

# 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: 21

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Brittany

NICKNAME

LAST

SUFFIX

Gable Hale

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE; ZIP CODE

PO Box 7066 Spring, TX 77387

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 281 )

705-9809

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Brad

NICKNAME

LAST

SUFFIX

Stapp

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

8527 Majestic Lake Ct Montgomery, TX 77316

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 281 )

732-3651

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign  
treasurer appointment  
(Officeholder Only)



July 15



8th day before election



Exceeded Modified  
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

07

15

25

THROUGH

Month

Day

Year

01

15

26

11 ELECTION

ELECTION DATE

Month

Day

Year

03

03

26

ELECTION TYPE



Primary



Runoff



Other  
Description



General



Special

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.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

\$54,556.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

\$421.90

4. TOTAL POLITICAL EXPENDITURES

\$

\$6,620.09

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

\$48,010.71

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

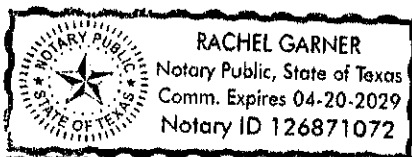
18 SIGNATURE

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.

*Brittany Gable Hale*  
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 13 day of January,  
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**

<b>19 FILER NAME</b> Brittany Gable Hale		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 54,556.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,761.19
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,620.09
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: 11	
2 FILER NAME Brittany Gable Hale				3 Filer ID (Ethics Commission Filers)	
4 Date 7/18/25		5 Full name of contributor out-of-state PAC (ID#: _____) Ryan Gable		7 Amount of contribution (\$) \$500.00	
		6 Contributor address; City; State; Zip Code PO Box 130966 Spring TX 77393			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 8/6/25		Full name of contributor out-of-state PAC (ID#: _____) Ruth Vernier		Amount of contribution (\$) \$1,000.00	
		Contributor address; City; State; Zip Code 107 W. Racing Cloud Ct. The Woodlands, TX 77381			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/26/25		Full name of contributor out-of-state PAC (ID#: _____) Heather Gable		Amount of contribution (\$) \$1.00	
		Contributor address; City; State; Zip Code 2307 Keegan Hollow Ln. Spring, TX 77386			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 8/28/25		Full name of contributor out-of-state PAC (ID#: _____) Matty Beckerman		Amount of contribution (\$) \$2,000.00	
		Contributor address; City; State; Zip Code 2424 Honea Egypt Rd. Magnolia, TX 77354			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 Brittany Gable Hale		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/25	5 Full name of contributor out-of-state PAC (ID#: _____) Jeff Cunningham 6 Contributor address; City; State; Zip Code 1935 Cattle Dr. Magnolia, TX 77354	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/16/25	Full name of contributor out-of-state PAC (ID#: _____) Heston Hale Contributor address; City; State; Zip Code 27823 Aleppo Grove Dr. Spring, TX 77386	Amount of contribution (\$) \$5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/25	Full name of contributor out-of-state PAC (ID#: _____) Ryan & Heather Gable Contributor address; City; State; Zip Code 2307 Keegan Hollow Ln. Spring, TX 77386	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/25	Full name of contributor out-of-state PAC (ID#: _____) Jeff & Gini Gable Contributor address; City; State; Zip Code 995 Chaney's Crossing Bertram, TX 78605	Amount of contribution (\$) \$500.00
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 Brittany Gable Hale		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor out-of-state PAC (ID#: David Abrahams 6 Contributor address; City; State; Zip Code 10323 Veterans Memorial Houston, TX 77038	7 Amount of contribution (\$) \$1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/16/25	Full name of contributor out-of-state PAC (ID#: John Ryan Contributor address; City; State; Zip Code 4007 Moody Dr. Montgomery, TX 77316	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/25	Full name of contributor out-of-state PAC (ID#: Adam & Shannon Acosta Contributor address; City; State; Zip Code 19214 Piney Way Dr. Tomball, TX 77375	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/25	Full name of contributor out-of-state PAC (ID#: Mike & Kristin Atkins Contributor address; City; State; Zip Code 31119 Blue Ridge Park Ln. Spring, TX 77386	Amount of contribution (\$) \$200.00
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 Brittany Gable Hale		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/25	5 Full name of contributor out-of-state PAC (ID#: Dane & Kim Cantwell 6 Contributor address; City; State; Zip Code 142 N. Shawnee Ridge Circle Spring, TX 77382	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/16/25	Full name of contributor out-of-state PAC (ID#: Nadine Gol Contributor address; City; State; Zip Code 1958 West Grey St. #1615 Houston, TX 77019	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/25	Full name of contributor out-of-state PAC (ID#: Angela Alp Contributor address; City; State; Zip Code 1958 West Grey St. #1615 Houston, TX 77019	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/16/25	Full name of contributor out-of-state PAC (ID#: Richard Bird Contributor address; City; State; Zip Code 10090 S. Goshawk Trail Conroe, TX 77385	Amount of contribution (\$) \$1,000.00
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 <b>Brittany Gable Hale</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/16/25</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Shelly &amp; Brian Haag</b> ..... 6 Contributor address; City; State; Zip Code <b>27819 Aleppo Grove Dr. Spring, TX 77386</b>	7 Amount of contribution (\$)  <b>\$100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>9/16/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Steven Loveless</b> ..... Contributor address; City; State; Zip Code <b>14748 Highland Ranch Dr. Montgomery, TX 77316</b>	Amount of contribution (\$)  <b>\$1,000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/16/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jenna Hurst</b> ..... Contributor address; City; State; Zip Code <b>27827 Aleppo Grove Dr. Spring, TX 77386</b>	Amount of contribution (\$)  <b>\$50.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>9/16/25</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Frank Torres</b> ..... Contributor address; City; State; Zip Code <b>9277 Highway 242 Conroe, TX 77385</b>	Amount of contribution (\$)  <b>\$2,500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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

Brittany Gable Hale

**3** Filer ID (Ethics Commission Filers)**4** Date

9/16/25

**5** Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Aven &amp; Tracey McBride

**7** Amount of contribution (\$)

\$10,000.00

**6** Contributor address;

City;

State;

Zip Code

31102 Spring Lake Blvd. Tomball, TX 77375

**8** Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

9/17/25

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Larry P Mason

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

31 Mason Pond Place The Woodlands, TX 77381

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/25

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Brad &amp; Audrey Stapp

Amount of contribution (\$)

\$5,000.00

Contributor address;

City;

State;

Zip Code

8527 Majestic Lake Ct. Montgomery, TX 77316

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/25

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ryan Hutson

Amount of contribution (\$)

\$2,500.00

Contributor address;

City;

State;

Zip Code

PO Box 1505 Conroe, TX 77305

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 Brittany Gable Hale		3 Filer ID (Ethics Commission Filers)
4 Date 9/18/25	5 Full name of contributor out-of-state PAC (ID#: _____) Marty & Emily Williams 6 Contributor address; City; State; Zip Code 76 La Jolla Circle Montgomery, TX 77356	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/18/25	Full name of contributor out-of-state PAC (ID#: _____) Maria Nunez Contributor address; City; State; Zip Code 7035 Pleasure Lake Dr. Willis, TX 77318	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18/25	Full name of contributor out-of-state PAC (ID#: _____) Roberto & Hilda Obregon Contributor address; City; State; Zip Code 24827 Northampton Forest Dr. Spring, TX 77389	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/18/25	Full name of contributor out-of-state PAC (ID#: _____) Omero L (Rocky) Del Papa Contributor address; City; State; Zip Code 6 Cluny Ct. Spring, TX 7782	Amount of contribution (\$) \$2,500.00
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 Brittany Gable Hale		3 Filer ID (Ethics Commission Filers)
4 Date 09/22/25	5 Full name of contributor out-of-state PAC (ID#: Vinnie Vincent 6 Contributor address; City; State; Zip Code 709 Forest Lane Ct. Conroe, TX 77302	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/30/25	Full name of contributor out-of-state PAC (ID#: Mohammed Bennani Contributor address; City; State; Zip Code 3911 Rolling Thicket Dr. Spring, TX 77386	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/30/25	Full name of contributor out-of-state PAC (ID#: Marian Alejandro Thanoon Contributor address; City; State; Zip Code 842 Freeport St. Houston, TX 77015	Amount of contribution (\$) \$1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/25	Full name of contributor out-of-state PAC (ID#: Kirby Hopkins Contributor address; City; State; Zip Code 8701 New Trails Dr. #200 The Woodlands, TX 77381	Amount of contribution (\$) \$500.00
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 Brittany Gable Hale		3 Filer ID (Ethics Commission Filers)
4 Date 10/29/25	5 Full name of contributor out-of-state PAC (ID#: _____) Joe Campofelice 6 Contributor address; City; State; Zip Code 95 Wood Manor The Woodlands, TX 77381	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/2/25	Full name of contributor out-of-state PAC (ID#: _____) Barry Donoho Contributor address; City; State; Zip Code PO Box 610 Centerville, TX 75833	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/10/25	Full name of contributor out-of-state PAC (ID#: _____) Jame Noack Contributor address; City; State; Zip Code 2 Dancing Breeze Place The Woodlands, TX 77382	Amount of contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/25	Full name of contributor out-of-state PAC (ID#: _____) Kyle Brown Contributor address; City; State; Zip Code 38 Thornblade Circle Spring, TX 77389	Amount of contribution (\$) \$1,000.00
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 Brittany Gable Hale		3 Filer ID (Ethics Commission Filers)
4 Date 12/21/25	5 Full name of contributor out-of-state PAC (ID#: Barry Millenson 6 Contributor address; City; State; Zip Code 7 Langham Court Shenandoah, TX 77381	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 12/22/25	Full name of contributor out-of-state PAC (ID#: Judy Olson Contributor address; City; State; Zip Code 11079 S. Hidden Oaks Conroe, TX 77384	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/26	Full name of contributor out-of-state PAC (ID#: Aven McBride Contributor address; City; State; Zip Code 31102 Spring Lake Blvd. Tomball, TX 77375	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/6/26	Full name of contributor out-of-state PAC (ID#: Aven McBride Contributor address; City; State; Zip Code 31102 Spring Lake Blvd. Tomball, TX 77375	Amount of contribution (\$) \$5,000.00
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 <b>Brittany Gable Hale</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/6/26</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Mohammed Bennani</b> 6 Contributor address; City; State; Zip Code <b>3911 Rolling Thicket Dr. Spring, TX 77386</b>	7 Amount of contribution (\$) <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

<b>3</b>	<b>Filer ID (Ethics Commission Filers)</b>
----------	--

\$ 10,761.19

**9 In-kind contribution description**

Check if travel outside of Texas. Complete Schedule T.

## LKW Designs

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date \_\_\_\_\_

Check if travel outside of Texas. Complete Schedule T.

Montgomery Co Constable Pct 3

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Revised 1/1/2025

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

### 3 Filer ID (Ethics Commission Filers)

\$

Check if travel outside of Texas. Complete Schedule T.

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Check if travel outside of Texas. Complete Schedule T.

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Revised 1/1/2025



**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:	
2 FILER NAME Brittany Gable Hale		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/31/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Gable 7 Contributor address; City; State; Zip Code PO Box 130966 Spring, TX 77393	8 Amount of Contribution \$ 162.38	9 In-kind contribution description Window decal
Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Elected Constable		11 Employer (FOR NON-JUDICIAL) (See Instructions) Montgomery Co Constable Pct 3	
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 12/29/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan Gable Contributor address; City; State; Zip Code PO Box 130966 Spring, TX 77393	Amount of Contribution \$ 3,752.66	In-kind contribution description Campaign signs & Supplies
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Elected Constable		Employer (FOR NON-JUDICIAL) (See Instructions) Montgomery Co Constable Pct 3	
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**SCHEDULE A2**

**The Instruction Guide explains how to complete this form.**

1 Total pages Schedule A2:

**Brittany Gable Hale**

3 Filer ID (Ethics Commission Filers)

\$

Check if travel outside of Texas. Complete Schedule T.

## Graphic Results

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Check if travel outside of Texas. Complete Schedule T.

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Revised 1/1/2025

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

**2 FILER NAME**

**3 Filer ID (Ethics Commission Filers)**

\$

**9 In-kind contribution description**

Check if travel outside of Texas. Complete Schedule T.

Montgomery Co Constable Pct 3

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

**15** Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Check if travel outside of Texas. Complete Schedule T.

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Revised 1/1/2025

# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 2	<b>2</b> FILER NAME Brittany Gable Hale	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/08/25	<b>5</b> Payee name Graphic Results	
<b>6</b> Amount (\$) \$1,732.00	<b>7</b> Payee address; City; State; Zip Code 6315B FM 1488 Rd, Ste 227 Magnolia, TX 77354	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Campaign Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 11/11/25	Payee name Graphic Results	
Amount (\$) \$1,515.50	Payee address; City; State; Zip Code 6315B FM 1488 Rd, Ste 227 Magnolia, TX 77354	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign 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 Office sought Office held		
Date 11/12/25	Payee name Montgomery County Republican Party	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 18001 Hwy 105 W. Ste 101 Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Campaign Filing Fee
	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		

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/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.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Brittany Gable Hale		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 01/07/26		<b>5</b> Payee name Square.com			
<b>6</b> Amount (\$) \$1,192.96		<b>7</b> Payee address; City; State; Zip Code 1455 Market St, Ste 600 San Francisco, CA 94103			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Credit Card Processing Fees		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/08/26		Payee name Graphics Results			
Amount (\$) \$1,179.93		Payee address; City; State; Zip Code 6315B FM 1488 Rd, Ste 227 Magnolia, TX 77354			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign 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		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee 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				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED