

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 Christopher	MI M.
	NICKNAME	LAST Bragg	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Mount Pleasant Texas 75455		
	Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER	EXTENSION
	Date Received FILED MAY 01 2025 TITUS COUNTY ELECTIONS ADMINISTRATOR		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Christopher	MI M.
	NICKNAME	LAST Bragg	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Mount Pleasant Texas 75455		
	Date Hand-delivered or Date Postmarked		
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER	EXTENSION
	Receipt # Amount \$		
9 REPORT TYPE	Date Processed		
	Date Imaged		

10 PERIOD COVERED	11 / 16 / 25			THROUGH 4 / 30 / 25		
	Month Day Year			Month Day Year		
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year 11 / 5 / 24	☐ January 15 ☐ July 15		☐ Primary ☒ General	☐ Runoff ☐ Special	☐ Other Description
12 OFFICE	OFFICE HELD (if any) Titus County Sheriff			OFFICE SOUGHT (if known) 13		
	15th day after campaign treasurer appointment (Officeholder Only)			Final Report (Attach C/OH - FR)		

14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	COMMITTEE TYPE		COMMITTEE NAME
	☐ GENERAL	COMMITTEE ADDRESS	
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS		

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CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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)

\$

EXPENDITURE
TOTALS

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

CONTRIBUTION
BALANCE

4. TOTAL POLITICAL EXPENDITURES

\$

465.00

OUTSTANDING
LOAN TOTALS

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

1,766.78

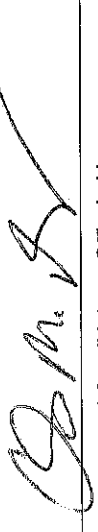
LAST DAY OF THE REPORTING PERIOD

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

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this _____ 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 Christopher M. Bragg

and my date of birth is _____

My address is _____ Mount Pleasant Texas 75455 United States

(street) (city) (state) (zip code) (country)

Executed in Titus County, State of Texas, on the 30 day of April, 2025

(month) (year)


Signature of Candidate/Officeholder (Declarant)

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

19	FILER NAME	20	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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		\$ 465.00
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.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
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 TO FILER		\$

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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 F1:	2 FILER NAME Christopher M. Bragg	3 Filer ID (Ethics Commission Filers)	
4 Date 02/25/2025	5 Payee name Wal-Mart		
6 Amount (\$) 315.00	7 Payee address; 2311 South Jefferson Street	City; Mount Pleasant	State; Texas
			Zip Code 75455
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution / Donation	(b) Description Gift / Awards	
9 Complete ONLY if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Christopher M. Bragg	Office sought SHERIFF	Office held SHERIFF
Payee name			
Date 03/08/2025	Cookville Volunteer Fire Department		
Amount (\$) 150.00	Payee address; 814 County Road 4045	City; Cookville	State; Texas
			Zip Code 75558
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution / Donation	Description Fundraiser Cookville VFD	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Christopher M. Bragg		
	Office sought SHERIFF		
Office held			
Payee name			
Date			
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		
	Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED