

# 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: **19**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mr.

John

A

NICKNAME

LAST

SUFFIX

Lagway

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 861, WILLIS, TX 77387

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 936 )

856-2160

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Andrea

NICKNAME

LAST

SUFFIX

Pratt

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1003 SUMMER PARK BLVD., CONROE, TX 77303

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 936 )

320-1056

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

1

/

1

/

26

THROUGH

Month

Day

Year

1

/

22

/

26

11 ELECTION

ELECTION DATE

Month

Day

Year

3

/

3

/

26

ELECTION TYPE

☒

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

MONTGOMERY COUNTY JUSTICE OF THE PEACE PRECINCT 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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
JOHN A. LAGWAY

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

1471.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

6087.97

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

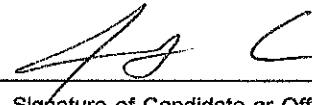
1,760.05

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 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 \_\_\_\_\_, 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**

JOHN A. LAGWAY

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1471.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1741.15
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6087.97
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

**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 JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: EVA & JIMMY CURRY 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: TIFFANY THOMPSON Contributor address; City; State; Zip Code 13703 JOHN STREET, WILLIS, TX 77378	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: SONYA WILLIAMS Contributor address; City; State; Zip Code 706 AVE. F	Amount of contribution (\$)  20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: LAURA GARCIA-MARTINEZ Contributor address; City; State; Zip Code 239 N FOREST DRIVE	Amount of contribution (\$)  10.00
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.		

**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 JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) MARY SNEED 6 Contributor address; City; State; Zip Code PO BOX 1084, CONROE, TX	7 Amount of contribution (\$)  30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) BEVERLY & HEATH MILLS Contributor address; City; State; Zip Code 19620 CARMITA STREET, CONROE, TX 77385	Amount of contribution (\$)  40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL WILLIAMS Contributor address; City; State; Zip Code 108 FELDER STREET, WILLIS, TX	Amount of contribution (\$)  5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) DEBRA RAWLS Contributor address; City; State; Zip Code PO BOX 244, NEW WAVERLY, TX 77358	Amount of contribution (\$)  15.00
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.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>JOHN A. LAGWAY</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>01/10/2026</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BRANDI ADAMS</b> 6 Contributor address; City; State; Zip Code <b>27874 WOODED POND DRIVE, SPRING, TX 77386</b>	7 Amount of contribution (\$)  <b>100.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>01/10/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>AARON LUKE</b> Contributor address; City; State; Zip Code <b>603 NORTH CAMPBELL, WILLIS, TX</b>	Amount of contribution (\$)  <b>20.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/10/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ASHLEY NEPHEW</b> Contributor address; City; State; Zip Code <b>19620 CARMITA STREET, CONROE, TX 77385</b>	Amount of contribution (\$)  <b>30.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>01/10/2026</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BRENDE BARNES</b> Contributor address; City; State; Zip Code <b>512 YOUNG STREET</b>	Amount of contribution (\$)  <b>15.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) LINDA LAGWAY 6 Contributor address; City; State; Zip Code 119 TURNA	7 Amount of contribution (\$) <b>28.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) DEBORAH SCOTT Contributor address; City; State; Zip Code 10918 ARENDA	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) LINDA THOMLINSON Contributor address; City; State; Zip Code 3022 REDAFIELD COURT	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) ALISHA LEWIS Contributor address; City; State; Zip Code 5115 NORTHRIDGE DRIVE, HOUSTON, TX	Amount of contribution (\$) <b>10.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) EARNEST STANDLEY	7 Amount of contribution (\$) <b>250.00</b>
6 Contributor address; City; State; Zip Code 24503 KATEX BLVD., KATY, TX 77493		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) CADE REECE	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code 2403 FM 13759, HUNTSVILLE, TX 77340		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) STEPHEN L. SHAW	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code 6387 FM 374 RD		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) TONY WILLIAMS	Amount of contribution (\$) <b>2.00</b>
Contributor address; City; State; Zip Code 203 CHURCH		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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2 FILER NAME JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) CATHY REECE 6 Contributor address; City; State; Zip Code 206 LINDA	7 Amount of contribution (\$)  20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) CINDY WHITE Contributor address; City; State; Zip Code 2409 COPPER CANYON DRIVE, CONROE, TX	Amount of contribution (\$)  10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) BROCK HIVNOR Contributor address; City; State; Zip Code 7900 COUNTY LINE ROAD, WILLIS, TX 77378	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) MICHAEL WILLIAMS Contributor address; City; State; Zip Code 13945 KATLIN ROAD	Amount of contribution (\$)  10.00
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.		

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2 FILER NAME JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) CHARLES COOK 6 Contributor address; City; State; Zip Code 6900 FOX WHITE LANE	7 Amount of contribution (\$)  20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) EARNESTINE TOWEL LUKE Contributor address; City; State; Zip Code 409 W. MARLIN, WILLIS, TX 77378	Amount of contribution (\$)  6.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) D'LISA FOOTE Contributor address; City; State; Zip Code 5436 FANNIN TRAIL, GRAND PRAIRE, TX 75052	Amount of contribution (\$)  13.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) BRIDGITT REED Contributor address; City; State; Zip Code 1594 FM 1725, WILLIS, TX 77378	Amount of contribution (\$)  2.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) PRIMUS HAMILTON 6 Contributor address; City; State; Zip Code 305 S 12TH STREET, CONROE, TX 77301	7 Amount of contribution (\$)  25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) DEANDRA BRANDLEY Contributor address; City; State; Zip Code 904 AVENUE E, CONROE, TX 77301	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) GARY BRANDLEY Contributor address; City; State; Zip Code 805 NORTHPINE DRIVE	Amount of contribution (\$)  5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) DELISA REED Contributor address; City; State; Zip Code PO BOX 1576, WILLIS, TX 77378	Amount of contribution (\$)  20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: FREDRICK & NICHELLE NIXON 6 Contributor address; City; State; Zip Code 991 OAK GLEN DRIVE, WILLIS, TX 77378	7 Amount of contribution (\$)  100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: CURTIS THOMPSON JR. Contributor address; City; State; Zip Code 13703 JOHN STREET, WILLIS, TX 77378	Amount of contribution (\$)  20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: KENJI COBBS Contributor address; City; State; Zip Code 414 GOLDEN STREET	Amount of contribution (\$)  20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: ELNORA HATCHETT Contributor address; City; State; Zip Code PO BOX 591, MONTGOMERY, TX	Amount of contribution (\$)  20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) CHESTER & RENEE TOLIVER 6 Contributor address; City; State; Zip Code PO BOX 2002	7 Amount of contribution (\$)  40.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) IRA TOLIVER Contributor address; City; State; Zip Code 103 LAREAN LANE, WILLIS, TX	Amount of contribution (\$)  20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) WALTER MILO Contributor address; City; State; Zip Code 11417 NATALIA LANE, WILLIS, TX 77318	Amount of contribution (\$)  60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) EDWIN HENDERSON Contributor address; City; State; Zip Code 206 E. WATSON STREET, WILLIS, TX	Amount of contribution (\$)  15.00
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.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) DELVIN WILLIAMS 6 Contributor address; City; State; Zip Code 6154 WESTOVER	7 Amount of contribution (\$)  10.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) MARY SMITH DEVEREAUX Contributor address; City; State; Zip Code 144 N. FOREST DRIVE, WILLIS, TX	Amount of contribution (\$)  20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) NORI TORRES Contributor address; City; State; Zip Code PO BOX 720, WILLIS, TX 77378	Amount of contribution (\$)  5.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) NIKI & DEREK LAGWAY Contributor address; City; State; Zip Code 7577 TYLER RUN, CONROE, TX 77304	Amount of contribution (\$)  100.00
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.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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2 FILER NAME JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) TREASA ALGLIUE 6 Contributor address; City; State; Zip Code 14215 BARKER CYPRESS ROAD, CYPRESS, TX 77429	7 Amount of contribution (\$)  <b>2.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) TINA GILFORD Contributor address; City; State; Zip Code 231 INTERSTATE 45 N, CONROE, TX 77301	Amount of contribution (\$)  <b>3.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/10/2026	Full name of contributor out-of-state PAC (ID#: _____) CHARLES PERRY SR. Contributor address; City; State; Zip Code 506 1/2 PADDOCK STREET	Amount of contribution (\$)  <b>5.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**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 A2:	
2 FILER NAME <b>JOHN A. LAGWAY</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  01/10/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>NIKI &amp; DEREK LAGWAY</b> 7 Contributor address; City; State; Zip Code <b>7577 TYLER RUN BLVD., CONROE, TX 77304</b>	8 Amount of Contribution \$  <b>741.15</b>	9 In-kind contribution description  FUNDRAISER SUPPLIES - FOOD/FLOWERS/PRINTED MATERIALS  Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JERRY BLAIR</b> Contributor address; City; State; Zip Code <b>215 S. DANVILLE STREET, WILLIS, TX 77378</b>	Amount of Contribution \$  <b>500.00</b>	In-kind contribution description  FUNDRAISER - BBQ MEAT DONATION  Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

## SCHEDULE A2

**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 A2:	
2 FILER NAME JOHN A. LAGWAY		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  01/10/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BEVERLY & HEATH MILLS ..... 7 Contributor address; City; State; Zip Code 19620 CARMITA STEET, CONROE, TX 77385	8 Amount of Contribution \$  500.00	9 In-kind contribution description FUNDRAISER SIDES & DESSERTS
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Check if travel outside of Texas. Complete Schedule T. 11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
01/10/2026		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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 PERSONAL FUNDS

## SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME JOHN A. LAGWAY	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 01/14/2026	<b>5</b> Payee name FLIP FLOP BLING				
<b>6</b> Amount (\$) 519.19  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 10598 FM 1097 W., WILLIS, TX 77318  <small>Check if individual's residence address.</small>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description T-SHIRTS			
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<table border="0" style="width:100%;"> <tr> <td style="width:40%;">Candidate / Officeholder name JOHN A. LAGWAY</td> <td style="width:30%;">Office sought MONTGOMERY COUNTY JUSTICE OF THE PEACE PRECIN</td> <td style="width:30%;">Office held N/A</td> </tr> </table>		Candidate / Officeholder name JOHN A. LAGWAY	Office sought MONTGOMERY COUNTY JUSTICE OF THE PEACE PRECIN	Office held N/A
Candidate / Officeholder name JOHN A. LAGWAY	Office sought MONTGOMERY COUNTY JUSTICE OF THE PEACE PRECIN	Office held N/A			
Date 01/05/2026	Payee name FLIP FLOP BLING				
Amount (\$) 1,448.58  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 10598 FM 1097 W., WILLIS, TX 77318  <small>Check if individual's residence address.</small>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description T-SHIRTS & POLITICAL STICKERS			
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<table border="0" style="width:100%;"> <tr> <td style="width:40%;">Candidate / Officeholder name JOHN A. LAGWAY</td> <td style="width:30%;">Office sought MONTGOMERY COUNTY JUSTICE OF THE PEACE PRECIN</td> <td style="width:30%;">Office held N/A</td> </tr> </table>		Candidate / Officeholder name JOHN A. LAGWAY	Office sought MONTGOMERY COUNTY JUSTICE OF THE PEACE PRECIN	Office held N/A
Candidate / Officeholder name JOHN A. LAGWAY	Office sought MONTGOMERY COUNTY JUSTICE OF THE PEACE PRECIN	Office held N/A			
Date 12/25/2025	Payee name SIGNS ON THE CHEAP				
Amount (\$) 3,120.20  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code WWW.SIGNSONTHECHEAP.COM  <small>Check if individual's residence address.</small>				
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description POLITICAL SIGNS			
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	<table border="0" style="width:100%;"> <tr> <td style="width:40%;">Candidate / Officeholder name JOHN A. LAGWAY</td> <td style="width:30%;">Office sought MONTGOMERY COUNTY JUSTICE OF THE PEACE PRECIN</td> <td style="width:30%;">Office held N/A</td> </tr> </table>		Candidate / Officeholder name JOHN A. LAGWAY	Office sought MONTGOMERY COUNTY JUSTICE OF THE PEACE PRECIN	Office held N/A
Candidate / Officeholder name JOHN A. LAGWAY	Office sought MONTGOMERY COUNTY JUSTICE OF THE PEACE PRECIN	Office held N/A			

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>2</b>	<b>2</b> FILER NAME <b>John A. Lagway</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/08/2025</b>	<b>5</b> Payee name <b>Application for Democratic Party General Primary Ballot</b>	
<b>6</b> Amount (\$) <b>\$1,000</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>704 N Thompson Sr #195 Conroe Texas 77304</b> <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Campaign Filing Fee</b>	<b>(b)</b> Description <b>Campaign Filing Fee</b>
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held <b>John A. Lagway Justice of The Peace Precinct 1 NA</b>	
Date	Payee name	
Amount (\$)  <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code  <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date	Payee name	
Amount (\$)  <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code  <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

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