



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Brian P. Pollard		<b>16 Filer ID</b> (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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,857.88
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,772.31
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,047.69
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00

**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 Brian Pollard, and my date of birth is 02-13-69.

My address is 1323 Saddleback Ln, Tx, 75067, USA.  
(street) (city) (state) (zip code) (country)

Executed in Denton County, State of Texas, on the 2 day of April, 2026.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19 FILER NAME</b> Brian P. Pollard		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,820.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 37.88
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 1,000.00
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 5,000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,772.31
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		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3
<b>2</b> FILER NAME Brian P. Pollard		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  03/01/2026	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Kylene Seele  <b>6</b> Contributor address; City; State; Zip Code 4601 Trotter Lane Flower Mound, TX 75028	<b>7</b> Amount of contribution (\$)  250.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) N/A
<b>Homemaker</b> Date  03/01/2026	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Timothy Whisenant  <b>Contributor address;</b> City; State; Zip Code 2120 Helmsford Dr Flower Mound, TX 75028	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> N/A
<b>Retired</b> Date  03/01/2026	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Cecilia Hood  <b>Contributor address;</b> City; State; Zip Code 4912 Joshua Dr. Flower Mound, TX 75028	<b>Amount of contribution (\$)</b>  200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Age Well Care Management
<b>Care manager</b> Date  03/01/2026	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Patrick Martin  <b>Contributor address;</b> City; State; Zip Code 4700 Pak Springs Dr Flower Mound, TX 75028	<b>Amount of contribution (\$)</b>  100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Microsoft
<b>Account Manager</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3
<b>2</b> FILER NAME Brian P. Pollard		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/05/2026	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Karen Tarrant ..... <b>6</b> Contributor address; City; State; Zip Code 3201 Karnes Flower Mound, TX 75022	<b>7</b> Amount of contribution (\$)  500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) N/A
<b>Retired Educator</b> Date 03/01/2026	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Matthew Nelson ..... <b>Contributor address;</b> City; State; Zip Code 2313 Carlisle Ct Flower Mound, TX 75028	<b>Amount of contribution (\$)</b>  25.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> N/A
<b>Retired</b> Date 03/01/2026	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Marsha Gavitt ..... <b>Contributor address;</b> City; State; Zip Code 6501 Meadowcrest Ln Flower Mound, TX 75022	<b>Amount of contribution (\$)</b>  200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> N/A
<b>Retired</b> Date 03/01/2026	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Adam Shiestel ..... <b>Contributor address;</b> City; State; Zip Code 2205 Waterford Flower Mound, TX 75028	<b>Amount of contribution (\$)</b>  110.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Vistra Energy
IT manager		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 3
<b>2</b> FILER NAME Brian P. Pollard		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/22/2026	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Christina Guyette <hr/> <b>6</b> Contributor address; City; State; Zip Code 4428 Riverside Dr Flower Mound, TX 75028	<b>7</b> Amount of contribution (\$)  100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions) N/A
<b>Retired Date</b> 03/09/2026	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Adam Shiestel <hr/> <b>Contributor address; City; State; Zip Code</b> 2205 Waterford Flower Mound, TX 75028	<b>Amount of contribution (\$)</b>  110.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Vistra Energy
<b>IT manager Date</b> 03/24/2026	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Lisa Lleras <hr/> <b>Contributor address; City; State; Zip Code</b> 3901 Dendron Drive Flower Mound, TX 75028	<b>Amount of contribution (\$)</b>  75.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> Zone Insurance Group
<b>Insurance Agent Date</b> 03/26/2026	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) Sharon Miller <hr/> <b>Contributor address; City; State; Zip Code</b> 1905 Dalton Drive Flower Mound, TX 75022	<b>Amount of contribution (\$)</b>  50.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b> N/A
<b>Retired Educator</b>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <span style="float: right;">1</span>	
2 FILER NAME Brian P. Pollard		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date  03/25/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Marsha Gavitt ..... 7 Contributor address; City; State; Zip Code  6501 Meadowcrest Ln Flower Mound, TX 75022	8 Amount of Contribution \$  37.88	9 In-kind contribution description  Postcards printing paid to Staples  Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			



# LOANS

# SCHEDULE E

If the requested information is not applicable, **DO NOT** include this page in the report.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <span style="float: right;">1</span>
<b>2</b> FILER NAME Brian P. Pollard		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ 0.00
<b>5</b> Date of loan 02/19/2026	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brian P. Pollard	<b>9</b> Loan Amount (\$) 5000.00
<b>6</b> Is lender a financial Institution? Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code 1323 Saddleback Ln Lewisville, TX 75067	<b>10</b> Interest rate 0%
		<b>11</b> Maturity date On demand
<b>12</b> Principal occupation / Job title (See Instructions) Mortgage Broker		<b>13</b> Employer (See Instructions) Pollard Mortgage
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)
<b>Date of loan</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____ )	<b>Loan Amount (\$)</b>
<b>Is lender a financial Institution?</b> Y <input type="checkbox"/> N	<b>Lender address; City; State; Zip Code</b>	<b>Interest rate</b>
		<b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Description of Collateral</b> none		<b>Check if personal funds were deposited into political account (See Instructions)</b>
<b>GUARANTOR INFORMATION</b>  not applicable	<b>Name of guarantor</b>	<b>Amount Guaranteed (\$)</b>
	<b>Guarantor address; City; State; Zip Code</b>	
<b>Principal Occupation (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# 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: 2	<b>2</b> FILER NAME Brian P. Pollard	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/23/2026	<b>5</b> Payee name Wix	
<b>6</b> Amount (\$) 25.98	<b>7</b> Payee address; City; State; Zip Code 500 Terry A Francois Blvd, 6th Floor San Francisco, CA 94158 <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Website subscription
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 03/23/2026	<b>Payee name</b> Wix	
<b>Amount (\$)</b> 25.98	<b>Payee address;</b> City; State; Zip Code 500 Terry A Francois Blvd, 6th Floor San Francisco, CA 94158 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Website subscription
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
<b>Date</b> 03/13/2026	<b>Payee name</b> Sign Central	
<b>Amount (\$)</b> 1461.38	<b>Payee address;</b> City; State; Zip Code 4841 Rippy Rd Flower Mound, TX 75028 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising Expense	<b>Description</b> Political street signs and yard signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

# 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: 2	<b>2</b> FILER NAME Brian P. Pollard	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/25/2026	<b>5</b> Payee name VistaPrint	
<b>6</b> Amount (\$) 219.72	<b>7</b> Payee address; City; State; Zip Code 95 Hayden Ave Lexington, MA 02421 <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Campaign printing materials
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 03/27/2026	Payee name Amazon	
Amount (\$) 9.88	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Campaign nametag
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
Date Various	Payee name PayPal	
Amount (\$) 29.37	Payee address; City; State; Zip Code 2211 N 1st St San Jose, CA 95131 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Combined payment processing fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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