

# 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 Filer)

2 Total pages filed: **5**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr. Clayton M.  
NICKNAME LAST SUFFIX  
Clay Rankin

OFFICE USE ONLY

Date Received

Received by: H.H. 10:30 AM

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

Change of Address

RECEIVED

JUN 30 2026

5 CANDIDATE /  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 303 ) 901-3455

Date Hand-delivered Date Postmarked  
VOTER ADMINISTRATION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mr. Clayton M.  
NICKNAME LAST SUFFIX  
Clay Rankin

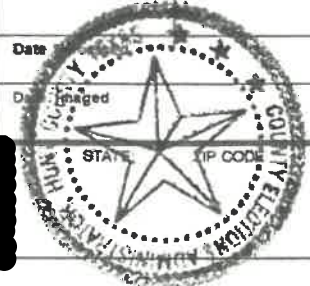
Receipt # Amount \$

Date

Date changed

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)



8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 303 ) 901-3455

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 Month Day Year  
1 / 15 / 26 THROUGH 7 / 15 / 26

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other Description  
11 / 3 / 26 ☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

Justice of the Peace PRCT 4 (Hunt)

13 OFFICE SOUGHT (if known)

Justice of the Peace PRCT 4 (Hunt)

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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<br>Clayton M. Rankin |                                                                                                                                       | 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) | \$                                     | 0.00   |
|                                   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$                                     | 0.00   |
| EXPENDITURE TOTALS                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.                                                                                            | \$                                     | 0.00   |
|                                   | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$                                     | 981.21 |
| CONTRIBUTION BALANCE              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$                                     | 0.00   |
| OUTSTANDING LOAN TOTALS           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$                                     | 0.00   |

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 Clayton M. Rankin, and my date of birth is 08/29/1961.  
My address is 9685 County Road 2470, Royse City, TX, 75189, Hunt  
(street) (city) (state) (zip code) (country)  
Executed in Hunt County, State of Texas, on the 01 day of July, 2026.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****Clayton M. Rankin****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                           | \$        |
| 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.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 981.21 |
| 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 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.

|                                                                                                             |                                                                                                                     |                                                           |                                                                     |                                                       |                                                     |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------|
| <b>1</b> Total pages Schedule G:<br><b>1</b>                                                                |                                                                                                                     | <b>2</b> FILER NAME<br><b>Clayton M. Rankin</b>           |                                                                     | <b>3</b> Filer ID (Ethics Commission Filers)          |                                                     |
| <b>4</b> Date<br><b>11/08/2025</b>                                                                          |                                                                                                                     | <b>5</b> Payee name<br><b>Clayton M. Rankin</b>           |                                                                     |                                                       |                                                     |
| <b>6</b> Amount (\$)<br><b>375.00</b><br><small>Reimbursement from political contributions intended</small> |                                                                                                                     | <b>7</b> Payee address;<br><b>9685 County Road 2470</b>   |                                                                     | <b>City;</b><br><b>Royse City</b>                     | <b>State;</b><br><b>Texas</b>                       |
|                                                                                                             |                                                                                                                     |                                                           |                                                                     | <b>Zip Code</b><br><b>75189</b>                       |                                                     |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                                                                   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Fee, Candidate Ballot Application</b> |                                                           | <b>(b)</b> Description<br><b>Application to be placed on ballot</b> |                                                       |                                                     |
|                                                                                                             | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                                                   |                                                           | Check if Austin, TX, officeholder living expense                    |                                                       |                                                     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                         |                                                                                                                     | Candidate / Officeholder name<br><b>Clayton M. Rankin</b> |                                                                     | Office sought<br><b>Justice of Peace Hunt, PRCT 4</b> | Office held<br><b>Justice of Peace Hunt, PRCT 4</b> |
| <b>Date</b><br><b>01/27/2026</b>                                                                            |                                                                                                                     | <b>Payee name</b><br><b>TeestoGo</b>                      |                                                                     |                                                       |                                                     |
| <b>Amount (\$)</b><br><b>606.21</b><br><small>Reimbursement from political contributions intended</small>   |                                                                                                                     | <b>Payee address;</b><br><b>2805 Mitchell St. Ste 702</b> |                                                                     | <b>City;</b><br><b>Greenville</b>                     | <b>State;</b><br><b>TX</b>                          |
|                                                                                                             |                                                                                                                     |                                                           |                                                                     | <b>Zip Code</b><br><b>75402</b>                       |                                                     |
| <b>PURPOSE OF EXPENDITURE</b>                                                                               | <b>Category</b> (See Categories listed at the top of this schedule)<br><b>Printing Expense</b>                      |                                                           | <b>Description</b><br><b>Candidate Political Signs / Road-Yard</b>  |                                                       |                                                     |
|                                                                                                             | Check if travel outside of Texas. Complete Schedule T.                                                              |                                                           | Check if Austin, TX, officeholder living expense                    |                                                       |                                                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                  |                                                                                                                     | Candidate / Officeholder name<br><b>Clayton M. Rankin</b> |                                                                     | Office sought<br><b>Justice of Peace Hunt, PRCT 4</b> | Office held<br><b>Justice of Peace Hunt, PRCT 4</b> |
| <b>Date</b>                                                                                                 |                                                                                                                     | <b>Payee name</b>                                         |                                                                     |                                                       |                                                     |
| <b>Amount (\$)</b><br><br><small>Reimbursement from political contributions intended</small>                |                                                                                                                     | <b>Payee address;</b>                                     |                                                                     | <b>City;</b>                                          | <b>State;</b><br><b>Zip Code</b>                    |
| <b>PURPOSE OF EXPENDITURE</b>                                                                               | <b>Category</b> (See Categories listed at the top of this schedule)                                                 |                                                           | <b>Description</b>                                                  |                                                       |                                                     |
|                                                                                                             | Check if travel outside of Texas. Complete Schedule T.                                                              |                                                           | Check if Austin, TX, officeholder living expense                    |                                                       |                                                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                  |                                                                                                                     | Candidate / Officeholder name                             |                                                                     | Office sought                                         | Office held                                         |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

**1 C/OH NAME**

**Clayton M. Rankin**

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

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A & B below only if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

  
Signature of Candidate

**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --

☒ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

  
Signature of Officeholder