

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 Glen Dal <hr/> NICKNAME LAST SUFFIX LaGrone	OFFICE USE ONLY <hr/> Date Received FILED FOR RECORD IN MY OFFICE <hr/> O'CLOCK <u>9</u> M <u>-</u> FEB 02 2026 <hr/> Date Postmarked LORETTA MASON, PANOLA COUNTY, TEXAS <hr/> Receipt By <u>R. Mason</u> Amount <u>DEPUTY</u> <hr/> Date Processed <hr/> Date Imaged									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Carthage, Tx 75633 AT 8:47										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION () - ELECTIONS AD										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI CJ Carolyn <hr/> NICKNAME LAST SUFFIX LaGrone										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Carthage, Tx 75633										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ()										
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td>Month Day Year</td> <td>THROUGH</td> <td>Month Day Year</td> </tr> <tr> <td>1 / 1 / 26</td> <td></td> <td>1 / 22 / 26</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	1 / 1 / 26		1 / 22 / 26		
Month Day Year	THROUGH	Month Day Year									
1 / 1 / 26		1 / 22 / 26									
11 ELECTION	<table style="width:100%;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 3 / 3 / 20 </td> <td style="width:70%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 3 / 3 / 20	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special						
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12 OFFICE	OFFICE HELD (if any) Commissioner PCT. 4	13 OFFICE SOUGHT (if known) Commissioner PCT. 4									
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.										
	<table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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15 C/OH NAME		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)	\$ 1,769.10
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,907.85
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,676.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,676.95
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	\$

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 Glen Dale LaGrone, and my date of birth is _____.

My address is _____, Carthage, TX, 75633, USA.
(street) (city) (state) (zip code) (country)

Executed in Panola County, State of Texas, on the 2nd day of February, 2026.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Glen Dale LaGrone		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,769.10
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,907.85
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	\$

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

1 Total pages Schedule G: 2		FILER NAME Glen Dale LaGrone		3 Filer ID (Ethics Commission Filers)	
4 Date 01/23/2026		5 Payee name KGAS Radio			
6 Amount (\$) 300.00 Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code Carthage, Tx 75633			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Radio Ad		(b) Description Ad	
		(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Glen Dale LaGrone		Office sought PCT. 4 COMM. Office held Comm. Pct. 4	
Date 01/23/2026		Payee name Pro Signs			
Amount (\$) 707.85 Reimbursement from political contributions intended		Payee address; City; State; Zip Code Carthage, Tx 75633			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Signs		Description Signs	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Glen Dale LaGrone		Office sought Pct. 4 Comm. Office held Pct. 4 Comm.	
Date 01/06/2026		Payee name Cain Hardware			
Amount (\$) Reimbursement from political contributions intended		Payee address; City; State; Zip Code CARTHAGE, TX 75633			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) zip ties		Description zip ties	
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Glen Dale LaGrone		Office sought Comm. Pct. 4 Office held Comm. Pct. 4	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED