

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 <i>Mr. Drew</i>	MI <i>C</i>	OFFICE USE ONLY Date Received FILED <i>JAN 08 2026</i> Date Hand-Signed or Date Postmarked 1/53 CO. ELECTIONS ADMINISTRATOR Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged		
	NICKNAME	LAST <i>Brossmann</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4091 Vivial Rd Schulenburg TX 78956</i>					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>743-0313</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Carrie</i>	MI <i>L</i>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; <i>4091 Vivial Rd Schulenburg TX 78956</i> STATE; ZIP CODE		
NICKNAME	LAST <i>Brossmann</i>	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>743-0022</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"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>7</i>	Day <i>1</i>	Year <i>25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>25</i>
11 ELECTION	ELECTION DATE <i>3/3/26</i>	Month <i>3</i>	Day <i>3</i>	Year <i>26</i>	ELECTION TYPE <input checked="" 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>Commissioner Prot #4</i>			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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL					
	<input type="checkbox"/> SPECIFIC					

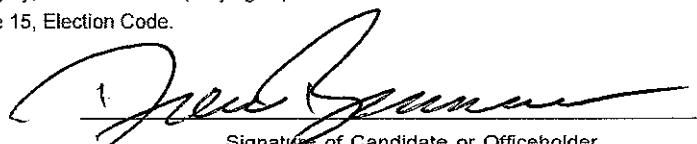
GO TO PAGE 2

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FORM C/OH COVER SHEET PG 2

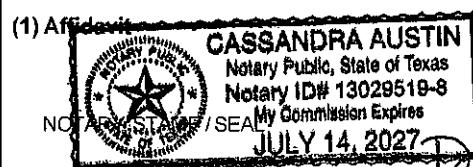
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$
EXPENDITURE TOTALS		
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
4. TOTAL POLITICAL EXPENDITURES		\$
CONTRIBUTION BALANCE		
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		\$
OUTSTANDING LOAN TOTALS		
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 599.50

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:



Sworn to and subscribed before me by Drew Grossmann this the 8th day of January 2026, to certify which, witness my hand and seal of office.

Cassandra Austin Cassandra Austin Notary
Signature of officer administering oath Printed name of officer administering oath 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)

Signature of Candidate/Officeholder (Declarant)