

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 Mr.	FIRST Rodger	MI G.	OFFICE USE ONLY		
	NICKNAME	LAST McLane	SUFFIX	Date Received FILED FOR RECORD IN MY OFFICE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE Carthage, Texas 75633				AT 10:38 O'CLOCK A M FEB 02 2026	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ()	PHONE NUMBER	EXTENSION	Date Hand delivered or Mailed or Postmarked LORETTA MASON ELECTIONS ADMINISTRATOR, PANOLA COUNTY, TEXAS Received by <i>John M. Mays</i> DEPUTY		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Brandi	MI BY	Date Processed		
	NICKNAME	LAST Kelley	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY:				STATE; ZIP CODE	
	Carthage, Texas 75633					
8 CAMPAIGN TREASURER PHONE	AREA CODE ()	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 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 1	Day <i>16</i>	Year 26	Month 1	Day 22	Year 26
11 ELECTION	ELECTION DATE Month 3 Day 2 Year 26	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any) County Judge			13 OFFICE SOUGHT (if known) County Judge		
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.					
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Rodger G. McLane

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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	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	\$ 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.

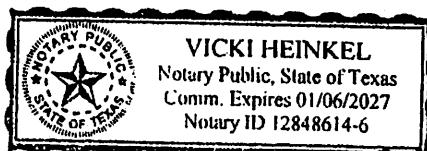


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL



Sworn to and subscribed before me by Rodger G. McLane this the 2nd day of February, 20 26, to certify which, witness my hand and seal of office.

Vicki Heinkel

Vicki Heinkel

Notary

Signature of officer administering oath

Printed name of officer administering oath

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)