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
	Mr.	Rian		R
	NICKNAME	LAST		SUFFIX
		Brassell		

OFFICE USE ONLY

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
14409 Greymoore Circle
Aledo, TX 76008

Date Received

JAN 15 2026 PM 1:22

AB

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (773) PHONE NUMBER 575-1114 EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST		MI
	Ms	Belinda		
	NICKNAME	LAST		SUFFIX
		BARBOSA		

Receipt # | Amount $

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
14409 Greymoore Circle Aledo, TX 76008

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(312) 402-1113

9 REPORT TYPE

- [■] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (Officeholder Only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded Modified Reporting Limit
- [ ] Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 12 / Day 08 / Year 25 THROUGH Month 01 / Day 13 15 BB / Year 26

11 ELECTION

ELECTION DATE
Month 03 / Day 03 / Year 26

ELECTION TYPE
- [■] Primary
- [ ] Runoff
- [ ] Other Description
- [ ] General
- [ ] Special

12 OFFICE OFFICE HELD (if any)

13 OFFICE SOUGHT (if known) PARKER COUNTY
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.

COMMITTEE TYPE | COMMITTEE NAME

- [ ] GENERAL | COMMITTEE ADDRESS
- [ ] SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

15 C/OH NAME Rian Brassell	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)	$	817.14
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$	817.14
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	0.0
	4.	**TOTAL POLITICAL EXPENDITURES**	$	0.0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	817.14
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0.0

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 **Rian R. Brassell** , and my date of birth is **28 Dec 1966** .

My address is **14409 Greymoore Circle** , **TX** , **76008** , **United States** .
(street) (city) (state) (zip code) (country)

Executed in **Parker** County, State of **TX** , on the **14** day of **january** , 20 **26** .
(month) (year)

_____
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Rian Brassell	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$	817.14
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$	0.0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	$	0.0
4. ■ SCHEDULE E: LOANS	$	0.0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	0.0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$	0.0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$	0.0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$	0.0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$	20.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$	0.0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$	0.0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$	0.0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)
Rian R. Brassell	

4 Date	**5** Full name of contributor	out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
12/12/25 1/2/26	Blue Horizon Texas		**750.00**
	6 Contributor address; City; State; Zip Code po box 780162 San Antonio, tx 78278		

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Political PAC	

Date	Full name of contributor	out-of-state PAC (ID#:_____)	Amount of contribution ($)
12/23/25	RIAN R. BRASSELL (BANK TRANSFER FROM CLOSED ACCOUNT)		$62.34
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor	out-of-state PAC (ID#:_____)	Amount of contribution ($)
1/15/26 15 BB	ACT BLUE TEXAS		$4.80
	Contributor address; City; State; Zip Code P.O. Box 962017 Boston, MA 02196		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor	out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name
	Alphagraphics

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
20.00	**608 S. Main St Weatherford, TX 76086**			
Reimbursement from political contributions intended				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) **Advertising expenses**	(b) Description **Logo vextering**
	(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 **Rian Brassell**	Office sought **Commissioner Pct 4**	Office held

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	Office sought	Office held

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	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	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED