

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 <u>Ben</u> MI <u>0</u> NICKNAME _____ LAST <u>Eggleston</u> SUFFIX _____	OFFICE USE ONLY Date Received <u>AT 10:16 O'CLOCK A.M.</u> FILED FEB 02 2026 <i>Christy Dine</i> COUNTY AND DISTRICT CLERK TARRANT COUNTY TEXAS Date Handled _____ Date Filed _____ Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <u>P.O. Box 206</u> APT / SUITE #: _____ CITY: <u>Higgins TX.</u> STATE: _____ ZIP CODE: <u>79066</u> <u>106 N. OAK</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE _____ PHONE NUMBER _____ EXTENSION _____ ()		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR _____ FIRST _____ MI _____ NICKNAME _____ LAST _____ SUFFIX _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE _____		
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 Day Year THROUGH Month Day Year <u>01 / 01 / 2026</u> <u>10 / 22 / 2026</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>03 / 03 / 2026</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>Sheriff</u>	13 OFFICE SOUGHT (if known) <u>Sheriff</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 _____	

GO TO PAGE 2

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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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 534.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

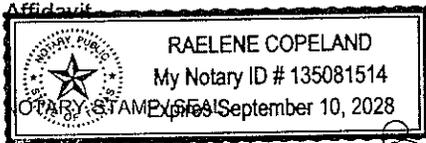
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ben Eggleston

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Ben Eggleston this the 2 day of Feb, 2026, to certify which, witness my hand and seal of office.

Raelene Copeland Raelene Copeland Lipscomb Co Tax A/C
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)