EXTERNAL SENDER - Only open links and attachments from known senders



support@directnic.com

504.355.0081

Hello Brent Hilliard,
Thank you for purchasing the following services with Directnic:

Invoice Details

Directnic, LLC
9029 Jefferson Hwy., Suite D #298
River Ridge, LA 70123

Order Info:

Invoice/Draft#: 9415115
Date/Time: 12/07/2025 02:37 pm
Payment Method: Credit Card
*****1057 AMEX 12/2027
Account: 505587

Billed to:

Brent Hilliard
Hilliard Office Solutions
P.O. Box 52510,
Midland, TX 79710
+1.4326839100
129.222.77.62

Type	Description	Quantity	Price	Subtotal
ICANN Fees	NA	5	\$0.20	\$1.00
Register .NET Domain	brenthilliard.net	5	\$13.39	\$66.96
Direct Privacy	brenthilliard.net	5	\$5.00	\$25.00

Invoice Total: \$92.96

Credit Card: -\$92.96
Amount Due: \$0.00

Thank you! Your payment has been accepted.
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Purchaser's IP Address: 129.222.77.62

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If you have any questions about your purchase, please contact Directnic Customer Support either by phone at +1.504.355.0081 (Mon-Fri 013:00 to 22:00 GMT (8 am to 5 pm CST) Mon-Fri Central) or by e-mail at support@directnic.com.

-Your Directnic Team



Upload your profile picture [here](#)

9029 Jefferson Hwy., Suite D #298
River Ridge, LA 70123
+1.504.355.0081



From: Lee Leonard leonard@mmbo.com
Subject: Fw: Your order from Directnic
Date: Jan 5, 2026 at 8:06:27 AM
To: Brent D. Hilliard hilliard@mmbo.com

LEE LEONARD
Director of Service



Office: (972) 972-8876
Email: leonard@hilliardos.com
Web: hilliardos.com

Let Us Know How We're Doing!
[Click To Submit Survey](#)

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350 Tawakoni Dr, Emory, TX, 75440, United States

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From: Directnic Support <support@directnic.com>
Sent: Sunday, December 7, 2025 8:53 PM
To: HilliardIT <hilliardit@hilliardos.com>
Subject: Your order from Directnic

WARNING: EXTERNAL SENDER - Only open links and attachments from known senders



support@directnic.com

504.355.0081

Hello Brent Hilliard,
Thank you for purchasing the following services with Directnic:

Invoice Details

Directnic, LLC
9029 Jefferson Hwy., Suite D #298
River Ridge, LA 70123

Order Info:

Invoice/Draft#: 9415216
Date/Time: 12/08/2025 02:53 am
Payment Method: Credit Card
*****1057 AMEX 12/2027
Account: 505587

Billed to:

Brent Hilliard
Hilliard Office Solutions
P.O. Box 52510,
Midland, TX 79710
+1.4326839100
129.222.77.62

Type	Description	Quantity	Price	Subtotal
ICANN Fees	NA	5	\$0.20	\$1.00
Register .COM Domain	brenthilliardforcountyjudge.com	5	\$14.51	\$72.57
Direct Privacy	brenthilliardforcountyjudge.com	5	\$5.00	\$25.00

Invoice Total: \$98.57

Credit Card: -\$98.57
Amount Due: \$0.00

Thank you! Your payment has been accepted.
Please print or save a copy of this page, as it is your proof of payment.

Purchaser's IP Address: 129.222.77.62

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If you have any questions about your purchase, please contact Directnic Customer Support either by phone at +1.504.355.0081 (Mon-Fri 013:00 to 22:00 GMT (8 am to 5 pm CST) Mon-Fri Central) or by e-mail at support@directnic.com.

-Your Directnic Team



here

9029 Jefferson Hwy., Suite D #298
River Ridge, LA 70123
+1.504.355.0081



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: 108		2 FILER NAME BRENT D HILLIARD		3 Filer ID (Ethics Commission Filers)	
4 Date 1-5-2026		5 Payee name AMAZON			
6 Amount (\$) 99.23 <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description NAME TAGS		
	(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 CO. JUDGE					
Date 1-8-2026		Payee name B RAINS COUNTY LEADER			
Amount (\$) 6.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 126 PLANTERS ST. EMORY TX 75440			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description EXTRA COPIES OF NEWSPAPER		
	<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 CO. JUDGE					
Date 1-9-2026		Payee name BUCKS LANDSCAPING, LLC			
Amount (\$) 6,750.00 <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 594 EMORY TX 75440			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description SIGN FRAMES		
	<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 CO. 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: <u>108</u>		2 FILER NAME <u>BRENT D HILLIARD</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1-13-2026</u>		5 Payee name <u>RAINS COUNTY LEADER</u>			
6 Amount (\$) <u>1228.50</u> <input type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <u>126 PLANTERS ST. EMORY TX 75440</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>		(b) Description <u>FULL + 1/2 PAGE ADS</u>	
		(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 <u>BRENT D HILLIARD</u> Office sought <u>COUNTY JUDGE</u> Office held <u>CO. JUDGE</u>					
Date <u>1-14-2026</u>		Payee name <u>DEEP SOUTH COOKIE</u>			
Amount (\$) <u>850.00</u> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>1001 ST. HWY 276 EMORY TX 75440</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>		Description <u>COOKIES FOR MEET & GREETINGS</u>	
		<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 <u>BRENT D. HILLIARD</u> Office sought <u>COUNTY JUDGE</u> Office held <u>CO. JUDGE</u>					
Date <u>1-15-2026</u>		Payee name <u>WALMART</u>			
Amount (\$) <u>62.81</u> <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>1750 S. BROADWAY SULPHUR SPRINGS, TX 75482</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>EVENT EXPENSE</u>		Description <u>REFRESHMENTS</u>	
		<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 <u>BRENT D HILLIARD</u> Office sought <u>COUNTY JUDGE</u> Office held <u>CO JUDGE</u>					
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: <div style="text-align: center; font-size: 1.2em;">10</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">BRENT D HILLIARD</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">11-13-2025</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">RAINS COUNTY REPUBLICAN PRIMARY FUND</div>	
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">750.00</div> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <div style="text-align: center;">City; State; Zip Code</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">FEES</div>	(b) Description <div style="text-align: center; font-size: 1.2em;">FILING FEE FOR JUDICIAL CANDIDATE</div>
(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 <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Candidate / Officeholder name <div style="text-align: center; font-size: 1.2em;">BRENT D HILLIARD</div></div> <div style="width: 30%;">Office sought <div style="text-align: center; font-size: 1.2em;">COUNTY JUDGE</div></div> <div style="width: 30%;">Office held <div style="text-align: center; font-size: 1.2em;">CO JUDGE</div></div> </div>		
Date <div style="text-align: center; font-size: 1.2em;">11-13-2025</div>	Payee name <div style="text-align: center; font-size: 1.2em;">COMMERCIAL BANK OF TEXAS</div>	
Amount (\$) <div style="text-align: center; font-size: 1.2em;">5.00</div> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <div style="text-align: center;">City; State; Zip Code</div> <div style="text-align: center; font-size: 1.2em;">EMORY TX 75440</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">FEES</div>	Description <div style="text-align: center; font-size: 1.2em;">CASHIER CHECK BANK FEE</div>
<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 <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Candidate / Officeholder name <div style="text-align: center; font-size: 1.2em;">BRENT D HILLIARD</div></div> <div style="width: 30%;">Office sought <div style="text-align: center; font-size: 1.2em;">COUNTY JUDGE</div></div> <div style="width: 30%;">Office held <div style="text-align: center; font-size: 1.2em;">CO JUDGE</div></div> </div>		
Date	Payee name	
Amount (\$)	Payee address; <div style="text-align: center;">City; State; Zip Code</div>	
<input type="checkbox"/> Reimbursement from political contributions intended	Category (See Categories listed at the top of this schedule)	
PURPOSE OF EXPENDITURE	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 <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 30%;">Office held</div> </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



Custom Name Tags - Full Color Log...

Sold by: [Gem Awards](#)

Return items: Eligible through February 7, 2026

\$11.99

[View your item](#)

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[Return items](#)

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Order summary

Order placed January 5, 2026

Order # 112-4848293-2605842

Item(s) Subtotal: \$47.96

Shipping & Handling: \$44.99

Total before tax: \$92.95

Estimated tax to be collected: \$6.28

Grand Total: \$99.23

[View invoice](#)

Payment method

Mastercard ending in 8351

[View related transactions](#)



Ship to

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

1 Pd. DEBIT CARD

RECEIPT

No. 462332

DATE 1/8/26

FROM Brent Hilliard

\$ 6⁰⁰

DOLLARS

☐ FOR RENT

☒ FOR 6 papers

ACCT.	
PAID	<u>6.00</u>
DUE	

☒ CASH

☐ CHECK

☐ MONEY ORDER

☐ CREDIT CARD

FROM _____ TO _____

BY CF

A-1152
T-4161

Proposal

Page # _____ of _____ pages

PROPOSAL SUBMITTED TO: <i>Brent Hilliard</i>		JOB NAME <i>Bueh's Landseape, LLC</i>	JOB #
ADDRESS		JOB LOCATION	
PHONE #		DATE <i>Jan 9, 2026</i>	DATE OF PLANS
FAX #		ARCHITECT	

We hereby submit specifications and estimates for:

25/2"x2"x8'x8' sign stands.

25/1"x1"x4'x8' sign frames.

Paint

15 / Red

10 / Blue

mount signs in frames 3/4" strap & screws.

#25 total

270.00 each.

\$6,750.00

*#1086
1/11/26*

We propose hereby to furnish material and labor – complete in accordance with the above specifications for the sum of:

\$ _____ Dollars

with payments to be made as follows: _____

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Respectfully
submitted

Note — this proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature _____

Date of Acceptance _____ Signature _____

RECEIPT

No. 462344

DATE 1/13/26

FROM Brent Hilliard

\$1228⁵⁰

Campaign fullpage color

DOLLARS

☐ FOR RENT

☐ FOR

1/2 page B/w

ACCT.

PAID

DUE

1228⁵⁰

☐ CASH

☒ CHECK

☐ MONEY ORDER

☐ CREDIT CARD

FROM

TO

BY

Check 1088

Lee

A-1152
T-4161



Deep South Cookie
1001 State Hwy 276
EMORY, TX 75440 United States
(903) 930-1162

Invoice #000048

Issue date
Jan 14, 2026

Invoice #000048

We appreciate your business.

Customer
Stacy Hillard
(432) 352-2964
Emory, TX 75440

Invoice Details
PDF created January 14, 2026
\$850.00

Payment
Due January 14, 2026
\$850.00

Items	Quantity	Price	Amount
Elect Brent Hillard Cookies January 2: 1 dozen (paid) January 18: 4 dozen January 26: 3 dozen February 2: 3 dozen February 8: 4 dozen February 16: 2 dozen	1	\$850.00	\$850.00

Subtotal

\$850.00

Total Due

\$850.00

1
Pd. CASH \$100
& VENMO \$750

Give us feedback @ survey.walmart.com
Thank you! ID #:7WQKL74J481



WM Supercenter
903-439-3144 Mgr. CRYSTAL
1750 S BROADWAY ST
SULPHUR SPRINGS TX 75482
ST# 00417 OP# 009028 TE# 28 TR# 04833

ITEMS SOLD 14
TC# 2030 4269 8045 3669 9840



FG 25.90Z CR 025500304070 F	13.86 N
COFFEE STIR 714415824240	2.73 X
COFFEE STIR 714415824240	2.73 X
SNL PKT 100 044800001020 F	2.67 N
CH PKTS 015800090200 F	3.12 N
CHNT 90Z CUP 037700383450	6.58 X
CHNT 90Z CUP 037700383450	6.58 X
COFFEE MATE 050000207080 F	5.12 N
UTZ TAILGATE 041780352560 F	2.98 N
UTZ TAILGATE 041780352560 F	2.98 N
UTZ TAILGATE 041780352560 F	2.98 N
UTZ TAILGATE 041780352560 F	2.98 N
UTZ TAILGATE 041780352560 F	2.98 N
UTZ TAILGATE 041780352560 F	2.98 N

SUBTOTAL	61.27
TAX1 8.2500 %	1.54
TOTAL	62.81
CASH TEND	102.81
CHANGE DUE	40.00



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01/14/26 16:24:10

Commercial Bank of Texas, N.A.
Emory

(936) 715-4100

Member F.D.I.C.

*** **

Teller#:0040 Trace#:0041 04:35 PM

Current Date: 11/13/2025

Business Date: 11/13/2025

Cash In: \$205.00

Cash Out: \$50.00

*** **

Issued Cashiers Check

Payee: RAINS COUNTY REPUBLICAN PRIMAR
Y FUND

Remitter: BRENT HILLIARD

Serial#: 232182

Check Amount: \$750.00

*** **

Assess Fee

Account Number: XXXXX0000

Transaction Amount: \$5.00

All Items Credited are Subject
to Verification and Collection

We Appreciate your Business
Thank you and Have a Great Day!

Commercial Bank of Texas, N.A.
www.cbtxonline.com