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: 2

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: Kevin | MI: M

NICKNAME | LAST: Holland | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: [redacted]

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: Mike | MI

NICKNAME | LAST: Foreman | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: [redacted]

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER: [redacted] | EXTENSION

OFFICE USE ONLY

Date Received: 4/1/26

Paige Bailey

Date Hand-delivered or Date Postmarked: hand delivered 4/1/26

Receipt # | Amount $: N/A

Date Processed

Date Imaged

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: 2 / 13 / 2026 THROUGH Month Day Year: 4 / 1 / 2026

11 ELECTION

ELECTION DATE: Month Day Year: 5 / 2 / 26

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☑ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): N/A

13 OFFICE SOUGHT (if known): Galveston County Consolidated Judicial Ast +3

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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: Vote Kevin Holland

COMMITTEE ADDRESS: [redacted]

COMMITTEE CAMPAIGN TREASURER NAME: Mike Foreman

COMMITTEE CAMPAIGN TREASURER ADDRESS: [redacted]

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	℄ CCD Campaign for Kevin Holland	**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)	$ 1500.00
	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	$

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 PUBLIC STATE OF TEXAS
DEBORAH A. BURNS
MY COMMISSION EXPIRES
JULY 13, 2029
NOTARY ID: 126950959

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kevin Holland this the 31st day of March, 20 26, to certify which, witness my hand and seal of office.

Deborah A Burns	Deborah A. Burns	Texas 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 _____ (month), 20_____ (year).

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
GCCDD Campaign for Kevin Holland	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0
4.	SCHEDULE E: LOANS	$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0

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

2 FILER NAME: Kevin Holland GCCDD #3

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____))	7 Amount of contribution ($)
	Ben Brzezdine	500.00
	6 Contributor address; City; State; Zip Code: [redacted]	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
Retired	

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
	Kevin Holland	500.00
	Contributor address; City; State; Zip Code: [redacted]	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Home Builder Pres	Caldwell Homes

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
	Kim Brzezdine	500.00
	Contributor address; City; State; Zip Code: [redacted]	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

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.