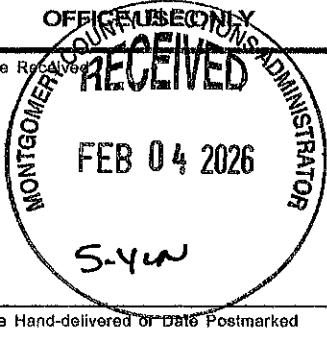


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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	FIRST Brittany	MI	 Date Received: FEB 04 2026 S-4w		
	NICKNAME	LAST Gable Hale	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 7066 Spring, TX 77387					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (281)	PHONE NUMBER 705-9809	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIN TREASURER NAME	MS / MRS / MR	FIRST Brad	MI	Receipt #		
	NICKNAME	LAST Stapp	SUFFIX	Amount \$		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 8527 Majestic Lake Ct Montgomery, TX 77316			STATE; ZIP CODE		
8 CAMPAIN TREASURER PHONE	AREA CODE (281)	PHONE NUMBER 732-3651	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 01	Day 13	Year 26	Month 02	Day 02	Year 26
11 ELECTION	ELECTION DATE Month 03 / Day 03 / Year 26	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description _____				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Montgomery Co 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				
		COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

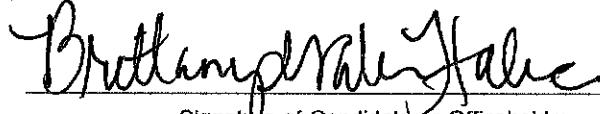
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Brittany Gable Hale	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) \$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,500.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 361.78
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 361.78
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 52,549.33
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

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 Brittany Gable Hale this the 2 day of February,
20 26, to certify which, witness my hand and seal of office.

Rachel Garner

Signature of officer administering oath

Rachel Garner

Printed name of officer administering oath

Notary 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 Brittany Gable Hale	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 426.03
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 361.78
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: 1
2 FILER NAME Brittany Gable Hale			3 Filer ID (Ethics Commission Filers)
4 Date 1/13/26	5 Full name of contributor Jesus Rodriguez	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$500.00
	6 Contributor address; 7222 Kinglet Ct.	City; Katy, TX State; Zip Code 77493	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 1/13/26	Full name of contributor Anthony Sebastian	out-of-state PAC (ID#:)	Amount of contribution (\$) \$500.00
	Contributor address; 2643 Granite River Ln.	City; State; Zip Code Conroe, TX 77385	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/14/26	Full name of contributor Kevin Sapp	out-of-state PAC (ID#:)	Amount of contribution (\$) \$2,500.00
	Contributor address; PO Box 388	City; State; Zip Code Huntington, TX 75949	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 1/20/26	Full name of contributor Randy Bates	out-of-state PAC (ID#:)	Amount of contribution (\$) \$2,000.00
	Contributor address; 22 S Piney Plains Circle	City; State; Zip Code Spring, TX 77382	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: 1</p>	
<p>2 FILER NAME Brittany Gable Hale</p>		<p>3 Filer ID (Ethics Commission Filers)</p>	
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 426.03</p>			
<p>5 Date 01/29/26</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ryan Gable</p>	<p>8 Amount of Contribution \$ 426.03</p>	<p>9 In-kind contribution description Retractable Banner</p>
	<p>7 Contributor address; City; State; Zip Code PO Box 130966 Spring, TX 77393</p>		
		<p>Check if travel outside of Texas. Complete Schedule T.</p>	
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Elected Constable</p>		<p>11 Employer (FOR NON-JUDICIAL) (See Instructions) Montgomery Co Constable Pct 3</p>	
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See Instructions)</p>	
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of Contribution \$</p>	<p>In-kind contribution description</p>
	<p>Contributor address; City; State; Zip Code</p>		
<p>Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See Instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			