

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: <i>30</i>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jay Mac	MI	OFFICE USE ONLY RECEIVED JAN 15 2026 30 pages - VVN Date Received: <i>1/15/2026</i>			
	NICKNAME	LAST Sanders	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 25511 Budde Rd., Ste 302, The Woodlands, TX 77380			Date Hand-delivered or Date Postmarked Receipt # <i> </i> Amount \$ <i> </i> Date Processed Date Imaged			
Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (832)	PHONE NUMBER 663-9916	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jim	MI	Receipt # <i> </i> Amount \$ <i> </i> Date Processed Date Imaged			
	NICKNAME	LAST Fredricks	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 25511 Budde Rd., Ste. 302, The Woodlands, TX 77380			STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER 520-6098	EXTENSION				
9 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)		
10 PERIOD COVERED	Month 7	Day 1	Year 25	Month 12	Day 31	Year 25	
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 26		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Justice of the Peace Pct. #3			13 OFFICE SOUGHT (if known) Justice of the Peace Pct. #3			
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 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 Jay Mac Sanders	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 44,470
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 18,391.57
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 22,694.52
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

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 Jay Mac Sanders, and my date of birth is 14 Sept 1977.
 My address is 2551 Brindle Rd Ste 302 Spring Tx 77380 USA.
 Executed in Montgomery County, State of TX, on the 15 day of Jan, 2026.
 (street) (city) (state) (zip code) (country)
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Jay Mac Sanders	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,320
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9,150
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 18,391.51
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	\$
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: 15
2 FILER NAME Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 12/29/25	5 Full name of contributor Eric Hartman	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$100. 00
	6 Contributor address; Contributor address: Theresa Wagaman	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/28/25	Full name of contributor Randy Standley	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100. 00
	Contributor address; Contributor address: Randy Standley	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/25	Full name of contributor Randy Standley	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$500. 00
	Contributor address; Contributor address: Randy Standley	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/12/25	Full name of contributor Randy Standley	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$1,000. 00
	Contributor address; Contributor address: Randy Standley	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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 12/9/25	5 Full name of contributor Carole Backer	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$ 20. ~
6 Contributor address;		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/3/25	Full name of contributor Abbie John	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 500. ~
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/3/25	Full name of contributor Stacie Potts	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 50. ~
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/9/25	Full name of contributor Christina Moore	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 100. ~
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 11/26/25	5 Full name of contributor Mical Samuelson DuVall	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$ 1,750. 00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/26/25	Full name of contributor Matthew Novak	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 200. 00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/25/25	Full name of contributor Roger Schilken	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 250. 00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/21/25	Full name of contributor Ryan Roslock	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 250. 00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 11/19/25	5 Full name of contributor Julie Lile	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$500.00
6 Contributor address;		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/18/25	Full name of contributor Stephen Baver	out-of-state PAC (ID#:)	Amount of contribution (\$) \$300.00
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/17/25	Full name of contributor Pamela Franks	out-of-state PAC (ID#:)	Amount of contribution (\$) \$100.00
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/25	Full name of contributor Kendrick R. Skinner/Magdalena	out-of-state PAC (ID#:)	Amount of contribution (\$) \$10,000
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)			
Employer (See Instructions)			

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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 Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 11/17/25	5 Full name of contributor James Stilwell	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$ 500. 00
6 Contributor address;		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/17/25	Full name of contributor Merely Players	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 50. 00
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/8/25	Full name of contributor Ken Werner	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 500. 00
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 11/4/25	Full name of contributor Mark Kallus	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 250. 00
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Jay Mac Sanders				3 Filer ID (Ethics Commission Filers)
4 Date 11/4/25	5 Full name of contributor Holly Gibson	out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)	
Date 11/2/25	Full name of contributor Rebecca Smith	out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/2/25	Full name of contributor William Finney	out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/2/25	Full name of contributor Ryan Harper	out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

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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 Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 10/28/25	5 Full name of contributor Jeanne Scateni	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/20/25	Full name of contributor Kongit Sack	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/25	Full name of contributor David Godbold	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/7/25	Full name of contributor Javier and Debbie Zamora	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 10/7/25	5 Full name of contributor Matthew Zachary	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$ 300. ⁰⁰
6 Contributor address; City: _____		State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/6/25	Full name of contributor Alvaro Castellanos	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 500. ⁰⁰
Contributor address; City: _____		State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/5/25	Full name of contributor Camila Guzelotto	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 200. ⁰⁰
Contributor address; City: _____		State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/5/25	Full name of contributor Byron Dever	out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$ 250. ⁰⁰
Contributor address; City: _____		State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p>2 FILER NAME Jay Mac Sanders</p>				3 Filer ID (Ethics Commission Filers)
<p>4 Date 9/29/25</p>	<p>5 Full name of contributor Ritch Wheeler 6 Contributor address; _____ City: _____ State: _____ Zip Code _____</p>			<p>7 Amount of contribution (\$) \$ 250.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
<p>Date 9/16/25</p>	<p>Full name of contributor Ritch Carroll Contributor address; _____ City: _____ State: _____ Zip Code _____</p>			<p>Amount of contribution (\$) \$ 250.00</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date 9/8/25</p>	<p>Full name of contributor Aaron Hansz Contributor address; _____ City: _____ State: _____ Zip Code _____</p>			<p>Amount of contribution (\$) \$ 1,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date 9/3/25</p>	<p>Full name of contributor Stephanie Hitchcock Contributor address; _____ City: _____ State: _____ Zip Code _____</p>			<p>Amount of contribution (\$) \$ 500.00</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</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>				

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 Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 12/16/25	5 Full name of contributor Richard and Charle Schmidt	out-of-state PAC (ID#: Spring, TX)	7 Amount of contribution (\$) \$ 50. 00
6 Contributor address; City: State; Zip Code			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/17/25	Full name of contributor Markie D. McDonald	out-of-state PAC (ID#: The Woodlands, TX)	Amount of contribution (\$) \$100. 00
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/20/25	Full name of contributor Will C. Perry / Sarah Perry	out-of-state PAC (ID#: Spring, TX)	Amount of contribution (\$) \$200. 00 \$3,800. 00
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/29/25	Full name of contributor Jeffrey E. Pachman	out-of-state PAC (ID#: Spring, TX)	Amount of contribution (\$) \$125. 00
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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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 Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 12/30/25	5 Full name of contributor Leah Stevens	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$ 80
6 Contributor address;		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/28/25	Full name of contributor Leah Stevens	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 80
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/13/25	Full name of contributor Leah Stevens	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 90
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14	Full name of contributor Leah Stevens	out-of-state PAC (ID#:)	Amount of contribution (\$) \$ 75
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1:
<p>2 FILER NAME Jay Mac Sanders</p>				3 Filer ID (Ethics Commission Filers)
<p>4 Date 12/5/25</p>	<p>5 Full name of contributor Troy Timothy O'Laughlin / Heather Yang O'Laughlin</p>	<p>out-of-state PAC (ID#:</p>		<p>7 Amount of contribution (\$) \$250.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>9 Employer (See Instructions)</p>	
<p>Date 12/2/25</p>	<p>Full name of contributor T.S. Rimkus</p>	<p>out-of-state PAC (ID#:</p>		<p>Amount of contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date 12/1/25</p>	<p>Full name of contributor David A Lee / Victoria Tacconelli Lee</p>	<p>out-of-state PAC (ID#:</p>		<p>Amount of contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
<p>Date 11/27/25</p>	<p>Full name of contributor Will C Perry, Sarah Perry</p>	<p>out-of-state PAC (ID#:</p>		<p>Amount of contribution (\$) \$2,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>			<p>Employer (See Instructions)</p>	
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1:
<p>2 FILER NAME Jay Mac Sanders</p>			3 Filer ID (Ethics Commission Filers)
<p>4 Date 11/28/25</p>	<p>5 Full name of contributor Lee Ann and Michael Ray Sewell</p>	<p>out-of-state PAC (ID#:)</p>	<p>7 Amount of contribution (\$) \$1,000.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date 11/2/25</p>	<p>Full name of contributor Will C and Sarah Ferry</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$2,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 10/21/25</p>	<p>Full name of contributor David Russell and Elizabeth Anderson</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$50.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 10/16/25</p>	<p>Full name of contributor Roger Anthony and Kristin A Fox</p>	<p>out-of-state PAC (ID#:)</p>	<p>Amount of contribution (\$) \$200.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</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>			

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 Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 10/11/25	5 Full name of contributor J. Deretchin and L. Deretchin	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$500. 00
6 Contributor address; City: State; Zip Code			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/3/25	Full name of contributor Sarah Stephen	out-of-state PAC (ID#:)	Amount of contribution (\$) \$250. 00
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/22/25	Full name of contributor Dr. Jack Cagle, Associate	out-of-state PAC (ID#:)	Amount of contribution (\$) \$500. 00
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/22/25	Full name of contributor Peggy Crowell	out-of-state PAC (ID#:)	Amount of contribution (\$) \$25. 00
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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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 Jay Mac Sanders			3 Filer ID (Ethics Commission Filers)
4 Date 12/12/25	5 Full name of contributor Kraig Sanders	out-of-state PAC (ID#:)	7 Amount of contribution (\$) \$1,500.00
6 Contributor address;		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 9/1/25	Full name of contributor Janell O Volke	out-of-state PAC (ID#:)	Amount of contribution (\$) \$250.00
Contributor address;		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 4
2 FILER NAME Jay Mer Sanders		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 9,150.
5 Date 10/19	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steve and Leah Jones)	8 Amount of Contribution \$ \$300 9 In-kind contribution description Meet + Greet
7 Contributor address; City; State; Zip Code		
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 11/30		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ken and Amy Werner)
Contributor address; City; State; Zip Code		Amount of Contribution \$ \$1950 In-kind contribution description Meet + Greet
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.		

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		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 12/14 Steve and Jennifer Wright	8 Amount of Contribution \$ 9 In-kind contribution description \$200 Meet + Greet
7 Contributor address; City; State; Zip Code		
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 11/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paula Cleveland	Amount of Contribution \$ 10 In-kind contribution description \$900 Meet + Greet
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.		

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>		1 Total pages Schedule A2:
<p>2 FILER NAME</p>		3 Filer ID (Ethics Commission Filers)
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		\$
5 Date	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:</p> <p>Theresa Wagaman</p>	<p>8 Amount of Contribution \$</p> <p>9 In-kind contribution description</p> <p>\$200</p> <p>Meet & Greet</p>
<p>7 Contributor address; City; State; Zip Code</p>		
<p>Check if travel outside of Texas. Complete Schedule T.</p>		
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		11 Employer (FOR NON-JUDICIAL) (See Instructions)
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date</p> <p>11/17</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:</p> <p>Sara and Will Ferry</p>
<p>Contributor address; City; State; Zip Code</p>		<p>Amount of Contribution \$</p> <p>\$3,000</p>
<p>In-kind contribution description</p> <p>Meet & Greet</p>		
<p>Check if travel outside of Texas. Complete Schedule T.</p>		
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>		Employer (FOR NON-JUDICIAL) (See Instructions)
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		Contributor's job title (FOR JUDICIAL) (See Instructions)
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<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</p> <p>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</p>		<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date</p> <p>12/3</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:</p> <p>Danielle and Michael Paulius</p>	<p>8 Amount of Contribution \$</p> <p>\$ 3,300</p>
	<p>7 Contributor address; City: State: Zip Code</p>	<p>9 In-kind contribution description</p> <p>Meet + Greet</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</p> <p>10/6/25</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:</p> <p>Matthew Zachary</p>	<p>Amount of Contribution \$</p> <p>\$ 300</p>
<p>Contributor address; City; State; Zip Code</p>		<p>In-kind contribution description</p> <p>Meet + Greet</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</p>		
<p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
8	Jay Mac Sanders		
4 Date	5 Payee name		
9/22	Margie Taylor		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$1,000.00			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
		Check # 3082	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name	Office sought	
10/1	Minuteman Press	The Woodlands TX	
Amount (\$)	Payee address;	City; State; Zip Code	
\$124.49			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Printing	
	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			
Date	Payee name	Office sought	
10/3	Minuteman Press	The Woodlands TX	
Amount (\$)	Payee address;	City; State; Zip Code	
\$124.49			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing Expense	Printing	
	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			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
12/31	Anedot			
Amount (\$)	Payee address;	City;	State;	Zip Code
10 488.50				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Fees	Processing Fees		
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			
11/3	Margie Taylor Conrad			
Amount (\$)	Payee address;	City;	State;	Zip Code
10 700				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	The Consulting	check # 3755		
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				

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	<i>Printing / Signs</i>	<i>check # 3763</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
11/18/25	<i>Amberry Moody</i>			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$ 650.00				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	<i>Printing / Gas Mc Dog</i>	<i>check # 3764</i>		
	(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			
11/7/25	<i>Paypal "C And P" / Texas GOP Store</i>			
Amount (\$)	Payee address:	City:	State:	Zip Code
\$ 756.26				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	<i>Printing / Signs</i>			
	(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				

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date 11/21/25	5 Payee name Guadalupe Hacienda The Woodlands TX		
6 Amount (\$) \$831.87	7 Payee address; City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
	9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name		Office sought	Office held
Date 12/24	Payee name Speed Pro Imaging Spring TX		
Amount (\$) \$900.00	Payee address; City	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Printing	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name		Office sought
Date 12/12	Payee name CAZ Consulting		
Amount (\$) \$2,450.09	Payee address; City	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
	Candidate / Officeholder name		Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	6 Amount (\$)	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State;
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Date	Payee name		
Amount (\$)	Payee address;	City;	State;
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Date	Payee name		
Amount (\$)	Payee address;	City;	State;
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

- Solicitation/Fundraising Expense**
- Transportation Equipment & Related Expense**
- Travel In District**
- Travel Out Of District**
- Other (enter a category not listed above)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
12/15/25	Hailey King			
Amount (\$)	Payee address; City; State; Zip Code			
\$1,000.00				
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			
11/26/25	CA2 Consulting			
Amount (\$)	Payee address; City; State; Zip Code			
\$550.00				
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

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
10/10/25	CA2 Consulting			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$1,350. ⁷⁰				
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			
10/25 - Dec 25	Southside Bank fees July through Dec.			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$ 24				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Fees	Fees		
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				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date <i>Aug. 25 - Dec. 25</i>	5 Payee name <i>Chase Bank</i>			
6 Amount (\$) <i>\$ 75</i>	7 Payee address;	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Fee</i>		
	(c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 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
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
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				