

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 Mr	FIRST Rodney	MI L	OFFICE USE ONLY Date Received 2026 JAN 30 AM 10:15 FILED FOR RECORD CONNIE BECTON HARDIN COUNTY CLERK PO BOX 150 HARDIN, TX 77625 Receipt # Amount \$ Date Processed Date Imaged		
	NICKNAME Rod	LAST Ousley	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE #: CITY: STATE: ZIP CODE Kountze, TX 77625					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Mailed/Received or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Michael	MI C	Receipt # Amount \$		
	NICKNAME Mike	LAST Boone	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	ADDRESS / PO BOX / EASE): APT / SUITE #: CITY: STATE: ZIP CODE Kountze TX 77625					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 1	Day 1	Year 26	Month 2	Day 1	Year 26
11 ELECTION	Month 3	Day 3	Year 26	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description ELECTION TYPE
	<input type="checkbox"/> General	<input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Justice of the Peace Pct. 3			13 OFFICE SOUGHT (if known) Justice of the Peace Pct. 3		
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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME				
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

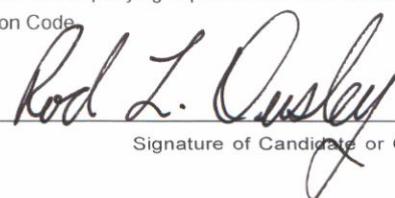
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Rodney L. Ousley	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) \$ 950.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 4,858.89
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 129.45
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

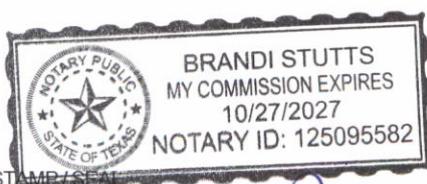
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code



Signature of Candidate or Officeholder

Please complete either option below:

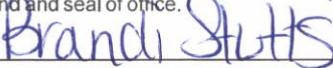
(1) Affidavit



NOTARY STAMP/SEAL

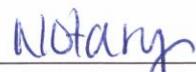
Sworn to and subscribed before me by





this the 30th day of January

2020, 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 _____, 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 Rodney L. Ousley	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 950.00
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	\$ 4,858.89
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	\$ 0.00
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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 1
2 FILER NAME Rodney L. Ousley			3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2026	5 Full name of contributor James Read	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; PO Box 99	City; State; Zip Code Kountze, TX 77657	
8 Principal occupation / Job title (See Instructions) Owner Read Ice		9 Employer (See Instructions) SELF/OWNER	
Date 01/05/2026	Full name of contributor J. T. Haynes	out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; PO Box 963	City; State; Zip Code Beaumont Tx 77704	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self	
Date 01/07/2026	Full name of contributor John Epps	out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address; 5007 FM 1293	City; State; Zip Code Kountze, Tx 77625	
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self	
Date 01/08/2026	Full name of contributor David & Victoria Richardson	out-of-state PAC (ID#_____)	Amount of contribution (\$) 250.00
	Contributor address; PO Box 5445	City; State; Zip Code Beaumont Tx 77726	
Principal occupation / Job title (See Instructions) Land Clearing and dirt Work		Employer (See Instructions) Owner/Self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 1 of 4	2 FILER NAME Rodney L. Ousley	3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Payee name MH Outdoor Media	
6 Amount (\$) 1,775.00	7 Payee address; 11750 Katy Freeway Suite 1300 Check if individual's residence address.	City: Houston State: TX Zip Code 77079
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Billboard
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rodney L. Ousley	Office sought Office held JP #3
Date 01/05/2026	Payee name Post Mart	
Amount (\$) 1,040.00	Payee address; 155 E Ave H Check if individual's residence address.	City: Silsbee State: TX Zip Code 77656
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rodney L. Ousley	Office sought Office held JP #3
Date 01/05/2026	Payee name Spring Print	
Amount (\$) 536.03	Payee address; 540 South 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 Expense	Description T- Shirts
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rodney L. Ousley	Office sought Office held JP #3
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 2 of 4	2 FILER NAME Rodney L. Ousley	3 Filer ID (Ethics Commission Filers)
4 Date 01/09/2026	5 Payee name My Campaign Store LLC	
6 Amount (\$) 265.74	7 Payee address; Check if individual's residence address.	City; State; Zip Code Louisville KY 40222
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Emery Boards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Rodney L. Ousley	Candidate / Officeholder name	Office sought JP #3
Date 01/08/2026	Payee name Post Mart	
Amount (\$) 619.19	Payee address; 155 E Ave H Check if individual's residence address.	City; State; Zip Code Silsbee TX 77656
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 4x4 Signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Rodney L. Ousley	Candidate / Officeholder name	Office sought JP #3
Date 01/09/2026	Payee name Spring Print	
Amount (\$) 217.42	Payee address; 540 South 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 Expense	Description Push Cards
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Rodney L. Ousley	Candidate / Officeholder name	Office sought JP #3

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: <i>3 of 4</i>	2 FILER NAME Rodney L. Ousley	3 Filer ID (Ethics Commission Filers)
4 Date 01/27/2026	5 Payee name OCBM	
6 Amount (\$) 187.95	7 Payee address; 900 South Main <small>Check if individual's residence address.</small>	City: Lumberton State: Tx Zip Code 77657
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Lumber For Billboard Banner
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rodney L. Ousley	Office sought Office held JP #3
Date 01/22/2026	Payee name Post Mart	
Amount (\$) 97.43	Payee address; 155 E Ave H <small>Check if individual's residence address.</small>	City: Silsbee State: Tx Zip Code 77656
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 4x4 Signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rodney L. Ousley	Office sought Office held JP #3
Date 01/14/2026	Payee name Spring Print	
Amount (\$) 16.23	Payee address; 540 South Main <small>Check if individual's residence address.</small>	City: Lumberton Tx State: Zip Code 77657
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Vinyl Letters
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rodney L. Ousley	Office sought Office held JP #3
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: <i>4 of 4</i>	2 FILER NAME Rodney L. Ousley	3 Filer ID (Ethics Commission Filers)
4 Date 01/29/2026	5 Payee name Spring Print	
6 Amount (\$) 103.90	7 Payee address; 540 South Main 77657 Check if individual's residence address.	City; Lumberton, State; Tx Zip Code
8 PURPOSE OF EXPENDITURE	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Rodney L Ousley	Office sought JP #3
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	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	
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T.	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	

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