

# 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.

Christopher

M

NICKNAME

LAST

SUFFIX

Bragg

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1145 County Road 4218 Mt. Pleasant Tx. 75455

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 903 )

563-3944

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

Christopher

M.

NICKNAME

LAST

SUFFIX

Bragg

OFFICE USE ONLY

Date Received

FILED

JAN 15 2026

TITUS COUNTY  
ELECTIONS ADMINISTRATOR

Date Hand-delivered or Date Postmarked

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

1145 County Road 4218

Mt. Pleasant

Texas

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 903 )

563-3944

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

Day

Year

7

16

25

THROUGH

Month

Day

Year

1

15

26

11 ELECTION

ELECTION DATE

Month

Day

Year



Primary



Runoff



Other  
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Sheriff

13 OFFICE SOUGHT (if known)

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

**15 C/OH NAME**  
Christopher M. Bragg

**16 Filer ID** (Ethics Commission Filers)

<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 500.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 983.88
<b>OUTSTANDING LOAN TOTALS</b>	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

**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 Christopher M. Bragg, and my date of birth is 05/16/1973.

My address is 1145 County Road 4218, Mt. Pleasant, Tx, 75455, Titus.  
(street) (city) (state) (zip code) (country)

Executed in Titus County, State of Texas, on the 15 day of January, 2026.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Christopher M. Bragg		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 09/04/2025		<b>5</b> Payee name Kirk Brown			
<b>6</b> Amount (\$) 200.00		<b>7</b> Payee address; 728 East Ferguson Road		City; Mt. Pleasant	State; Texas      Zip Code 75455
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Gift / Fundraiser		<b>(b)</b> Description Fundraiser for Kirk Brown cancer support		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Christopher M. Bragg		Office sought	Office held Sheriff
Date 08/05/2025		Payee name Donna Norman			
Amount (\$) 100.00		Payee address; 308 East 7th Street		City; Mt. Pleasant	State; Texas      Zip Code 75455
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gift / Funraiser		Description Ovarian Cancer Fundraiser		
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Christopher M. Bragg		Office sought	Office held Sheriff
Date 10/23/2025		Payee name Texas Department of Public Safety			
Amount (\$) 200.00		Payee address; 1906 North Jefferson		City; Mt. Pleasant	State; Texas      Zip Code 75455
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Gift / Fundraiser		Description DPS Fundraiser / DPSOA		
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Christopher M. Bragg		Office sought	Office held Sheriff
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					