

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: | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST <i>M.R.</i> | MI <i>B</i> | OFFICE USE ONLY | | | |
| | NICKNAME <i>GIL</i> | LAST <i>JANNER</i> | SUFFIX | Date Received <i>2/2/2026 JG</i> | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>8305 QUEBE RD, BRENHAM, TX 77833</i> | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE <i>(979)</i> | PHONE NUMBER <i>277-8494</i> | EXTENSION | Date Hand-delivered or Date Postmarked <i>2/2/2026</i> | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST <i>M.R.</i> | MI <i>K</i> | Receipt # | | | |
| | NICKNAME <i>JON</i> | LAST <i>HILL</i> | SUFFIX | Amount \$ | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>7605 QUEBE RD BRENHAM, TX 77833</i> | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>(281)</i> | PHONE NUMBER <i>808-7900</i> | EXTENSION | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input checked="" 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 <i>01</i> | Day <i>16</i> | Year <i>2026</i> | Month <i>01</i> | Day <i>31</i> | Year <i>2026</i> | |
| 11 ELECTION | ELECTION DATE Month Day Year <i>03/03/2026</i> | | 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) | | | 13 OFFICE SOUGHT (if known) <i>COUNTY COMMISSIONER</i> | | | |
| 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

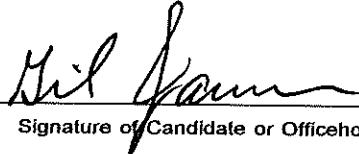
15 C/OH NAME

GIL JANNER

16 Filer ID (Ethics Commission Filers)

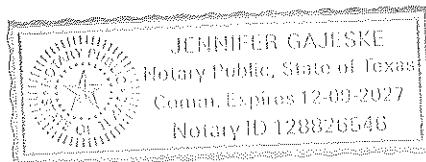
| | | |
|---------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 3,527.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 99.91 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ -0- |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,033.36 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 760.91 |
| | 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 Gil Janner this the 2 day of February,

20 26, to certify which, witness my hand and seal of office.

Jennifer Gajeske Signature of officer administering oath

Jennifer Gajeske Printed name of officer administering oath

Notary 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

GIL JANNER

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
AMOUNT

| | | |
|--|---|-------------|
| 1. <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,527.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input checked="" type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 99.91 |
| 4. | SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,866.00 |
| 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 | \$ 167.36 |
| 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 <i>Gil JANNER</i> | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>1/19/2026</i> | 5 Full name of contributor <i>ROY HAARMEYER</i> | out-of-state PAC (ID#:) | 7 Amount of contribution (\$) <i>\$300.00</i> |
| 6 Contributor address; <i>304 Hollywood DR CONROE, TX 77303</i> | | City; State; Zip Code | |
| 8 Principal occupation / Job title (See Instructions) <i>RETIRED</i> | | 9 Employer (See Instructions) <i>RETIRED</i> | |
| 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) | |
| 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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B: |
| <p>2 FILER NAME</p> <p><i>GIL JANNER</i></p> | | | | 3 Filer ID (Ethics Commission Filer) |
| <p>4 TOTAL OF UNITEMIZED PLEDGES</p> | | | | \$ |
| 5 Date | <p>6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p> <p><i>KARA MATHENEY</i></p> <p>7 Pledgor address; City; State; Zip Code</p> <p><i>P.O. Box 271 SCHULEN BURG, TX 78951</i></p> | | | <p>8 Amount of Pledge \$</p> <p><i>\$99.91</i></p> <p>9 In-kind contribution description</p> |
| <p>Check if travel outside of Texas. Complete Schedule T.</p> | | | | |
| <p>10 Principal occupation / Job title (See Instructions)</p> <p><i>COUNTY AGENT</i></p> | | <p>11 Employer (See Instructions)</p> <p><i>VICTORIA COUNTY</i></p> | | |
| Date | <p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p> <p>Pledgor address; City; State; Zip Code</p> | | | <p>Amount of Pledge \$</p> <p>Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | <p>Employer (See Instructions)</p> | | |
| Date | <p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p> <p>Pledgor address; City; State; Zip Code</p> | | | <p>Amount of Pledge \$</p> <p>Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | <p>Employer (See Instructions)</p> | | |
| Date | <p>Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____)</p> <p>Pledgor address; City; State; Zip Code</p> | | | <p>Amount of Pledge \$</p> <p>Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | <p>Employer (See Instructions)</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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committees | Gifts/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | 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 | |
| | ADVERTISING EXPENSE | RADIO ADS | |
| | (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 | 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 ONLY 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 ONLY 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 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 Filer) |
| 4 Date | 5 Payee name | |
| 1/15/2026 | NISTA PRINT | |
| 6 Amount (\$) | 7 Payee address: | City; State; Zip Code |
| \$167.36 | 275 WYMAN ST. WALTHAM, MASSACHUSETTS, 02451 | |
| Reimbursement from political contributions intended | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | PRINTING EXPENSE | DOOR HANGERS |
| (c) Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense |
| 9 Candidate / Officeholder name | | Office sought |
| Complete ONLY if direct expenditure to benefit C/OH | | Office held |
| GIL JANNER | | COUNTY COMMISSIONER N/A |
| Date | Payee name | |
| Amount (\$) | Payee address: | City; State; Zip Code |
| Reimbursement from political contributions intended | | |
| 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 | | |
| Candidate / Officeholder name | | Office sought |
| Complete ONLY if direct expenditure to benefit C/OH | | Office held |
| Date | Payee name | |
| Amount (\$) | Payee address: | City; State; Zip Code |
| Reimbursement from political contributions intended | | |
| 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 | | |
| Candidate / Officeholder name | | Office sought |
| Complete ONLY if direct expenditure to benefit C/OH | | Office held |

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