

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 MS Catherine	MI R	OFFICE USE ONLY  Date Received: 016 JAN 14 PM 4:15 FILED FOR RECORD		
	NICKNAME Cathie	LAST Brown	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE Batson TX 77519					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST MS Catherine	MI R	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____		
	NICKNAME Cathie	LAST	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: Batson			STATE, ZIP CODE TX 77519		
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 11	Day 08	Year / 2025	Month 01	Day 13	Year / 2026
11 ELECTION	ELECTION DATE Month 03 / Day 03 / Year / 2026	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) Justice of the Peace Pct. 6			13 OFFICE SOUGHT (if known) Justice of the Peace Pct. 6		
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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

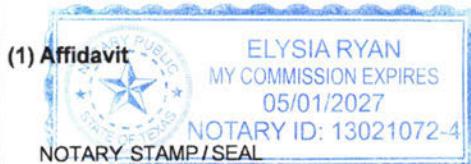
15 C/OH NAME Catherine R. Brown	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 2,435.79
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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.

Catherine Brown

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by

Catherine Brown this the 14 day of January,

20 2026, to certify which, witness my hand and seal of office.

Elysia Ryan
Signature of officer administering oath

Elysia Ryan
Printed name of officer administering oath

Notary of Public
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 - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Catherine R. Brown	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,435.79
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 G:	2 FILER NAME Catherine R. Brown	3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2025	5 Payee name Hardin County Republican Party	
6 Amount (\$) 375.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 620 S Main <input type="checkbox"/> Check if individual's residence address.	City: Lumberton State: TX Zip Code: 77657
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing Fees
	(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 Catherine R. Brown	Office sought Office held Justice of the Peace Pct. 6
Date 12/19/2025	Payee name Spring Print	
Amount (\$) 1567.51 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 540 S Main <input type="checkbox"/> Check if individual's residence address.	City: Lumberton State: TX Zip Code: 77657
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description political yard and 4x4 signs
	<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 Catherine R. Brown	Office sought Office held Justice of the Peace Pct. 6
Date 1/04/2026	Payee name Pens.com	
Amount (\$) 230.71 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1 Sharpie Way, Building 3, <input type="checkbox"/> Check if individual's residence address.	City: Shelbyville State: TN Zip Code: 37160
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Pens
	<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 Catherine R. Brown	Office sought Office held Justice of the Peace Pct. 6

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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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1 Total pages Schedule G:	2 FILER NAME Catherine R. Brown	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2026	5 Payee name Amazon	
6 Amount (\$) 36.00 Reimbursement from political contributions intended	7 Payee address; 410 Terry Ave Check if individual's residence address.	City; State; Zip Code North Seattle, WA 98109-5210
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Grommet Tool Kit
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name Catherine R. Brown		Office sought Justice of the Peace, Pct. 6
		Office held Justice of the Peace, Pct. 6
Date 01/12/2026	Payee name Amazon	
Amount (\$) 17.00 Reimbursement from political contributions intended	Payee address; 410 Terry Ave Check if individual's residence address.	City; State; Zip Code North Seattle, WA 98109-5210
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Zip Ties
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Catherine R. Brown		Office sought Justice of the Peace, Pct. 6
		Office held Justice of the Peace, Pct. 6
Date 01/13/2026	Payee name Spring Print	
Amount (\$) 209.57 Reimbursement from political contributions intended	Payee address; 540 S. Main Check if individual's residence address.	City; State; Zip Code Lumberton TX 77657
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Push Cards
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Catherine R. Brown		Office sought Justice of the Peace, Pct. 6
		Office held Justice of the Peace, Pct. 6
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		