

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:

B

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR
NICKNAME *MR.*
FIRST *Jeffrey*
LAST *Brennan*
MI *H*
SUFFIX

OFFICE USE ONLY

Date Received

FILED *1-21-2026*

JOYCE HUDMAN,
COUNTY CLERK, BRAZORIA CO., TEXAS
BY *R. M. Longnecker* DEPUTY

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; *16930 CR 127*
APT / SUITE #; *Pearland Tx 77581*
CITY; STATE; ZIP CODE

Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE *(281)* PHONE NUMBER *615-8744*
EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR
NICKNAME *Ms*
FIRST *Cathy*
LAST *Hughes*
MI *L*
SUFFIX

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
1603 S. Lago Vista Dr
Pearland Tx 77581

8 CAMPAIGN
TREASURER
PHONE

AREA CODE *(979)* PHONE NUMBER *236-7963*
EXTENSION

9 REPORT TYPE

<input checked="" type="checkbox"/> January 15	<input 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 *7* Day *1* Year *2025* THROUGH Month *12* Day *31* Year *2025*

11 ELECTION

ELECTION DATE			ELECTION TYPE		
Month <i>/</i>	Day <i>/</i>	Year <i>/</i>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description <input type="text"/>
			<input type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE

OFFICE HELD (if any)

Brazoria Co Drainage Dist #

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

SPECIFIC

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

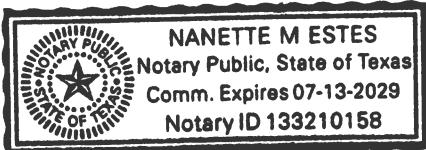
FORM C/OH
COVER SHEET PG 2

16 C/OH NAME	Jeffrey H. Brennan		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)		\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0
	4. TOTAL POLITICAL EXPENDITURES		\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$ 8839.87
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.


Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jeffrey H. Brennan this the 21st day of January,
20 26, to certify which, witness my hand and seal of office.

Nanette M. Estes

Signature of officer administering oath

Nanette M. Estes

Printed name of officer administering oath

administrative assistant

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)

