# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

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The C/OH Instruction G	ulde explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	Ms/Mrs/Mr Mr	FIRST Christopher	мі <b>М</b> .	OFFICE USE ONLY			
NAME	NICKNAME	LAST Bragg	SUFFIX	Date Received FILED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; ( Moun	JAN 1 5 2025				
Change of Address				ELECTIONS ADMINISTRATOR			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$			
6 CAMPAIGN TREASURER	ms/mrs/mr Mr.	FIRST Christopher	мі <b>М</b> .	Date Processed			
NAME	NICKNAME	LAST	SUFFIX				
		Bragg		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	<sup>шітЕ</sup> #; сіту; Mount Pleasant	Texas 75455			
- <del>`</del>	4554 6655						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	/ /	<del></del>					
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD	Month	Day Year	Month	Day Year			
COVERED .	10 / 29 / 24 THROUGH 1 / 15 / 25						
11 ELECTION	ELECTION DA  Month Day	TE Year Primary	ELECTION TYPE	:			
	11 / 5	24 🔳 General	Special Description				
12 OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (If know	n)			
IZ OFFICE	Titus Count	y Sheriff	to orrect goodin (inclies				
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					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC 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		<b>16</b> Filer	ID (Ethics (	Commission Filers)
17 CONTRIBUTION TOTALS				200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		
	4. TOTAL POLITICAL EXPENDITURES			969.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ONS MAINTAINED AS OF THE LAST DAY		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$	
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- juired to be reported by me under Title 15, Election Code.	e and co	orrect and in	cludes all information
	Signature of Ca	andidate	or Officeho	lder
	•			
	Please complete either option belov	v:		
	i iodoo oompioto omioi opnon belor			
(1) Affidavit				
NOTARY STAMP/SEA	-			
Sworn to and subscribed			day of_	
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of officer administering oath		Title of offi	cer administering oath
	OR			
(2) Unsworn Declarati				
My name is Christophe	• • • • • • • • • • • • • • • • • • • •			
My address is		······································	75455	United States
Executed in Titus	County, State of Texas, on the 15day_of Janua		(zip code) 20 25	(country)
		II)	(year	) ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•	Signature of Candi	idate/Off	iceholder (D	eclarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co		mmission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			200.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	SCHEDULE E: LOANS		\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			969.58	
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 CO	ONTRIBUTIONS	\$	***************************************	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2:		
<sup>2</sup> FILER NAME Christopher M. Bragg			3 Filer ID (Ethlos Commission Filers)		
Omisiopi	ici wi. Diagg			· · · · · · · · · · · · · · · · · · ·	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor out-of-state PAC (ID#)  Tommy King  7 Contributor address; City; State; Zip Code		8 Amount of Contribution \$	In-kind contribution description     custom styrofoam cups	
12/13/2025			200.00		
	FM 1001 Mount Pleasant Texas	Check if travel outsi	de of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
Titus Cour	nty Sheriff	Titus County Sheriff's Office			
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contribu	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsi	          de of Texas, Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI,		
Contributor's	principal occupation (FOR JUDICIAL)	Contribi	utor's job title (FOR JU	IDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
! :	ATTACH ADDITIONAL COPIES OF T			a realliremente	

### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Christopher M. Bragg 4 Date 5 Payee name 11/03/2024 Talco Cemetery Association 6 Amount (\$) 7 Payee address; City; Zip Code 100.00 4th Street Talco Texas 75487 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Contribution / Donation PURPOSE Talco Cemetery Fund EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Christopher M. Bragg SHERIFF Payee name Date Sugar Hill VFD 11/15/2024 Amount (\$) City: Pavee address: State: Zip Code 110 County Road 3910 Mount Pleasant Texas 75455 100.00 Category (See Categories listed at the top of this schedule) Description Contribution / Donation PURPOSE Sugar Hill Community VFD Fundraiser OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Christopher M. Bragg SHERIFF Payee name Date 12/04/2024 Seasons Venue Amount (\$) Payee address: City: State: Zip Code 114 West 2nd Street Mount Pleasant Texas 75455 150.00 Category (See Categories listed at the top of this schedule) Description PURPOSE Campaign Celebration Party Rent for campaign party OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Christopher M. Bragg SHERIFF 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 Accounting/Banking Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Relmbursement 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 (other a category and listed above)

Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form, 2 FILER NAME 1 Total pages Schedule F1; 3 Filer ID (Ethics Commission Filers) Christopher M. Bragg 4 Date 5 Pavee name 12/06/2024 Walmart 6 Amount (\$) 7 Payee address; City: State: Zip Code 98.13 2311 South Jefferson Street Mount Pleasant Texas 75455 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description Contribution / Donation PURPOSE Campaign Party Food OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expanditure to benefit C/OH Christopher M. Bragg SHERIFF Payee name Date **Dollar Tree** 12/27/2024 Amount (\$) Payee address; City: State: Zip Code 19.63 1207 Highway 271 Gilmer Texas 75644 Category (See Categories listed at the top of this schedule) Description Contribution / Donation **PURPOSE** Campaign Party Materials OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Christopher M. Bragg SHERIFF Date Payee name 12/27/2024 Sams Club Amount (\$) Pavee address: City; Zip Code State: 3310 North 4th Street Longview Texas 75605 429.48 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Campaign Celebration Party Food for campaign party OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Christopher M. Bragg SHERIFF 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
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/Fundralsing 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. 2 FILER NAME 1 Total pages Schedule F1: 3 Filer ID (Ethics Commission Filers) Christopher M. Bragg 4 Date 5 Payee name 12/29/2024 Super 1 Foods 6 Amount (\$) 7 Payee address: City: State: Zip Code 72.34 602 South Jefferson Street Mount Pleasant Texas 75455 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Contribution / Donation PURPOSE Campaign Party Food EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Christopher M. Bragg SHERIFF Payee name Date Leslie Wilson 01/03/2025 Amount (\$) Payee address; City: State: Zip Code Mount Pleasant 100.00 1052 CR 4218 75455 Texas Category (See Categories listed at the top of this schedule) Description PURPOSE Contribution / Donation Campaign Party planning and setup OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Christopher M. Bragg SHERIFF Date Pavee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED