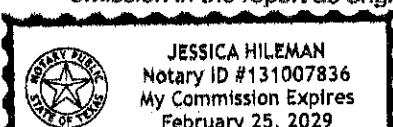


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 14				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. John	FIRST C.	MI			Date Received
	NICKNAME	LAST Hafley	SUFFIX			
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	<input type="checkbox"/> Final report Other (specify)	
5 ORIGINAL PERIOD COVERED	Month 07	Day 01	Year 2025	Month 12	Day 31	Year 2025
6 EXPLANATION OF CORRECTION						
<p>There was no change in the total contributions, however, I inadvertently failed to mark contributions as itemized. The total contributions and the names of contributors are now listed.</p>						
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.						
<p>Check ONLY if applicable:</p> <p><input checked="" type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.</p> <p><input checked="" type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.</p>						
		<p>JESSICA HILEMAN Notary ID #131007836 My Commission Expires February 25, 2029</p> <p>Signature of Candidate/Officeholder</p> <p>Please complete either option below:</p>				
<p>(1) Affidavit</p> <p>NOTARY STAMP/SEAL</p> <p>Sworn to and subscribed before me by <u>John C. Hafley</u> this the <u>20</u> day of <u>January</u> <u>2026</u> to certify which, witness my hand and seal of office.</p> <p><u>Jessica Hileman</u> <u>Jessica Hileman</u> <u>Notary</u></p> <p>Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath</p> <p>OR</p> <p>(2) Unsworn Declaration</p> <p>My name is _____, and my date of birth is _____</p> <p>My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country) _____</p> <p>Executed in _____ County, State of _____, on the _____ day of _____, 20_____. (month) _____</p> <p>Signature of Candidate/Officeholder (Declarant)</p> <p>Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections</p>						

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID	2 Total pages filed: 13		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST John	MI	OFFICE USE ONLY		
	NICKNAME LAST Hafley			SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 3515 Conroe, TX 77305			ZIP CODE		
				Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
			Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mrs. Dina	MI	M		
	NICKNAME LAST Hafley			SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 210 W. Davis Conroe, TX 77301					
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION 281-935-1027			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		Year	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		
				<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any) Montgomery County Court at Law #1			12 OFFICE SOUGHT (if known) Montgomery County Court at Law #1		

GO TO PAGE 2

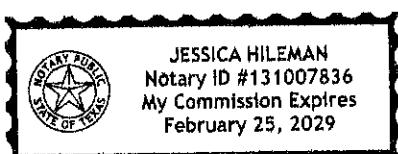
JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 13

13 C / OH NAME	Hafley, John		14 Filer ID
15 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.		
<input type="checkbox"/> Additional Pages <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 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)		\$ 9,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 231.94
	4. TOTAL POLITICAL EXPENDITURES		\$ 6,010.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 20,658.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 AFFIDAVIT



JESSICA HILEMAN
Notary ID #131007836
My Commission Expires
February 25, 2029

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said John C. Hafley, this the 20 day of JANUARY, 20 21, to certify which, witness my hand and seal of office.

Signature of officer administering oath

JESSICA HILEMAN

Printed name of officer administering oath

NOTARY

Title of officer administering oath

SUBTOTALS - JC/OH**FORM JC/OH
COVER SHEET PG 3**

3 of 13

18 FILER NAME	19 Filer ID
Hafley, John	
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 9,550.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 250.00
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,010.79
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: Sch: 1/5 Rpt: 4/13</p>												
<p>2 FILER NAME Halley, John</p>		<p>3 Filer ID</p>												
4 Date 11/12/2025	<p>5 Full name of contributor Allen, Ted (Mr.)</p> <p>6 Contributor address; City; State; Zip Code 16615 Winter Rose Ct. Cypress, TX 77429</p>	<p>7 Amount of Contribution (\$) \$200.00</p>												
<p>8 Contributor's Principal Occupation Independent Insurance</p>		<p>9 Contributor's Job Title Exec. VP</p>												
<p>10 Contributor's employer/law firm Ted W. Allen Insurance</p>		<p>11 Law firm of contributor's spouse (if any)</p>												
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td>Date 11/10/2025</td> <td> <p>Full name of contributor Billby, Lois (Mrs.)</p> <p>Contributor address; City; State; Zip Code 10142 Cude Cemetery Road Willis, TX 77318</p> </td> <td> <p>Amount of Contribution (\$) \$50.00</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation Retired</p> </td> <td> <p>Contributor's Job Title Retired</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Retired</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			Date 11/10/2025	<p>Full name of contributor Billby, Lois (Mrs.)</p> <p>Contributor address; City; State; Zip Code 10142 Cude Cemetery Road Willis, TX 77318</p>	<p>Amount of Contribution (\$) \$50.00</p>	<p>Contributor's Principal Occupation Retired</p>		<p>Contributor's Job Title Retired</p>	<p>Contributor's employer/law firm Retired</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
Date 11/10/2025	<p>Full name of contributor Billby, Lois (Mrs.)</p> <p>Contributor address; City; State; Zip Code 10142 Cude Cemetery Road Willis, TX 77318</p>	<p>Amount of Contribution (\$) \$50.00</p>												
<p>Contributor's Principal Occupation Retired</p>		<p>Contributor's Job Title Retired</p>												
<p>Contributor's employer/law firm Retired</p>		<p>Law firm of contributor's spouse (if any)</p>												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td>Date 08/25/2025</td> <td> <p>Full name of contributor Brazeal, Sonya (Mrs.)</p> <p>Contributor address; City; State; Zip Code 11456 Queensboro Court Montgomery, TX 77316</p> </td> <td> <p>Amount of Contribution (\$) \$50.00</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation Business Owner</p> </td> <td> <p>Contributor's Job Title Owner</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Amazing Window Cleaners</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			Date 08/25/2025	<p>Full name of contributor Brazeal, Sonya (Mrs.)</p> <p>Contributor address; City; State; Zip Code 11456 Queensboro Court Montgomery, TX 77316</p>	<p>Amount of Contribution (\$) \$50.00</p>	<p>Contributor's Principal Occupation Business Owner</p>		<p>Contributor's Job Title Owner</p>	<p>Contributor's employer/law firm Amazing Window Cleaners</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
Date 08/25/2025	<p>Full name of contributor Brazeal, Sonya (Mrs.)</p> <p>Contributor address; City; State; Zip Code 11456 Queensboro Court Montgomery, TX 77316</p>	<p>Amount of Contribution (\$) \$50.00</p>												
<p>Contributor's Principal Occupation Business Owner</p>		<p>Contributor's Job Title Owner</p>												
<p>Contributor's employer/law firm Amazing Window Cleaners</p>		<p>Law firm of contributor's spouse (if any)</p>												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: Sch: 2/5 Rpt: 5/13</p>												
<p>2 FILER NAME Hafley, John</p>		<p>3 Filer ID</p>												
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Burns, Brian (Mr.) 6 Contributor address; City; State; Zip Code 318 N. Main Street Conroe, TX 77301	<p>7 Amount of Contribution (\$) \$1,000.00</p>												
<p>8 Contributor's Principal Occupation Attorney</p>		<p>9 Contributor's Job Title Attorney</p>												
<p>10 Contributor's employer/law firm Brian Burns Attorney at Law</p>		<p>11 Law firm of contributor's spouse (if any)</p>												
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td>Date 11/18/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Crescl, Juvy (Mrs.) Contributor address; City; State; Zip Code 5315 Country Ct Magonlia, TX 77354 </td> <td> Amount of Contribution (\$) \$200.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Nurse </td> <td> Contributor's Job Title Nurse </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Memorial Herman Hospital </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Crescl, Juvy (Mrs.) Contributor address; City; State; Zip Code 5315 Country Ct Magonlia, TX 77354	Amount of Contribution (\$) \$200.00	Contributor's Principal Occupation Nurse		Contributor's Job Title Nurse	Contributor's employer/law firm Memorial Herman Hospital		Law firm of contributor's spouse (if any)	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Crescl, Juvy (Mrs.) Contributor address; City; State; Zip Code 5315 Country Ct Magonlia, TX 77354	Amount of Contribution (\$) \$200.00												
Contributor's Principal Occupation Nurse		Contributor's Job Title Nurse												
Contributor's employer/law firm Memorial Herman Hospital		Law firm of contributor's spouse (if any)												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td>Date 11/10/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hilburn, Jennifer (Mrs.) Contributor address; City; State; Zip Code 62 E. Greywing Circle The Woodlands, TX 77382 </td> <td> Amount of Contribution (\$) \$100.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation Optimization Analyst </td> <td> Contributor's Job Title Optimization Analyst </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm Radiology Partners </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hilburn, Jennifer (Mrs.) Contributor address; City; State; Zip Code 62 E. Greywing Circle The Woodlands, TX 77382	Amount of Contribution (\$) \$100.00	Contributor's Principal Occupation Optimization Analyst		Contributor's Job Title Optimization Analyst	Contributor's employer/law firm Radiology Partners		Law firm of contributor's spouse (if any)	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hilburn, Jennifer (Mrs.) Contributor address; City; State; Zip Code 62 E. Greywing Circle The Woodlands, TX 77382	Amount of Contribution (\$) \$100.00												
Contributor's Principal Occupation Optimization Analyst		Contributor's Job Title Optimization Analyst												
Contributor's employer/law firm Radiology Partners		Law firm of contributor's spouse (if any)												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: Sch: 3/5 Rpt: 6/13</p>												
<p>2 FILER NAME Hafley, John</p>		<p>3 Filer ID</p>												
<p>4 Date 11/10/2025</p>	<p>5 Full name of contributor John, Newsome (Mr.)</p> <p>6 Contributor address; City; State; Zip Code 14614 Falling Creek Drive Ste 114 Houston, TX 77068</p>	<p>7 Amount of Contribution (\$) \$500.00</p>												
<p>8 Contributor's Principal Occupation Attorney</p>		<p>9 Contributor's Job Title Attorney</p>												
<p>10 Contributor's employer/law firm Davis & Newsome</p>		<p>11 Law firm of contributor's spouse (if any)</p>												
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td> <p>Date 11/10/2025</p> </td> <td> <p>Full name of contributor Lindahl, George (Mr.)</p> <p>Contributor address; City; State; Zip Code 14 Honeycomb Ridge Place Spring, TX 77380</p> </td> <td> <p>Amount of Contribution (\$) \$1,000.00</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation Retired</p> </td> <td> <p>Contributor's Job Title Retired</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Retired</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			<p>Date 11/10/2025</p>	<p>Full name of contributor Lindahl, George (Mr.)</p> <p>Contributor address; City; State; Zip Code 14 Honeycomb Ridge Place Spring, TX 77380</p>	<p>Amount of Contribution (\$) \$1,000.00</p>	<p>Contributor's Principal Occupation Retired</p>		<p>Contributor's Job Title Retired</p>	<p>Contributor's employer/law firm Retired</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 11/10/2025</p>	<p>Full name of contributor Lindahl, George (Mr.)</p> <p>Contributor address; City; State; Zip Code 14 Honeycomb Ridge Place Spring, TX 77380</p>	<p>Amount of Contribution (\$) \$1,000.00</p>												
<p>Contributor's Principal Occupation Retired</p>		<p>Contributor's Job Title Retired</p>												
<p>Contributor's employer/law firm Retired</p>		<p>Law firm of contributor's spouse (if any)</p>												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td> <p>Date 11/10/2025</p> </td> <td> <p>Full name of contributor Masley, John (Mr.)</p> <p>Contributor address; City; State; Zip Code 66 S, Millsap Circle The Woodlands, TX 77382</p> </td> <td> <p>Amount of Contribution (\$) \$100.00</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation Global Advisory Services</p> </td> <td> <p>Contributor's Job Title Managing Director</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm KPMG</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			<p>Date 11/10/2025</p>	<p>Full name of contributor Masley, John (Mr.)</p> <p>Contributor address; City; State; Zip Code 66 S, Millsap Circle The Woodlands, TX 77382</p>	<p>Amount of Contribution (\$) \$100.00</p>	<p>Contributor's Principal Occupation Global Advisory Services</p>		<p>Contributor's Job Title Managing Director</p>	<p>Contributor's employer/law firm KPMG</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 11/10/2025</p>	<p>Full name of contributor Masley, John (Mr.)</p> <p>Contributor address; City; State; Zip Code 66 S, Millsap Circle The Woodlands, TX 77382</p>	<p>Amount of Contribution (\$) \$100.00</p>												
<p>Contributor's Principal Occupation Global Advisory Services</p>		<p>Contributor's Job Title Managing Director</p>												
<p>Contributor's employer/law firm KPMG</p>		<p>Law firm of contributor's spouse (if any)</p>												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: Sch: 4/5 Rpt: 7/13</p>												
<p>2 FILER NAME Hafley, John</p>		<p>3 Filer ID</p>												
<p>4 Date 11/10/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Miller, Marie (Mrs.)</p> <p>6 Contributor address; City; State; Zip Code 7 Acadia Branch Place The Woodlands , TX 77382</p>	<p>7 Amount of Contribution (\$) \$1,000.00</p>												
<p>8 Contributor's Principal Occupation Retired</p>		<p>9 Contributor's Job Title Retired</p>												
<p>10 Contributor's employer/law firm Retired</p>		<p>11 Law firm of contributor's spouse (if any)</p>												
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td> <p>Date 10/13/2025</p> </td> <td> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Saxe, Julie</p> <p>Contributor address; City; State; Zip Code 37022 Stallion Run Magnolia, TX 77355</p> </td> <td> <p>Amount of Contribution (\$) \$250.00</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation Retired</p> </td> <td> <p>Contributor's Job Title Retired</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Retired</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			<p>Date 10/13/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Saxe, Julie</p> <p>Contributor address; City; State; Zip Code 37022 Stallion Run Magnolia, TX 77355</p>	<p>Amount of Contribution (\$) \$250.00</p>	<p>Contributor's Principal Occupation Retired</p>		<p>Contributor's Job Title Retired</p>	<p>Contributor's employer/law firm Retired</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 10/13/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Saxe, Julie</p> <p>Contributor address; City; State; Zip Code 37022 Stallion Run Magnolia, TX 77355</p>	<p>Amount of Contribution (\$) \$250.00</p>												
<p>Contributor's Principal Occupation Retired</p>		<p>Contributor's Job Title Retired</p>												
<p>Contributor's employer/law firm Retired</p>		<p>Law firm of contributor's spouse (if any)</p>												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td> <p>Date 11/06/2025</p> </td> <td> <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott, Jesika (Mrs.)</p> <p>Contributor address; City; State; Zip Code 333 Simonton Street Conroe, TX 77301</p> </td> <td> <p>Amount of Contribution (\$) \$2,500.00</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation Director of Operations</p> </td> <td> <p>Contributor's Job Title Director of Operations</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm Scott Law Firm</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			<p>Date 11/06/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott, Jesika (Mrs.)</p> <p>Contributor address; City; State; Zip Code 333 Simonton Street Conroe, TX 77301</p>	<p>Amount of Contribution (\$) \$2,500.00</p>	<p>Contributor's Principal Occupation Director of Operations</p>		<p>Contributor's Job Title Director of Operations</p>	<p>Contributor's employer/law firm Scott Law Firm</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
<p>Date 11/06/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott, Jesika (Mrs.)</p> <p>Contributor address; City; State; Zip Code 333 Simonton Street Conroe, TX 77301</p>	<p>Amount of Contribution (\$) \$2,500.00</p>												
<p>Contributor's Principal Occupation Director of Operations</p>		<p>Contributor's Job Title Director of Operations</p>												
<p>Contributor's employer/law firm Scott Law Firm</p>		<p>Law firm of contributor's spouse (if any)</p>												
<p>If contributor is a child, law firm of parent(s) (if any)</p>														

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A(J)1: Sch: 5/5 Rpt: 8/13</p>												
<p>2 FILER NAME Halley, John</p>		<p>3 Filer ID</p>												
<p>4 Date 11/05/2025</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott, Patrick (Mr.)</p>	<p>7 Amount of Contribution (\$) \$2,500.00</p>												
	<p>6 Contributor address; City; State; Zip Code 333 Simonton Street Conroe, TX 77301</p>													
<p>8 Contributor's Principal Occupation Attorney</p>		<p>9 Contributor's Job Title Attorney</p>												
<p>10 Contributor's employer/law firm Scott Law Firm</p>		<p>11 Law firm of contributor's spouse (if any)</p>												
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>														
<table border="1"> <tr> <td>Date 11/10/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott, Stephen (Mr.) Contributor address; City; State; Zip Code 11010 Blue Bell Dr. Willis, TX 77318 </td> <td> Amount of Contribution (\$) \$50.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation The Houston Business Coach</td> <td> Contributor's Job Title Business Coach </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm The Houston Business Coach </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott, Stephen (Mr.) Contributor address; City; State; Zip Code 11010 Blue Bell Dr. Willis, TX 77318	Amount of Contribution (\$) \$50.00	Contributor's Principal Occupation The Houston Business Coach		Contributor's Job Title Business Coach	Contributor's employer/law firm The Houston Business Coach		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott, Stephen (Mr.) Contributor address; City; State; Zip Code 11010 Blue Bell Dr. Willis, TX 77318	Amount of Contribution (\$) \$50.00												
Contributor's Principal Occupation The Houston Business Coach		Contributor's Job Title Business Coach												
Contributor's employer/law firm The Houston Business Coach		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														
<table border="1"> <tr> <td>Date 11/10/2025</td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Taylor, Stacy (Mrs.) Contributor address; City; State; Zip Code 410 Shadywood Circle Conroe, TX 77304 </td> <td> Amount of Contribution (\$) \$50.00 </td> </tr> <tr> <td colspan="2"> Contributor's Principal Occupation HRO Exec Relationship Mgr </td> <td> Contributor's Job Title HRO Exec Relationship Mgr </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm ADP </td> <td> Law firm of contributor's spouse (if any) </td> </tr> <tr> <td colspan="3"> If contributor is a child, law firm of parent(s) (if any) </td> </tr> </table>			Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Taylor, Stacy (Mrs.) Contributor address; City; State; Zip Code 410 Shadywood Circle Conroe, TX 77304	Amount of Contribution (\$) \$50.00	Contributor's Principal Occupation HRO Exec Relationship Mgr		Contributor's Job Title HRO Exec Relationship Mgr	Contributor's employer/law firm ADP		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)		
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Taylor, Stacy (Mrs.) Contributor address; City; State; Zip Code 410 Shadywood Circle Conroe, TX 77304	Amount of Contribution (\$) \$50.00												
Contributor's Principal Occupation HRO Exec Relationship Mgr		Contributor's Job Title HRO Exec Relationship Mgr												
Contributor's employer/law firm ADP		Law firm of contributor's spouse (if any)												
If contributor is a child, law firm of parent(s) (if any)														

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/13</p>	
<p>2 FILER NAME Hafley, John</p>		<p>3 Filer ID</p>	
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>	
<p>5 Date 11/10/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Webb, Amanda</p>	<p>8 Amount of contribution (\$) \$250.00</p>	<p>9 In-kind contribution description Food for Campaign Launch party</p>
<p>7 Contributor address; City; State; Zip Code 333 Simonton Suite 200 Conroe, TX 77301</p>			
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>			
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See Instructions)</p>	
<p>12 Contributor's principal occupation (FOR JUDICIAL) Lawyer</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See Instructions) Lawyer</p>	
<p>14 Contributor's employer/law firm (FOR JUDICIAL) The Webb Firm</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/4 Rpt: 10/13	2 FILER NAME Hafley, John	3 Filer ID
4 Date 07/01/2025	5 Payee name Greater East Montgomery County Chamber	
6 Amount (\$) \$350.00	7 Payee address; City; State; Zip Code 21575 Hwy 59 Suite 100 New Caney, TX 77357	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Membership dues
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/13/2025	Payee name Inspiration Ranch	
Amount (\$) \$100.00	Payee address; City; State; Zip Code 33029 Wright Road Magnolia, TX 77355	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation to Charity
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/01/2025	Payee name Jennifer Pickard Design Studio	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 99 Sunlit Grove Street Spring, TX 77382	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website Design	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Design
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 2/4 Rpt: 11/13	2 FILER NAME Hafley, John	3 Filer ID
4 Date 11/08/2025	5 Payee name Montgomery County Republican Party	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 18001 Hwy 105 w Suite 101 Montgomery, TX 77356	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ballot application
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 08/18/2025	Payee name Montgomery County Republican Party	
Amount (\$) \$535.58	Payee address; City; State; Zip Code 18001 Hwy 105 w Suite 101 Montgomery, TX 77356	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/06/2025	Payee name Push Productions	
Amount (\$) \$2,035.00	Payee address; City; State; Zip Code 23802 FM 2920 Ste. A-1 Tomball, TX 77375	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Shirts for Campaign
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 3/4 Rpt: 12/13	2 FILER NAME Hafley, John	3 Filer ID	
4 Date 11/04/2025	5 Payee name Push Productions		
6 Amount (\$) \$401.61	7 Payee address; City; 23802 FM 2920 Ste. A-1 Tomball, TX 77375	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Shirts	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/10/2025	Payee name Speed Pro Magnolia		
Amount (\$) \$305.66	Payee address; City; 32503 Tamina Road #1 Magnolia, TX 77354	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs/banners	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/22/2025	Payee name The Big Mac Club		
Amount (\$) \$250.00	Payee address; City; 2219 Sawdust Road Suite 1701 Spring, TX 77380	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising Expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 4/4 Rpt: 13/13	2 FILER NAME Hafley, John	3 Filer ID	
4 Date 08/27/2025	5 Payee name United State Postal Service		
6 Amount (\$) \$226.00	7 Payee address; City; 809 W. Dallas Street Conroe, TX 77301		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PO box Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PO Box Fees	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held