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: 8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST: KIMBERLY | MI: L

NICKNAME: KIM | LAST: REDMAN | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: 301 PRIVATE ROAD 2693 | APT / SUITE #: | CITY: ALVORD | STATE: TX | ZIP CODE: 76225

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (940) | PHONE NUMBER: 577--0247 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST: CHELSI | MI: P

NICKNAME | LAST: SELBY | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 1030 COUNTY ROAD 1180 | APT / SUITE #: | CITY: DECATUR | STATE: TX | ZIP CODE: 76234

8 CAMPAIGN TREASURER PHONE

AREA CODE: (940) | PHONE NUMBER: 577-0041 | EXTENSION:

OFFICE USE ONLY

FILED

Date Received: 12:30 o'clock P M

JUN 30 2026

SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS

By: _____ Deputy

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

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 1 / Day 23 / Year 26 THROUGH Month 6 / Day 30 / Year 26

11 ELECTION

ELECTION DATE: Month 11 / Day 3 / Year 26

ELECTION TYPE:
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ■ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): Justice of the Peace Pct. 2

13 OFFICE SOUGHT (if known): Justice of the Peace, Pct 2

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

COMMITTEE ADDRESS

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)
KIM REDMAN	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 1,250.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 963.53
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.

Kim Redman
Signature of Candidate or Officeholder

Please complete either option below:

AMANDA KNOX
Notary Public
STATE OF TEXAS
ID# 13420440-3
My Comm. Exp. Feb. 15, 2027

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kimberly Redman this the 30 day of June, 2026 to certify which, witness my hand and seal of office.

Amanda Knox — Amanda Knox — Chief Deputy CA
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)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
KIM REDMAN	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$ 0.00
4.	SCHEDULE E: LOANS	$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 963.53
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 0.00

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:

2 FILER NAME
KIM REDMAN

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor (out-of-state PAC (ID#:_____))	7 Amount of contribution ($)
02/25/2026	CAROL ANN CARSON 6 Contributor address; City; State; Zip Code 101 W MAIN STREET DECATUR TX 76234	250.00

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

Date	Full name of contributor (out-of-state PAC (ID#:_____))	Amount of contribution ($)
03/09/2026	WISE REPUBLICAN WOMEN Contributor address; City; State; Zip Code P.O. BOX 1819 BOYD TX 76023	1,000.00

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	KIM REDMAN	

Expenditure 1

4 Date: 03/06/2026	5 Payee name: WISE COUNTY MESSENGER		
6 Amount ($): 86.00	7 Payee address: 115 S TRINITY STREET DECATUR TX 76234 (City; State; Zip Code)		
	Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE	(b) Description: THANK YOU TO COMMUNITY	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: KIM REDMAN	Office sought: JP2	Office held: JP2

Expenditure 2

Date: 03/03/2026	Payee name: TAY'S TASTY TREATS		
Amount ($): 200.00	Payee address: 210 ASHLEY STREET ALVORD TX 76225 (City; State; Zip Code)		
	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): EVENT EXPENSE	Description: COOKIES AND CAKE POPS FOR WATCH PARTY	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name:	Office sought:	Office held:

Expenditure 3

Date: 03/27/2026	Payee name: MEALS ON WHEELS WISE COUNTY		
Amount ($): 100.00	Payee address: 300 N TRINITY STREET SUITE 1 DECATUR TX 76234 (City; State; Zip Code)		
	Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): EVENT EXPENSE	Description: BANQUET	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name: KIM REDMAN	Office sought: JP2	Office held: JP2

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
2	KIM REDMAN	

4 Date	5 Payee name
2/3/26	Wise Co. Messenger

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
501.60	115 S. Trinity St Check if individual's residence address.	Decatur	Tx	76234

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Advertising Expense	Campaign ads.

(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kim Redman	JP 2	JP 2

Date	Payee name
1/31/26	Red Rooster

Amount ($)	Payee address;	City;	State;	Zip Code
75.93	5823 N. US 287 Check if individual's residence address.	Alvord	Tx	76225

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
Event Expense	Raffle item

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Kim Redman	JP 2	JP 2

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
	Check if individual's residence address.			

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description

Check if travel outside of Texas. Complete Schedule T. 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