

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: <i>Mr.</i> FIRST: <i>Henry</i> MI: <i>D</i> NICKNAME: _____ LAST: <i>Birdwell</i> SUFFIX: <i>J.</i> | OFFICE USE ONLY Date Received: RECEIVED <div style="border: 1px solid black; padding: 5px; display: inline-block;"> JAN 15 2026 <i>JB</i> </div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>244 Birdwell Road Bryson Tx 76427</i> | Date Hand-delivered or Date Postmarked: <i>1-15-2026</i> | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE: PHONE NUMBER: EXTENSION: <i>(940) 550-5618</i> | Receipt #: | Amount \$: |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR: <i>Mr.</i> FIRST: <i>Henry</i> MI: <i>D</i> NICKNAME: _____ LAST: <i>Birdwell</i> SUFFIX: <i>J.</i> | Date Processed: | Date Imaged: |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE <i>244 Birdwell Road Bryson Tx 76427</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: PHONE NUMBER: EXTENSION: <i>(940) 550-5618</i> | | |
| 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 THROUGH Month Day Year <i>7 / 1 / 25</i> THROUGH <i>12 / 31 / 25</i> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>3 / 3 / 26</i> | 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) <i>Pct. 3 Commissioner</i> | 13 OFFICE SOUGHT (if known) <i>Pct. 3 Commissioner</i> | |
| 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 TYPE | COMMITTEE NAME |
| | | | COMMITTEE ADDRESS |
| | | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

GO TO PAGE 2

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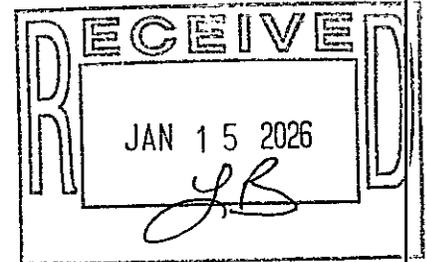
FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------|---|--|
| 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) | \$ \emptyset |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ \emptyset |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ \emptyset |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ \emptyset |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ \emptyset |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ \emptyset |

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.

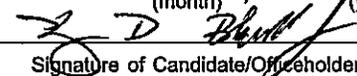
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Henry D Birdwell, Jr., and my date of birth is 9-18-1970
 My address is 244 Birdwell Road, Bryson, TX, 76427, USA
(street) (city) (state) (zip code) (country)

Executed in Jack County, State of Texas, on the 15th day of January, 2026.
(month) (year)


 Signature of Candidate/Officeholder (Declarant)