

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 / MR **C**

FIRST

RICHARD

MI

L.

NICKNAME

LAST

JANKOVSKY

SUFFIX

III

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

536 KELLEY RD. REFUGIO, TX 78377

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 433-6258

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **C**

FIRST

RICHARD

MI

L.

NICKNAME

LAST

JANKOVSKY

SUFFIX

III

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #

CITY

STATE

ZIP CODE

536 KELLEY RD. REFUGIO, TX 78377

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(956) 433-6258

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10 / 23 / 2025 THROUGH

Month

Day

Year

12 / 31 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Refugio County 2025

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>RICHARD L. JANKOVSKY III</u>		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
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 100.00

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.

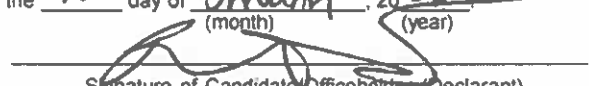
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is RICHARD L. JANKOVSKY III and my date of birth is 12/12/1975
 My address is 536 KELLY RD. ROFARO TX 78377 ROFARO
 (street) (city) (state) (zip code) (country)
 Executed in ROFARO County, State of TEXAS on the 15 day of JULY, 2026
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>RICHARD L. JANKENSKI JR</i>		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: 2
2 FILER NAME RICHARD L. JANKOWSKI JR		3 Filer ID (Ethics Commission Filers)
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MAURICE BUNNY KAMEN	7 Amount of contribution (\$) \$ 2,000
6 Contributor address: City: State: Zip Code 708 W. COMMERCIAL VEROBE, TX 77901		
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LUANN WILLIAMS / V8 CATTLE	Amount of contribution (\$) \$250
Contributor address: City: State: Zip Code P.O. BOX 338 BOWEN, TX 77420		
Principal occupation / Job title (See Instructions) RANCHMAN		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RALPH GASTON III	Amount of contribution (\$) \$ 2,000
Contributor address: City: State: Zip Code 2905 SAN GABRIEL AUSTIN, TX 78705		
Principal occupation / Job title (See Instructions) SELF EMPLOYED		Employer (See Instructions) SELF EMPLOYED
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MICHAEL EAST	Amount of contribution (\$) \$ 5,000
Contributor address: City: State: Zip Code P.O. BOX 69 SANITA, TX 78385		
Principal occupation / Job title (See Instructions) RANCHMAN		Employer (See Instructions) OWNER OF SANITA FE RANCH
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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>RECHARD L. JANSSEN IV</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/25/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>FRED SHANNON</i>	7 Amount of contribution (\$) <i>\$ 1,000</i>
6 Contributor address; City; State; Zip Code <i>1807 PEARL ST. AUSTIN, TX 78701</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>11/10/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>MRS. BECKY SORCE</i>	Amount of contribution (\$) <i>\$ 200</i>
Contributor address; City; State; Zip Code <i>1240 CR 324 ADAMS LA VARENA, TX 78121</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>11/10/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LARRY AARON</i>	Amount of contribution (\$) <i>\$ 100</i>
Contributor address; City; State; Zip Code <i>1003 COMMENCE ST. REFUGIO, TX 78377</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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.

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 RICHARD L. JANKOVSKY II		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 100,000
5 Date of loan 10/23/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) RICHARD L. JANKOVSKY II	9 Loan Amount (\$) \$ 100,000
6 Is lender a financial institution? Y (N)	8 Lender address: City: State: Zip Code 536 KELLEY RD. REFUGIO, TX 78377	10 Interest rate 0%
		11 Maturity date
12 Principal occupation / Job title (See Instructions) RODMAN		13 Employer (See Instructions) RODMAN
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? Y N	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
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 3		2 FILER NAME RICHARD L. JANKOVSKY IV		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: TX 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 RETRO COUNTY REPUBLICAN PARTY			
Amount (\$) \$750.00		Payee address: P.O. Box 565		City: WOODSBORO, TX	State: TX Zip Code: 78393
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEE		Description RAVING 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		City: HOUSTON, TX	State: TX Zip Code: 77024-1924
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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidates/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: 3	2 FILER NAME RICHARD L. JAVORSKY III	3 Filer ID (Ethics Commission Filers)
4 Date 11/25/2025	5 Payee name VANTAGE BANK	
6 Amount (\$) 15.45	7 Payee address; City: State: Zip Code 111 EAST PLACERA 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) ACCOUNTING / BANKING	
	(b) Description CHECKS	
(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 12/01/2025	Payee name BEYOND THE GLOW	
Amount (\$) 200.00	Payee address; City: State: Zip Code 106 E. YMBALDON 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) EVENT EXPENSE	
	Description 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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 12/01/2025	Payee name 77 OUTFITTERS	
Amount (\$) 200.00	Payee address; City: State: Zip Code 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) EVENT EXPENSE	
	Description 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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 3	2 FILER NAME RECHARD L. JANKOVSKY JR	3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2025	5 Payee name COLON AND COMPANY	
6 Amount (\$) 750.00	7 Payee address; City: State: Zip Code 7941 KATY FWY HOUSTON, TX. 77024-1924 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description CONSULTING EXPENSE
	(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
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Date 12/22/2025	Payee name COLON AND COMPANY		
Amount (\$) \$51635.00	Payee address; City: State: Zip Code 7941 KATY FWY HOUSTON, TX 77024-1924 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description STIONS	
	<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
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Date 12/29/2025	Payee name CANVA		
Amount (\$) \$348.51	Payee address; City: State: Zip Code CANVA Pty Ltd. 110 KEPPAR ST. NSW 2010, AUSTRALIA <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description CARDS / DOOR HANGERS	
	<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
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