

# 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: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Sally

H

Branson

**OFFICE USE ONLY**

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE



Friendswood TX 77546

Change of Address

26 JAN-14 8:48 AM

P.M.

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 686 6712

Date Hand-delivered or Date Postmarked

1/14/2026

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Dr.

Rebecca

Hilkenburg

Receipt #

Amount \$

Date Processed

1/14/2026

Date Imaged

1/14/2026

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE



Friendswood TX 77546

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION



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

09 / 23 / 2025

THROUGH

01 / 15 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE



Primary



Runoff



Other Description

05 / 02 / 2026



General



Special

12 OFFICE

OFFICE HELD (if any)

Councilmember Pos. 2

13 OFFICE SOUGHT (if known)

Councilmember Pos. 2

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

COMMITTEE ADDRESS



SPECIFIC

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 Sally Branson 16 Filer ID (Ethics Commission Filers)

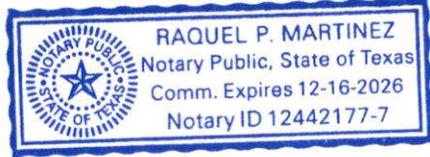
17 CONTRIBUTION TOTALS <u>9710<sup>00</sup></u>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>9710.00</u>
EXPENDITURE TOTALS <u>2233.12</u>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>2233.12</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>8453.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0.00</u>

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.

Sally Harris Branson  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Raquel Martinez Sally Harris Branson this the 14 day of January, 2021, to certify which, witness my hand and seal of office.

Raquel Martinez Raquel Martinez City Secretary  
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)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: <b>168 3</b>
2 FILER NAME <b>Sally Branson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/18/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bart Beale</b>	7 Amount of contribution (\$) <b>2500.00</b>
6 Contributor address; _____ City; _____ State; _____ Zip Code <b>Friendswood TX 77546</b>		
8 Principal occupation / Job title (See Instructions) <b>Business Owner</b>		9 Employer (See Instructions)
Date <b>10/3/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Mike Foreman</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; _____ City; _____ State; _____ Zip Code <b>Friendswood TX 77546</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>12/2/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Adam Ring</b>	Amount of contribution (\$) <b>1000.00</b>
Contributor address; _____ City; _____ State; _____ Zip Code <b>Friendswood TX 77546</b>		
Principal occupation / Job title (See Instructions) <b>Business Owner</b>		Employer (See Instructions)
Date <b>12/2/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Maribel Griffin</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; _____ City; _____ State; _____ Zip Code <b>Friendswood TX 77546</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2 of 3</b>
2 FILER NAME <b>Sally Branson</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/2/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ignatius Leonard</b>	7 Amount of contribution (\$) <b>2500.00</b>
6 Contributor address: _____ City: _____ State: _____ Zip Code <b>Friendswood TX 77546</b>		
8 Principal occupation / Job title (See Instructions) <b>Business owner</b>		9 Employer (See Instructions)
Date <b>12/2/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Larry Taylor</b>	Amount of contribution (\$) <b>250.00</b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>Friendswood TX 77546</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/2/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ronald Cox</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>Friendswood TX 77546</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/2/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Gary Harris</b>	Amount of contribution (\$) <b>400.00</b>
Contributor address: _____ City: _____ State: _____ Zip Code <b>Friendswood, TX 77546</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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 A1: 3 of 3
2 FILER NAME Sally Branson		3 Filer ID (Ethics Commission Filers)
4 Date 12/1/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selena Ellis	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code [Redacted] Friendswood TX 77546		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/2/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cash	Amount of contribution (\$) 510.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/1/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Branson	Amount of contribution (\$) 1500.00
Contributor address; City; State; Zip Code [Redacted] Friendswood TX 77546		
Principal occupation / Job title (See Instructions) City Government		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>Sally Branson</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>8/5/25</b>	5 Payee name <b>SGL Consulting</b>	
6 Amount (\$) <b>1250.00</b>	7 Payee address; City; State; Zip Code <b>1711 Gunwale Houston TX 77062</b> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Fundraising expense</b>	(b) Description <b>Consulting</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>9/12/25</b>	Payee name <b>Hometown Bank</b>	
Amount (\$) <b>7.00</b>	Payee address; City; State; Zip Code <b>PO Box 3909 Galveston TX 77552</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Bank Service Fee</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
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	
Complete ONLY 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 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                        | 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 G: <b>1</b>	<b>2</b> FILER NAME <b>Sally Brunson</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/14/25</b>	<b>5</b> Payee name <b>Punch Bowl</b>	
<b>6</b> Amount (\$) <b>57.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Invitation</b>
	<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 <b>12/2/25</b>	Payee name <b>Total Wine</b>	
Amount (\$) <b>272.00</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>18740 Gulf Freeway Friendswood TX 77546</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>	Description <b>Beverages</b>
	<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 <b>12/2/25</b>	Payee name <b>Buffalo Catering</b>	
Amount (\$) <b>647.12</b> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>207 Laurel Lane Friendswood TX 77546</b> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fundraising Expense</b>	Description <b>Food</b>
	<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**