

# 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 /<br>OFFICEHOLDER<br>NAME  | MS / MRS / MR<br>FIRST<br>Glen<br>NICKNAME<br>LAST<br>LaGrone   |  |   | MI<br>Dal<br>SUFFIX<br>FILED FOR RECORD<br>IN MY OFFICE  |           |            |
|  | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: AT ZIP CODE   |  |   | O'CLOCK A M<br>Date Received<br>FEB 02 2026  |           |            |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br>Change of Address | Carthage, Tx 75633  |  |   |  |           |            |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  | AREA CODE<br>( )  | PHONE NUMBER   | EXTENSION   | LORETTA MASON<br>Date Hand Delivered<br>ELECTIONS ADMINISTRATOR, PANOLA COUNTY, TEXAS            |           |            |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR<br>CJ<br>NICKNAME   | FIRST<br>Carolyn<br>LAST<br>LaGrone                                  | MI<br>SUFFIX  | BY <i>R. mason</i><br>Amode DEPUTY<br>Date Processed<br>Date Imaged                              |           |            |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)            | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY:<br>Carthage, Tx 75633   |  |   | STATE; ZIP CODE  |           |            |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE<br>( )  | PHONE NUMBER   | 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<br>treasurer appointment<br>(Officeholder Only) |           |            |
|  | <input type="checkbox"/> July 15  | <input type="checkbox"/> 8th day before election                     | <input type="checkbox"/> Exceeded Modified<br>Reporting Limit       | <input type="checkbox"/> Final Report (Attach C/OH - FR)   |           |            |
| 10 PERIOD<br>COVERED   | Month<br>1  | Day<br>1   | Year<br>26  | Month<br>1   | Day<br>22 | Year<br>26 |
| 11 ELECTION  | ELECTION DATE<br>Month<br>3<br>Day<br>3<br>Year<br>20   | <input type="checkbox"/> Primary<br><input type="checkbox"/> General | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Special | ELECTION TYPE<br>Other Description   |           |            |
| 12 OFFICE  | OFFICE HELD (if any)<br>Commissioner PCT. 4   |  |   | 13 OFFICE SOUGHT (if known)<br>Commissioner PCT. 4   |           |            |
| 14 NOTICE FROM<br>POLITICAL<br>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<br><input type="checkbox"/> GENERAL<br><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  | 16 Filer ID (Ethics Commission Filers)  |             |
| <b>17 CONTRIBUTION<br/>TOTALS</b><br><br><b>EXPENDITURE<br/>TOTALS</b><br><br><b>CONTRIBUTION<br/>BALANCE</b><br><br><b>OUTSTANDING<br/>LOAN TOTALS</b> | 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 |
|   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 3,676.95 |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3,676.95 |
|   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0.00     |
|   | 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)

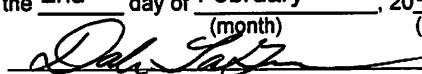
(city)

(state)

(zip code)

(country)

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



Signature of Candidate/Officeholder (Declarant)

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

|  |   |
|--|---|
| <b>19 FILER NAME</b><br>Glen Dale LaGrone  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS<br/>NAME OF SCHEDULE</b>  | <b>SUBTOTAL<br/>AMOUNT</b>                    |
| 1. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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<br>TO FILER          | \$  |

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

The Instruction Guide explains how to complete this form.

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