

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 <input checked="" type="checkbox"/> MR | FIRST <i>Rodney</i> | MI <i>F.</i> | OFFICE USE ONLY | | |
| | NICKNAME | LAST <i>Durham</i> | SUFFIX | Date Received RECEIVED JAN 14 2026 BY: [Signature] | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>222 Woodchase Drive Victoria TX 77904</i> | | | Date Hand-delivered or Date Postmarked | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE <i>(361)</i> | PHONE NUMBER <i>655-8177</i> | EXTENSION | Receipt # Amount \$ | | |
| 6 CAMPAIGN TREASURER NAME | MS <input checked="" type="checkbox"/> MRS / MR | FIRST <i>Debbie</i> | MI | Date Processed | | |
| | NICKNAME | LAST <i>Durham</i> | SUFFIX | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <i>222 Woodchase Drive Victoria</i> | | | STATE; ZIP CODE <i>TX 77904</i> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>(361)</i> | PHONE NUMBER <i>655-0870</i> | 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 <i>06</i> | Day <i>/</i> | Year <i>30/2022</i> | Month <i>12</i> | Day <i>/</i> | Year <i>31/2025</i> |
| 11 ELECTION | ELECTION DATE Month Day Year <i>/ /</i> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) <i>JP#2</i> | | | 13 OFFICE SOUGHT (if known) <i>JP#2</i> | | |
| 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. | | | | | |
| <input type="checkbox"/> Additional Pages | | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | |
| | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**
**FORM C/OH
COVER SHEET PG 2**
15 C/OH NAME
Rodney F. Durham
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 -

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ - 0 -

 4. **TOTAL POLITICAL EXPENDITURES**

\$ 375.00

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

\$ - 0 -

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ - 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.

Rodney F. Durham

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 Rodney F. Durham, and my date of birth is 10/26/1955.
 My address is 222 Woodchase Drive, Victoria, TX 77904 USA.

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

 Executed in Victoria County, State of Texas, on the 14th day of January, 20 26.

(month) (year)

Rodney F. Durham

Signature of Candidate/Officeholder (Declarant)

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

| | | |
|--|----------------------|--|
| 19 FILER NAME | Rodney F. Durham | |
| 20 Filer ID (Ethics Commission Filers) | | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ | |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 375 ⁰⁰ | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | |

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 |
|--------|--------------|

| | | | | |
|--------------------------------|------------------|-------|--------|----------|
| 6 Amount (\$) <i>375.00</i> | 7 Payee address; | City: | State: | Zip Code |
|--------------------------------|------------------|-------|--------|----------|

| | | |
|--------------------------|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Fees</i> | (b) Description <i>Filing Fee For 2026 Election</i> |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | |
|---------------------------------|---------------|-------------|
| 9 Candidate / Officeholder name | Office sought | Office held |
|---------------------------------|---------------|-------------|

Complete ONLY if direct expenditure to benefit C/OH

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City: | State: | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | |
|-------------------------------|---------------|-------------|
| Candidate / Officeholder name | Office sought | Office held |
|-------------------------------|---------------|-------------|

Complete ONLY if direct expenditure to benefit C/OH

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City: | State: | Zip Code |
|-------------|----------------|-------|--------|----------|

| | | |
|------------------------|---|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |

| | | |
|-------------------------------|---------------|-------------|
| Candidate / Officeholder name | Office sought | Office held |
|-------------------------------|---------------|-------------|

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED