

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Patrick

E

NICKNAME

LAST

SUFFIX

Pat

O'Donnell

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

985 Rs County Rd 2460 Alda TX 75410

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

292-3691

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Mandy

M

NICKNAME

LAST

SUFFIX

O'Donnell

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

985 RS County Rd 2460 Alda TX 75410

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

268-5990

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

12/19/2025

THROUGH

2/9/2026

11 ELECTION

ELECTION DATE

Month

Day

Year

3/3/26

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Act 2 Commissioner

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------|---|--|
| 15 C/OH NAME | | 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 | \$ 2,702.90 |
| 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 or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Pat O'Donnell, and my date of birth is 8-1-1969.
 My address is 985 RS County Rd. 2460, Alba, TX, 75410, United States
 (street) (city) (state) (zip code) (country)
 Executed in Rains County, State of Texas, on the 10 day of February, 20 26.
 (month) (year)
Pat O'Donnell
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME Pat O'Donnell | | 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 | \$ 2053.97 |
| 9. | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 648.93 |
| 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 | \$ |

RECEIVED
AT _____ O'CLOCK ____ M

FEB 10 2026

RAINS COUNTY ELECTIONS DEPARTMENT, TEXAS
BY: _____

EXPENDITURES MADE BY CREDIT CARD

AT RECEIVED 0'CLOCK PM SCHEDULE F4
FEB 10 2026

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: <u>1</u> | 2 FILER NAME <u>Patrick O'Donnell</u> | 3 FILER ID (Ethics Commission Filers) |
|--|---------------------------------------|---------------------------------------|

| | |
|---|-------------------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ <u>2053.97</u> |
|---|-------------------|

| | |
|-------------------------|--|
| 5 CREDIT CARD ISSUER | Name of financial institution <u>Citi Bank Mastercard</u> |
|-------------------------|--|

| | | | |
|-----------|---|---|--|
| 6 PAYMENT | (a) Amount Charged \$ <u>1398.62</u> | (b) Date Expenditure Charged <u>2/4/26</u> | (c) Date(s) Credit Card Issuer Paid <u>2/4/26</u> |
|-----------|---|---|--|

| | | |
|---------|--|---|
| 7 PAYEE | (a) Payee name <u>Blackbuster Print</u> | (b) Payee address; City, State, Zip Code <u>740 N. Rush St. Chicago IL 60611</u> |
|---------|--|---|

| | | |
|--|---|--|
| 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) <u>Advertising Expense</u> | (b) Description <u>Campaign Postcards</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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |
|---|-------------------------------|---------------|-------------|

| | | | |
|---------|--|---|--|
| PAYMENT | (a) Amount Charged \$ <u>251.69</u> | (b) Date Expenditure Charged <u>2/5/26</u> | (c) Date(s) Credit Card Issuer Paid <u>2/5/26</u> |
|---------|--|---|--|

| | | |
|-------|--|---|
| PAYEE | (a) Payee name <u>Blackbuster Print</u> | (b) Payee address; City, State, Zip Code <u>740 N Rush St Chicago IL 60611</u> |
|-------|--|---|

| | | |
|--|---|--|
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> | (b) Description <u>Campaign Postcards</u> |
| | (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 \$ <u>403.66</u> | (b) Date Expenditure Charged <u>2/9/26</u> | (c) Date(s) Credit Card Issuer Paid <u>2/9/26</u> |
|---------|--|---|--|

| | | |
|-------|--|---|
| PAYEE | (a) Payee name <u>Blackbuster Print</u> | (b) Payee address; City, State, Zip Code <u>740 N. Rush St. Chicago IL 60611</u> |
|-------|--|---|

| | | |
|--|---|--|
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> | (b) Description <u>Campaign Postcards</u> |
| | (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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED

SCHEDULE G

FEB 11 2025

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

RAINS COUNTY

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: | 2 FILER NAME Patrick O'Donnell | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/19/25 | 5 Payee name VistaPrint | | |
| 6 Amount (\$) 61.90 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 275 Wyman St. Waltham MA 02451 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Campaign Cards |
| | (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 Office sought Office held | | | |
| Date Payee name 12/19/25 Banners On The Cheap | | | |
| Amount (\$) 309.38 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 11550 Stonehollow Dr, Ste A-100 Austin TX 78758-3103 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Banners |
| | <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 | | | |
| Date Payee name 12/22/25 Photo Eraser Web App | | | |
| Amount (\$) 1.02 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 548 Market St, PMB 47670 San Francisco CA 94104 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Image Editor |
| | <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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

RECEIVED

CLOCK M

EXPENDITURE CATEGORIES FOR BOX 8(a) FEB 10 2026

| | | | |
|--|-------------------------------|-------------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Real Estate 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: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|--------------|---------------------------------------|

| | |
|--------------------|--------------------------------------|
| 4 Date 12-29-25 | 5 Payee name Photo Eraser Web App |
|--------------------|--------------------------------------|

| | |
|---|---|
| 6 Amount (\$) 0.22 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: 548 Market St. PMB 47670 City: San Francisco State: CA Zip Code: 94104 |
|---|---|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Image Editing |
| | (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 | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------------------|------------------------------------|
| Date 12-29-25 | Payee name Photo Eraser Web App |
|------------------|------------------------------------|

| | |
|--|---|
| Amount (\$) 12.99 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: 548 Market St. PMB 47670 City: San Francisco State: CA Zip Code: 94104 |
|--|---|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Image Editing |
| | <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 |
|---|-------------------------------|---------------|-------------|

| | |
|----------------|---------------------------|
| Date 1-9-26 | Payee name Buffer Plan |
|----------------|---------------------------|

| | |
|---|--|
| Amount (\$) 6.38 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: 2443 Fillmore St. #380-7143 City: San Francisco State: CA Zip Code: 94115 |
|---|--|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Website Editing/Social Media |
| | <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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED

0'CLOCK M

SCHEDULE G

FEB 10 2026

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

RAINS COUNTY ELECTION

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 | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 1-9-26 | | 5 Payee name Wal-Mart - Terrell | | | |
| 6 Amount (\$) \$15.08 <input type="checkbox"/> Reimbursement from political contributions intended | | 7 Payee address; 1900 W. Moore Ave | | City; Terrell | State; TX Zip Code 75160 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | | (b) Description Cardstock/Paper Printing Flyers | | |
| | (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 | | | | | |
| Date 1-15-26 | | Payee name Banners On The Cheap | | | |
| Amount (\$) \$241.96 <input type="checkbox"/> Reimbursement from political contributions intended | | Payee address; 11550 Stonehollow Dr., Ste A100 | | City; Austin | State; TX Zip Code 78758-3103 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | | Description Banners | | |
| | <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 | | | | | |
| 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 | | | | | |
| 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 | | | | | |

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