

**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 NICKNAME FIRST LAST MI SUFFIX	OFFICE USE ONLY Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #, CITY, STATE: ZIP CODE	2/2/2026 <i>YJ</i>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME FIRST LAST MI SUFFIX	2/2/2026	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE: ZIP CODE	Receipt # Amount \$	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Processed	
9 REPORT TYPE	Date Imaged		
10 PERIOD COVERED	Month Day Year Month Day Year		
11 ELECTION	ELECTION DATE Month Day Year ELECTION TYPE Primary Runoff Other Description General Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
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 GENERAL 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)

\$ 5,650.00

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

\$ 109.32

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ -0-

4. TOTAL POLITICAL EXPENDITURES

\$ 5,050.00

CONTRIBUTION
BALANCE

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

\$ 709.32

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ -0-

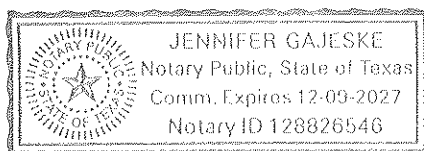
18 SIGNATURE

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.

Gil Janner
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

2020 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****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. ✓	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3. ✓	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 109.32
4.	SCHEDULE E: LOANS	\$ -0-
5. ✓	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,050.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9. ✓	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 750.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

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

Gil Janner

3 Filer ID (Ethics Commission Filers)

4 Date

12/1/2025

5 Full name of contributor

out-of-state PAC (ID#)

Phyllis Bickham

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City;

State;

Zip Code

332 CADD0 DRIVE, MADISONVILLE, LA 70447

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

1/1/2026

Full name of contributor

out-of-state PAC (ID#)

ROY & LINDA BOEHNEMANN

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

6407 Old Chappel Hill Rd. Brenham, TX 77833

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

1/9/2026

Full name of contributor

out-of-state PAC (ID#)

LEE & KATHY NOROT

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

32 SAGE HOLLOW, WACO, TX 76712

Principal occupation / Job title (See Instructions)

Professor

Employer (See Instructions)

Baylor University

Date

Full name of contributor

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

Gil Janner

3 Filer ID (Ethics Commission Filers)

4 Date

1/3/2026

5 Full name of contributor

out-of-state PAC (ID#)

Charles Bosworth

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

City;

State;

Zip Code

1501 N. BERLIN RD BRENHAM, TX 77833

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

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

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PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME Gil Janner				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES				\$	
5 Date 1/4/2026	6 Full name of pledgor ☐ out-of-state PAC (ID#: Bethany Janner		8 Amount of Pledge \$ \$9.41	9 In-kind contribution description	
7 Pledgor address; City; State; Zip Code 505 N. MAY ST MADISONVILLE, TX 77864			Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (See Instructions) County 4-H Program Assistant			11 Employer (See Instructions) MADISON COUNTY		
Date 1/4/2026	Full name of pledgor ☐ out-of-state PAC (ID#: MARK & Holly Rodriguez		Amount of Pledge \$ \$99.91	In-kind contribution description	
Pledgor address; City; State; Zip Code 2900 SPANISH OAKS DR. BRENHAM, TX 77833			Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (See Instructions) TEACHER			Employer (See Instructions) WALLER ISD		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State; Zip Code				
			Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of pledgor ☐ out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State; Zip Code				
			Check if travel outside of Texas. Complete Schedule T.		
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.

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 Gil Janner	3 Filer ID (Ethics Commission Filers)
4 Date 12/22/2025	5 Payee name BRAND IT GRAPHIX	
6 Amount (\$) \$1,299.00	7 Payee address; City; State; Zip Code 2507 Becker Dr., BRENHAM, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description POLITICAL SIGNS
	(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 Gil Janner	Office sought County Commissioner
		Office held N/A
Date 12/31/2025	Payee name HARLAND CLARKE	
Amount (\$) \$31.33	Payee address; City; State; Zip Code Citizens State Bank, P.O. Box 518 SOMERVILLE, TX 77879	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Expenses	Description Checks
	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 Gil Janner	Office sought County Commissioner
		Office held N/A
Date 1/5/2026	Payee name CAMPAIGN PARTNER.COM	
Amount (\$) \$49.00	Payee address; City; State; Zip Code N/A	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING	Description WEBSITE
	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 Gil Janner	Office sought County Commissioner
		Office held N/A

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 Gil Janner		3 Filer ID (Ethics Commission Filers)	
4 Date 11/2/2026		5 Payee name KWH			
6 Amount (\$) \$195.00		7 Payee address; City; State; Zip Code P.O. Box 1280 BRENHAM, TX 77833			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	ADVERTISING EXPENSE		POLITICAL COLUMN		
	(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 Gil Janner		Office sought County Commissioner	
				Office held N/A	
Date 11/2/2026		Payee name BRANDED DESIGNS			
Amount (\$) \$1,539.00		Payee address; City; State; Zip Code 236 FRONT ST BELLVILLE, TX 77418			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	PRINTING EXPENSE		SIGNS		
	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 Gil Janner		Office sought County Commissioner	
				Office held N/A	
Date 11/13/2026		Payee name BRANDED DESIGNS			
Amount (\$) \$1,937.00		Payee address; City; State; Zip Code 236 FRONT ST BELLVILLE, TX 77418			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	PRINTING EXPENSE		SIGNS		
	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 Gil Janner		Office sought County Commissioner	
				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
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
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 G:		2 FILER NAME Gil Janner		3 Filer ID (Ethics Commission Filers)	
4 Date 12/3/2025		5 Payee name WASHINGTON COUNTY REPUBLICAN PARTY			
6 Amount (\$) Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code P.O. Box 479 BRENHAM, TX 77834			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) FEES		(b) Description FILING FEE	
		(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 Gil Janner		Office sought COUNTY COMMISSIONER	
				Office held N/A	
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		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 (\$) Reimbursement from political contributions intended		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 (\$) Reimbursement from political contributions intended		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	

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