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:

OFFICE USE ONLY

Date Received

FILED FOR RECORD AT 11:38 O'CLOCK A M
JAN 12 2026
Sabine County Court
By Deputy

Date Hand-delivered / Date Postmarked

Receipt | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr	FIRST: Michael	MI: J		
	NICKNAME: Mike	LAST: Olsen	SUFFIX:		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS (Change of Address)	ADDRESS / PO BOX: PO Box 14	APT / SUITE #:	CITY: Hemphill	STATE: TX	ZIP CODE: 75948
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE: (409)	PHONE NUMBER: 594-1886	EXTENSION:		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs	FIRST: Jennie	MI: M		
	NICKNAME:	LAST: Olsen	SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 325 Speights Dr.	APT / SUITE #:	CITY: Hemphill	STATE: TX	ZIP CODE: 75948
8 CAMPAIGN TREASURER PHONE	AREA CODE: (936)	PHONE NUMBER: 553-1934	EXTENSION:		

9 REPORT TYPE

- [x] 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
8	29	25	THROUGH	1	15	26

11 ELECTION

ELECTION DATE: Month 3 / Day 3 / Year 26

ELECTION TYPE:
- [ ] Primary
- [ ] Runoff
- [ ] Other Description
- [ ] General
- [ ] Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Justice of the Peace, Pct. 1

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.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
[ ] GENERAL	COMMITTEE ADDRESS
[ ] SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
Michael J. Olsen	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 100.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 100.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,729.43
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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.

X _____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

BETTIJANE SELF
My Notary ID # 11015000
Expires October 25, 2028

Sworn to and subscribed before me by Betti Self this the 12th day of January, 20 26, 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
	Betti Self	Notary

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)