

PERSONAL FINANCIAL STATEMENT

FORM PFS - TEC

Note: A PFS filed with the Texas Ethics Commission must be filed electronically. The only exception is for individuals appointed to office. See the PFS Instruction Guide for more information.

COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2026, covering calendar year ending December 31, 2025. Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

Filer ID

1 NAME

TITLE; FIRST; MI
Mr. Brandon A.

NICKNAME; LAST; SUFFIX
Meier

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 331 Darrouzett, TX 79024

(Check If Filer's Home Address)

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION
(806) 202-4586

4 REASON FOR FILING STATEMENT

- CANDIDATE _____ (INDICATE OFFICE)
- ELECTED OFFICER Precinct 2 Commissioner (INDICATE OFFICE)
- APPOINTED OFFICER _____ (INDICATE AGENCY)
- EXECUTIVE HEAD _____ (INDICATE AGENCY)
- FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT
- STATE PARTY CHAIR _____ (INDICATE PARTY)
- OTHER _____ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Amy N. Meier

- DEPENDENT CHILD 1. _____
2. _____
3. _____

OFFICE USE ONLY

Date Received

FILED
AT 11:05 O'CLOCK A.M.

JAN 29 2026

Christy Lane
COUNTY AND DISTRICT CLERK
LIPSOMB COUNTY, TEXAS

Date Hand-delivered to the County Clerk

Receipt #	Amount \$
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Date Processed

Date Imaged

In Parts 1 through 20, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14 and 20, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Ownership of Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and do NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 EMPLOYMENT <input checked="" type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small> <input type="checkbox"/> (Check If Filer's Home Address) Lipscomb County Precinct 2 Commissioner 105 Oak Street Lipscomb, TX 79056
<hr style="border-top: 1px dashed black;"/> <input checked="" type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small> Farming/ Ranching
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input checked="" type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small> <input type="checkbox"/> (Check If Filer's Home Address) Servitech Laboritories Supervisor 6921 Bell S, Amarillo, TX 79109
<hr style="border-top: 1px dashed black;"/> <input type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small>
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT <input type="radio"/> EMPLOYED BY ANOTHER	<small>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</small> <input type="checkbox"/> (Check If Filer's Home Address)
<hr style="border-top: 1px dashed black;"/> <input type="radio"/> SELF-EMPLOYED	<small>NATURE OF OCCUPATION</small>

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2025, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

Signature of Filer

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 BRANDON MEIER, and my date of birth is 06/12/1992.

My address is 14520 FM 2172, DALLAS, TX, 75024, USA.
(street) (city) (state) (zip code) (country)

Executed in Lipscomb County, State of TX, on the 29 day of Jan, 20 26.
(month) (year)

Brandon Meier
Signature of Registrant (Declarant)