

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	OFFICE USE ONLY	
	Mr.	Kirk			
	NICKNAME	LAST	SUFFIX	Date Received	
		Hanath		1/15/2026 JB	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
Change of Address	645 South Berlin Rd. Brenham TX 77833				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
	(979)	277-2044		1/15/2026	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
	Mrs.	Brandi			
	NICKNAME	LAST	SUFFIX	Date Processed	
		Schwartz		1/15/2026	
				Date Imaged	1/15/2026
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
(Residence or Business)	6604 Old Gay Hill Rd. Brenham TX 77833				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(979)	251-4042			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> 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 11 / 18 / 2025 THROUGH 01 / 15 / 2026				
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year		<input checked="" type="checkbox"/> Primary Runoff Other Description		
	03 / 03 / 2026		General Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	County Commissioner		County Judge		
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	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Kirk Hanath		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)	\$ 919.50
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,077.04
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 1,113.97
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,256.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,820.84
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,000.00

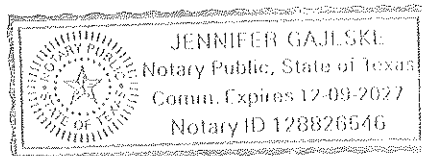
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kirk Hanath

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kirk Hanath this the 15 day of January, 2026, to certify which, witness my hand and seal of office.

Jennifer Gajlske
Signature of officer administering oath

Jennifer Gajlske
Printed name of officer administering oath

Notary
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****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,157.54
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 3,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 750.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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:
2 FILER NAME Kirk Hanath		3 Filer ID (Ethics Commission Filers)
4 Date 12/08/25	5 Full name of contributor Terry Luedtke out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code P.O. Box 390 Burton Tx 77835	7 Amount of contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/09/25	Full name of contributor Emil Mokry out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 312 West Vulcan Brenham Tx 77833	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/25	Full name of contributor J. Kelly Strader out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 11311 Oak Spring Dr. Houston Tx 77043-4656	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/07/26	Full name of contributor Charles Majewski out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3009 Old Independence Brenham TX. 77833	Amount of contribution (\$) \$400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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:
2 FILER NAME Kirk Hanath		3 Filer ID (Ethics Commission Filers)
4 Date 1/6/26	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor Gary & Katie Stelter</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>6 Contributor address; 901 Rock Pit Ln.</div><div>City; Brenham</div><div>State; Tx.</div><div>Zip Code 77833</div></div>	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/12/26	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor Bob Singeltary</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; 2902 Shadow Lawn</div><div>City; Brenham</div><div>State; Tx.</div><div>Zip Code 77833</div></div>	Amount of contribution (\$) \$257.54
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor</div><div>out-of-state PAC (ID#: _____)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address;</div><div>City;</div><div>State;</div><div>Zip Code</div></div>	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

LOANS**SCHEDULE E**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 E:
2 FILER NAME Kirk Hanath		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/17/25	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk Hanath	9 Loan Amount (\$) \$ 3,000.00
6 Is lender a financial institution? Y X N	8 Lender address; City; State; Zip Code 645 South Berlin Rd. Brenham Tx 77833	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See instructions)		13 Employer (See instructions)
14 Description of Collateral none		15 X Check if personal funds were deposited into political account (See instructions)
16 GUARANTOR INFORMATION X not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See instructions)		21 Employer (See instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See instructions)		Employer (See instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender 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
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 F1: 2		2 FILER NAME Kirk Hanath		3 Filer ID (Ethics Commission Filers)	
4 Date 11/20/25		5 Payee name Washington County Republican Party			
6 Amount (\$) \$750.00		7 Payee address; 100 West Main <small>Check if individual's residence address.</small>		City; Brenham	State; Tx Zip Code 77833
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Fees		(b) Description Filing fee for a place on the ballot		
	(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		Office sought	Office held
Date 01/02/26		Payee name 10XGraphics			
Amount (\$) \$3,341.74		Payee address; 1008 Windswept Dr X <small>Check if individual's residence address.</small>		City; Brenham	State; Tx Zip Code 77833
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Corrugated Political Signs		
	<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
Date 01/12/26		Payee name 10XGraphics			
Amount (\$) \$1,050.49		Payee address; 1008 Windswept <small>Check if individual's residence address.</small>		City; Brenham	State; Tx. Zip Code 77833
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Corrugated Political Signs		
	<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

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