# 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: RECEIVED APR 16 2026 BY: [signature]

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

| | |
|---|---|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR — FIRST: Marla — MI: — NICKNAME: — LAST: Denby — SUFFIX: |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE: 167 CR 2820 Shelbyville, Tx 75473 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE: (936) PHONE NUMBER: 572 5757 EXTENSION: |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR — FIRST: Marla — MI: — NICKNAME: — LAST: Denby — SUFFIX: |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE: 167 CR 2820 Shelbyville, Tx 75473 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE: (936) PHONE NUMBER: 572 5757 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: 02 / 22 / 2026 THROUGH Month / Day / Year: 04 / 16 / 2026

**11 ELECTION**

ELECTION DATE: Month / Day / Year: 03 / 03 / 2026

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

**12 OFFICE**

OFFICE HELD (if any): Justice of the Peace

**13** OFFICE SOUGHT (if known): Justice of the Peace

**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:
- ☐ 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) |
|---|---|
| | |

| | | | |
|---|---|---|---|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | $ 0 |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 0 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 0 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 0 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 0 |

**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.

Marla Denbury
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 Marla Denbury, and my date of birth is 6/19/1963

My address is 167 CR 2820, Shelbyville, Tx, 75973 Shelby
(street) (city) (state) (zip code) (country)

Executed in Shelby County, State of Texas, on the 16th day of April (month), 2026 (year).

Marla Denbury
Signature of Candidate/Officeholder (Declarant)

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

**FORM C/OH - FR**

**The Instruction Guide explains how to complete this form.**

**•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

**1** C/OH NAME Marla Dunbar

**2** Filer ID (Ethics Commission Filers)

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**•• Complete A & B below *only* if you are not an officeholder. ••**

RECEIVED
APR 16 2026
BY:

**A. CAMPAIGN FUNDS**

**Check only one:**

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

**Check only one:**

☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

**5 OFFICEHOLDER**

**•• Complete this section *only* if you are an officeholder ••**

☑ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder