

**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)** 41-3074537 **2 Total pages filed:** 5

**3 CANDIDATE / OFFICEHOLDER NAME**  
MS / MRS / MR: Mr FIRST: Kirby MI: F  
NICKNAME: \_\_\_\_\_ LAST: Warnock SUFFIX: \_\_\_\_\_

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**  
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO Box 193. Ft. Stockton. TX. 79735  
Change of Address

**5 CANDIDATE / OFFICEHOLDER PHONE**  
AREA CODE: (214) PHONE NUMBER: 600-5861 EXTENSION: \_\_\_\_\_

**6 CAMPAIGN TREASURER NAME**  
MS / MRS / MR: Mrs FIRST: Diann MI: P  
NICKNAME: \_\_\_\_\_ LAST: Warnock SUFFIX: \_\_\_\_\_

**7 CAMPAIGN TREASURER ADDRESS**  
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
142 Warnock Road Fort Stockton. TX. 79735  
(Residence or Business)

**8 CAMPAIGN TREASURER PHONE**  
AREA CODE: (214) PHONE NUMBER: 478-1283 EXTENSION: \_\_\_\_\_

**9 REPORT TYPE**  
 January 15 KW  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: 02/03/26 THROUGH Month Day Year: 02/23/26

**11 ELECTION**  
ELECTION DATE: Month Day Year: 03/03/26  
ELECTION TYPE:  Primary  Runoff  Other Description  
 General  Special

**12 OFFICE** OFFICE HELD (if any) **13 OFFICE SOUGHT (if known)**  
Pecos County Judge

**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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC  Additional Pages	COMMITTEE NAME
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received: FEB 24 2026  
BY: SOPHIA FRANCO  
ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS

Date Hand-delivered or Date Postmarked: \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed: \_\_\_\_\_

Date Imaged: \_\_\_\_\_

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers) 41-3074537
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)	\$ 800 <sup>00</sup>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 127. <sup>13</sup>
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	\$

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.

*Kirby F. Warnock*

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 Kirby Warnock, and my date of birth is 03/27/1952  
 My address is 142 Warnock Road, Ft. Stockton, TX, 74735, USA  
(street) (city) (state) (zip code) (country)

Executed in Pecos County, State of TX, on the 23 day of Feb, 2026.  
(month) (year)

*Kirby F. Warnock*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers) 41-3074537
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 800 <sup>00</sup>
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	\$ 127.13
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 1
2 FILER NAME <i>Kirby Warnock</i>		3 Filer ID (Ethics Commission Filers) <i>41-3074537</i>
4 Date <i>02/06/26</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>George Hansford</i>	7 Amount of contribution (\$) <i>\$300<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>500 N. Main Ft. Stockton TX 79735</i>		
8 Principal occupation / Job title (See Instructions) <i>Banker</i>		9 Employer (See Instructions) <i>Pecos County State Bank</i>
Date <i>02/18/26</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Bird Old</i>	Amount of contribution (\$) <i>\$500<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>PO Box 448 Mt. Pleasant TX 75456</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		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

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Kirby Warnock</i>	3 Filer ID (Ethics Commission Filers) <i>41-3074537</i>
4 Date <i>Feb. 5, 26</i>	5 Payee name <i>Chamber of Commerce</i>	
6 Amount (\$) <i>3.00</i>	7 Payee address; City; State; Zip Code <i>1000 E. Railroad Ave Ft. Stockton TX 79735</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing expense</i>	(b) Description <i>postcards</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/17/26</i>	Payee name <i>Ft. Stockton Radio (KFST)</i>	
Amount (\$) <i>70.00</i>	Payee address; City; State; Zip Code <i>954 S. Us Hwy 385 Ft. Stockton TX 79735</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Radio spots</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/20/26</i>	Payee name <i>Prickly Pear Embroidery</i>	
Amount (\$) <i>\$ 54.13</i>	Payee address; City; State; Zip Code <i>804 N. Water Ft. Stockton TX 79735</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign signs</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED