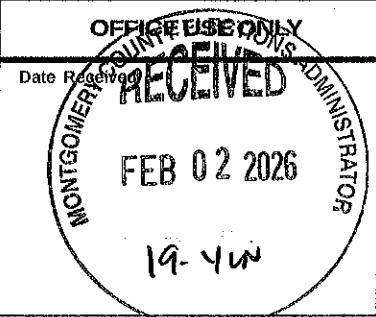


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 Mr.	FIRST John	MI A			
	NICKNAME	LAST Lagway	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO BOX 861, WILLIS, TX 77387					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 856-2160	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs,	FIRST Andrea	MI	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME	LAST Pratt	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 1003 SUMMER PARK BLVD., CONROE, TX 77303			STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 320-1056	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 16th 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)		
10 PERIOD COVERED	Month 1	Day 1	Year 26	Month 1	Day 22	Year 26
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 26	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	ELECTION TYPE Other Description _____		
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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input checked="" type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

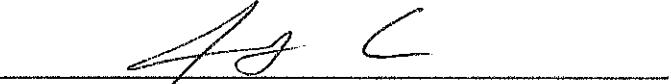
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME 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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1471.00
2. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 EVA & JIMMY CURRY	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 60.00	
	6 Contributor address; 13703 JOHN STREET, WILLIS, TX 77378	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 01/10/2026	Full name of contributor TIFFANY THOMPSON	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00	
	Contributor address; 13703 JOHN STREET, WILLIS, TX 77378	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 01/10/2026	Full name of contributor SONYA WILLIAMS	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 20.00	
	Contributor address; 706 AVE. F	City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 01/10/2026	Full name of contributor LAURA GARCIA-MARTINEZ	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 10.00	
	Contributor address; 239 N FOREST DRIVE	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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			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 MARY SNEED	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 30.00
	6 Contributor address; PO BOX 1084, CONROE, TX	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/10/2026	Full name of contributor BEVERLY & HEATH MILLS	out-of-state PAC (ID#:)	Amount of contribution (\$) 40.00
	Contributor address; 19620 CARMITA STREET, CONROE, TX 77385	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor MICHAEL WILLIAMS	out-of-state PAC (ID#:)	Amount of contribution (\$) 5.00
	Contributor address; 108 FELDER STREET, WILLIS, TX	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor DEBRA RAWLS	out-of-state PAC (ID#:)	Amount of contribution (\$) 15.00
	Contributor address; PO BOX 244, NEW WAVERLY, TX 77358	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.			

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 BRANDI ADAMS	out-of-state PAC (ID#:)	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 AARON LUKE	out-of-state PAC (ID#:)	Amount of contribution (\$) 20.00
Contributor address; 603 NORTH CAMPBELL, WILLIS, TX		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor ASHLEY NEPHEW	out-of-state PAC (ID#:)	Amount of contribution (\$) 30.00
Contributor address; 19620 CARMITA STREET, CONROE, TX 77385		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor BRENDE BARNES	out-of-state PAC (ID#:)	Amount of contribution (\$) 15.00
Contributor address; 512 YOUNG STREET		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.			

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 LINDA LAGWAY 6 Contributor address; 119 TURNA	out-of-state PAC (ID#: _____) City; State; Zip Code	7 Amount of contribution (\$) 28.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/10/2026	Full name of contributor DEBORAH SCOTT Contributor address; 10918 ARENDA	out-of-state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor LINDA THOMLINSON Contributor address; 3022 REDAFIELD COURT	out-of-state PAC (ID#: _____) City; State; Zip Code	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor ALISHA LEWIS Contributor address; 5115 NORTHRIDGE DRIVE, HOUSTON, TX	out-of-state PAC (ID#: _____) City; State; Zip Code	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 EARNEST STANDLEY	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 24503 KATEX BLVD., KATY, TX 77493		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/10/2026	Full name of contributor CADE REECE	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; 2403 FM 13759, HUNTSVILLE, TX 77340		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor STEPHEN L. SHAW	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 20.00
Contributor address; 6387 FM 374 RD		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor TONY WILLIAMS	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 2.00
Contributor address; 203 CHURCH		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.			

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

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 CHARLES COOK	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 20.00
	6 Contributor address; 6900 FOX WHITE LANE	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/10/2026	Full name of contributor EARNESTINE TOWEL LUKE	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 6.00
	Contributor address; 409 W. MARLIN, WILLIS, TX 77378	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor D'LISA FOOTE	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 13.00
	Contributor address; 5436 FANNIN TRAIL, GRAND PRAIRE, TX 75052	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor BRIDGITT REED	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 2.00
	Contributor address; 1594 FM 1725, WILLIS, TX 77378	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.			

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 PRIMUS HAMILTON	out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) 25.00
	6 Contributor address; 305 S 12TH STREET, CONROE, TX 77301	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/10/2026	Full name of contributor DEANDRA BRANDLEY	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 25.00
	Contributor address; 904 AVENUE E, CONROE, TX 77301	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor GARY BRANDLEY	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 5.00
	Contributor address; 805 NORTHPINE DRIVE	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor DELISA REED	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 20.00
	Contributor address; PO BOX 1576, WILLIS, TX 77378	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.			

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 FREDRICK & NICHELLE NIXON	6 Contributor address; 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 CURTIS THOMPSON JR.	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 20.00
Contributor address; 13703 JOHN STREET, WILLIS, TX 77378		City;	State;
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor KENJI COBBS	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 20.00
Contributor address; 414 GOLDEN STREET		City;	State;
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor ELNORA HATCHETT	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 20.00
Contributor address; PO BOX 591, MONTGOMERY, TX		City;	State;
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**

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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 CHESTER & RENEE TOLIVER	6 Contributor address; 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 IRA TOLIVER	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 20.00
Contributor address; 103 LAREAN LANE, WILLIS, TX		City;	State;
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor WALTER MILO	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 60.00
Contributor address; 11417 NATALIA LANE, WILLIS, TX 77318		City;	State;
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor EDWIN HENDERSON	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 15.00
Contributor address; 206 E. WATSON STREET, WILLIS, TX		City;	State;
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 DELVIN WILLIAMS	out-of-state PAC (ID#:)	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 MARY SMITH DEVEREAUX	out-of-state PAC (ID#:)	Amount of contribution (\$) 20.00
Contributor address; 144 N. FOREST DRIVE, WILLIS, TX		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor NORI TORRES	out-of-state PAC (ID#:)	Amount of contribution (\$) 5.00
Contributor address; PO BOX 720, WILLIS, TX 77378		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor NIKI & DEREK LAGWAY	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address; 7577 TYLER RUN, CONROE, TX 77304		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.			

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 TREASA ALGLIUE	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 2.00
6 Contributor address; 14215 BARKER CYPRESS ROAD, CYPRESS, TX 77429		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/10/2026	Full name of contributor TINA GILFORD	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 3.00
Contributor address; 231 INTERSTATE 45 N, CONROE, TX 77301		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/10/2026	Full name of contributor CHARLES PERRY SR.	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 5.00
Contributor address; 506 1/2 PADDOCK STREET		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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2:</p>
<p>2 FILER NAME JOHN A. LAGWAY</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 01/10/2026</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: NIKI & DEREK LAGWAY</p>	<p>8 Amount of Contribution \$ 741.15</p>
	<p>7 Contributor address; City; State; Zip Code 7577 TYLER RUN BLVD., CONROE, TX 77304</p>	<p>9 In-kind contribution description FUNDRAISER SUPPLIES - FOOD/FLOWERS/PRINTED MATERIALS</p>
<p>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)</p>		<p>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</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>		
<p>Date 01/10/2026</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JERRY BLAIR</p>	<p>Amount of Contribution \$ 500.00</p>
	<p>Contributor address; City; State; Zip Code 215 S. DANVILLE STREET, WILLIS, TX 77378</p>	<p>In-kind contribution description FUNDRAISER - BBQ MEAT DONATION</p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>		
<p>Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL)(See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2:</p>	
<p>2 FILER NAME JOHN A. LAGWAY</p>		<p>3 Filer ID (Ethics Commission Filers)</p>	
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>	
<p>5 Date 01/10/2026</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BEVERLY & HEATH MILLS</p>		<p>8 Amount of Contribution \$ 500.00</p> <p>9 In-kind contribution description FUNDRAISER SIDES & DESSERTS</p>
	<p>7 Contributor address; City; State; Zip Code 19620 CARMITA STEET, CONROE, TX 77385</p>		
<p>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)</p>		<p>13 Contributor's job title (FOR JUDICIAL)(See Instructions)</p>	
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</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>			
<p>Date 01/10/2026</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code</p>	
		<p>Amount of Contribution \$</p>	
		<p>In-kind contribution description</p>	
<p>Check if travel outside of Texas. Complete Schedule T.</p>			
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		<p>Employer (FOR NON-JUDICIAL)(See Instructions)</p>	
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>	
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>	
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED