

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:	5	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST RODNEY	MI C	OFFICE USE ONLY		
	NICKNAME	LAST GARLAND	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	PO BOX 913		PLAINS	TX	79355	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 215-7978	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST RODNEY	MI C	Date Received JAN 12 2026		
	NICKNAME	LAST GARLAND	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY;	STATE; ZIP CODE	
	1008 4TH STREET			PLAINS	TX 79355	
8 CAMPAIGN TREASURER PHONE	AREA CODE (806)	PHONE NUMBER 215-7978	EXTENSION			
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 12	Day 2	Year / 25	Month 12	Day / 31	Year / 25
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month 3	Day / 3	Year / 26	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

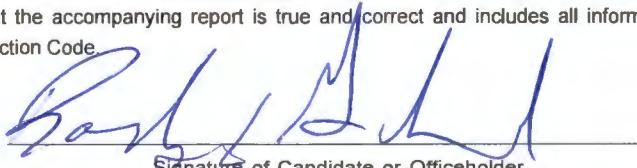
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
RODNEY GARLAND

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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,530.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,280.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	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 _____ 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

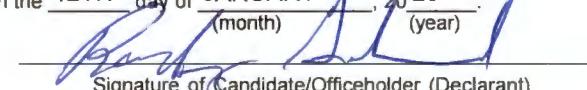
(2) Unsworn Declaration

My name is RODNEY GARLAND, and my date of birth is 12/08/1971.

My address is 1--8 4TH STREET, PLAINS, TX, 79355, USA.

(street) (city) (state) (zip code) (country)

Executed in YOAKUM County, State of TEXAS, on the 12TH day of JANUARY, 2026.



Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
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19 FILER NAME RODNEY GARLAND	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4,530.85
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 750.00
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	\$

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: 1
2 FILER NAME RODNEY GARLAND		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00
5 Date 12/15/2025	6 Full name of contributor MARK TRENT	8 Amount of Contribution \$ 3,102.55
	7 Contributor address; 504 W 15TH ST DENVER CITY TX 79323	9 In-kind contribution description ADVERTISING
Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) SELF-EMPLOYED BUSINESS OWNER		11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 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 12/26/2025	Full name of contributor RED DIRT CONTROLS	Amount of Contribution \$ 1,428.30
	Contributor address; 101 US HWY 380 PLAINS TX 79355	In-kind contribution description BILLBOARD
Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) OILFIELD		Employer (FOR NON-JUDICIAL) (See Instructions) N/A
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (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 THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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
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 G: 1	2 FILER NAME RODNEY GARLAND	3 Filer ID (Ethics Commission Filers)
4 Date 12/02/2025	5 Payee name YOAKUM COUNTY REPUBLICAN PARTY	
6 Amount (\$) 750.00 Reimbursement from political contributions intended	7 Payee address; PO BOX 132 Check if individual's residence address.	City; PLAINS State; TX Zip Code 79355
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description FILING FEE
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; Check if individual's residence address.	City; State; Zip Code
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	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; Check if individual's residence address.	City; State; Zip Code
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	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/O/H		Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		