

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: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>RICHARD</i>	MI <i>L.</i>	OFFICE USE ONLY Date Received RECEIVED		
	NICKNAME	LAST <i>JANKOVSKY</i>	SUFFIX <i>III</i>	Date Hand-delivered or Date Postmarked <i>TV</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE, ZIP CODE		
<i>536 KELLEY RD. REFUGIO, TX 78377</i>						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(956)</i>	PHONE NUMBER <i>433-6258</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>RICHARD</i>	MI <i>L.</i>	SUFFIX		
	NICKNAME	LAST <i>JANKOVSKY</i>	<i>III</i>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE)		APT / SUITE #	CITY, STATE, ZIP CODE		
<i>536 KELLEY RD. REFUGIO, TX 78377</i>						
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(956)</i>	PHONE NUMBER <i>433-6258</i>	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 <i>10</i>	Day <i>123</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2025</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>REFUGIO COUNTY JUDGE</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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	<i>Richard L. Jankowsky III</i>		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)	\$ 10,550.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,550.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 8,648.92	
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,648.92	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,494.08	
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.00	
OUTSTANDING LOAN TOTALS			

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 Richard L. Jankowsky III and my date of birth is 12/12/1975
 My address is 536 Kelly Rd. Refugio TX 78377 Refugio
 (street) (city) (state) (zip code) (country)

Executed in Refugio County, State of Texas, on the 15 day of January, 2026



Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME

Richard L. Jankowsky Jr

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,550.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 100.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,648.92
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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: <i>2</i>
2 FILER NAME <i>Richard L. Janikovsky</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>11/08/2025</i>	5 Full name of contributor <i>MAUREEN BARRY KAMER</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$ 2,000</i>
6 Contributor address: <i>708 W. Commercial Vernon, TX 77501</i>	City: _____ <i></i>	State: _____ <i></i>	Zip Code: _____ <i></i>
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions) <i>RETIRED</i>	
Date <i>11/05/2025</i>	Full name of contributor <i>LUANN Williams</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 250</i>
Contributor address: <i>P.O. Box 338</i>	City: _____ <i>Baumont, TX</i>	State: _____ <i></i>	Zip Code: _____ <i>77420</i>
Principal occupation / Job title (See Instructions) <i>RANCHER</i>		Employer (See Instructions)	
Date <i>11/10/2025</i>	Full name of contributor <i>HALF MOON RANCH III</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 2,000</i>
Contributor address: <i>2905 SAN GABRIEL</i>	City: _____ <i>Austin, TX</i>	State: _____ <i></i>	Zip Code: _____ <i>78705</i>
Principal occupation / Job title (See Instructions) <i>Self Employed</i>		Employer (See Instructions) <i>SELF Employed</i>	
Date <i>11/13/2025</i>	Full name of contributor <i>MIKE EAST</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 5,000</i>
Contributor address: <i>P.O. Box 69</i>	City: _____ <i>SANTA, TX</i>	State: _____ <i></i>	Zip Code: _____ <i>78385</i>
Principal occupation / Job title (See Instructions) <i>RANCHER</i>		Employer (See Instructions) <i>OWNER OF SANTA FE RANCH</i>	

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 RECHARD L. JOURNALIST JR				3 Filer ID (Ethics Commission Filers)
4 Date 11/25/2025	5 Full name of contributor Fred Shannon			6 Contributor address; 7 Amount of contribution (\$) 1207 Pearl St. Austin, TX 78701 \$ 1,000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date 11/10/2025	Full name of contributor Mrs. Becky Soncik			Amount of contribution (\$) \$ 200
Contributor address; 1240 CR 324		City: Adkins	State: TX	Zip Code: 78141
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date 11/10/2025	Full name of contributor Amy Adams			Amount of contribution (\$) \$ 100
Contributor address; 1003 Commerce St.		City: Ft. Worth	State: TX	Zip Code: 76101
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.				

LOANS

SCHEDULE E

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 E 1
2 FILER NAME <i>Richards L. Jankowsky #4</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS \$ 100.00			
5 Date of loan <i>10/23/2025</i>	7 Name of lender <i>Richards L. Jankowsky #4</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) <i>\$ 100.00</i>
6 Is lender a financial institution? <i>Y N</i>	8 Lender address: <i>536 KELLY NO. REFUGIO, TX 78377</i>	City: _____ State: _____ Zip Code: _____	10 Interest rate <i>0%</i>
12 Principal occupation / Job title (See Instructions) <i>Refugee</i>		13 Employer (See Instructions) <i>Refugee</i>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address: _____ City: _____ State: _____ Zip Code: _____		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)	
Is lender a financial institution? <i>Y N</i>	Lender address: _____ City: _____ State: _____ Zip Code: _____	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address: _____ City: _____ State: _____ Zip Code: _____		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	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 Committee	Gift/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 3	2 FILER NAME Richard L. Jankovsky, Jr.	3 Filer ID (Ethics Commission Filers)	
4 Date 11/14/2025	5 Payee name THREE J's Pizza		
6 Amount (\$) \$ 224.96	7 Payee address 105 Wood Ave.	City: Woodsboro, TX State: Zip Code 78393	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description Food And Beverage	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> 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 11/24/2025	Payee name Repub. County Republican Party		
Amount (\$) \$ 750.00	Payee address P.O. Box 565 Woodsboro, TX 78393	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE	Description Filing Fee	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/25/2025	Payee name Colon And Company		
Amount (\$) \$ 525.00	Payee address 741 Katy Fwy Houston, TX 77024 -1924	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description CONSULTING EXPENSE	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> 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 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	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	Richard L. Javorsky III		
4 Date	5 Payee name		
11/25/2025	VANTAGE BANK		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
15.45	111 EAST PLASUERA ST.	REFUGIO, TX 78377	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	ACCOUNTING / BANKING	CHECKS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
12/01/2025	BEYOND THE GLOW		
Amount (\$)	Payee address:	City:	State: Zip Code
200.00	106 E. YMBACON ST.	REFUGIO, TX	78377
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	EVENT EXPENSE	GIFTS FOR EVENT	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
12/01/2025	77 OUTFITTERS		
Amount (\$)	Payee address:	City:	State: Zip Code
200.00	208 N. ALAMO	REFUGIO, TX	78377
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	EVENT EXPENSE	GIFTS FOR EVENT	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
3	<i>Richard L. Jankowsky III</i>		
4 Date	5 Payee name		
12/03/2025	<i>Colon Avs Company</i>		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
<i>750.00</i>	<i>7941 Katy Fwy</i>	<i>Houston, TX 77024-1924</i>	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	<i>CONSULTING EXPENSE</i>	<i>CONSULTING EXPENSE</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
12/22/2025	<i>Colon Avs Company</i>		
Amount (\$)	Payee address:	City:	State: Zip Code
<i>\$5,635.00</i>	<i>7941 Katy Fwy</i>	<i>Houston, TX</i>	<i>77024-1924</i>
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>PRINTING EXPENSE</i>	<i>SIGNS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
12/29/2025	<i>CANVA</i>		
Amount (\$)	Payee address:	City:	State: Zip Code
<i>\$1348.51</i>	<i>CANVA Pty Ltd.</i>	<i>110 Kippax St. NSW 2010, Australia</i>	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<i>PRINTING EXPENSE</i>	<i>CARDS /Door Hangers</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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