

# 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: <b>6</b>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>MRS. JHIELA M</b> NICKNAME: LAST SUFFIX <b>GIGI POYNTER</b>	<b>OFFICE USE ONLY</b> <div style="font-size: 2em; color: blue; font-weight: bold; margin: 10px 0;">RECEIVED</div> <div style="color: red; font-weight: bold; margin: 5px 0;">JAN 15 2026</div> <div style="color: blue; font-weight: bold; margin: 5px 0;">ELECTIONS ADMINISTRATOR REFUGIO COUNTY, TEXAS</div> <div style="font-size: 0.8em; margin-top: 10px;">             Date Received              Date Hand-delivered or Date Postmarked              Receipt # <span style="border: 1px solid black; padding: 2px;">14</span> Amount \$              Date Processed              Date Imaged           </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>PO BOX 1093 REFUGIO TX 78377</b> <small>Change of Address</small>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: PHONE NUMBER EXTENSION <b>(361) 724-0111</b>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>MRS. JHIELA M</b> NICKNAME: LAST SUFFIX <b>GIGI POYNTER</b>										
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>704 O BRIEN ROAD REFUGIO TX 78377</b> <small>(Residence or Business)</small>										
8 CAMPAIGN TREASURER PHONE	AREA CODE: PHONE NUMBER EXTENSION <b>(361) 724-0111</b>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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)         </div> <div style="width: 50%;"> <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)         </div> </div>										
10 PERIOD COVERED	Month Day Year Month Day Year <b>7 / 1 / 25 THROUGH 12 / 31 / 25</b>										
11 ELECTION	ELECTION DATE: Month Day Year <b>3 / 3 / 26</b> 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): <b>REFUGIO COUNTY JUDGE</b> OFFICE SOUGHT (if known): <b>REFUGIO COUNTY JUDGE</b>										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em;">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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> 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

<b>15 C/OH NAME</b> JHIELA "GIGI" POYNTER		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,138.69
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,800.88
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**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

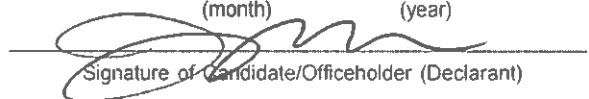
OR

(2) Unsworn Declaration

My name is JHIELA "GIGI" POYNTER, and my date of birth is 03/14/1986

My address is 704 O BRIEN ROAD, REFUGIO, TX, 78377, USA  
(street) (city) (state) (zip code) (country)

Executed in REFUGIO County, State of TEXAS, on the 15 day of JANUARY, 2026  
(month) (year)



Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****JHIELA "GIGI" POYNTER****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,138.69
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# 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  
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 G: <b>3</b>		2 FILER NAME <b>JHIELA "GIGI" POYNTER</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/03/2025</b>		5 Payee name <b>WIX.COM LTD</b>			
6 Amount (\$) <b>195.07</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: <b>YUNITSMAN 5</b> <small>Check if individual's residence address.</small>		City: <b>TEL AVIV</b>	State: Zip Code <b>ISRAEL 6936025</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>WEBSITE HOSTING AND DOMAIN</b>		
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>10/05/2025</b>		Payee name <b>WIX.COM LTD</b>			
Amount (\$) <b>31.86</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: <b>YUNITSMAN 5</b> <small>Check if individual's residence address.</small>		City: <b>TEL AVIV</b>	State: Zip Code <b>ISRAEL 6936025</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>WEBSITE APP</b>		
	<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 <b>11/11/2025</b>		Payee name <b>SHANDONG DOC CULTURE CREATIVE INDUSTRY CO., LTD.</b>			
Amount (\$) <b>260.12</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: <b>2350 KAITUO ROAD</b> <small>Check if individual's residence address.</small>		City: <b>SHANDONG</b>	State: Zip Code <b>CHINA 1-111</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Gift/Awards/Memorials Expense</b>		Description <b>BUTTONS</b>		
	<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					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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  
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.

<b>1</b> Total pages Schedule G: <b>3</b>		<b>2</b> FILER NAME <b>JHIELA "GIGI" POYNTER</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>11/14/2025</b>		<b>5</b> Payee name <b>YIWU JIAHAO IMPORT AND EXPORT CO., LTD.</b>			
<b>6</b> Amount (\$) <b>299.71</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address: <b>BUILDING 35 FUXING HUTANXI</b> <small>Check if individual's residence address.</small>		<b>City;</b> <b>ZHEJIANG</b>	<b>State; Zip Code</b> <b>CHINA 1-111</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Gift/Awards/Memorials Expense</b>		<b>(b)</b> Description <b>HATS</b>		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div> Candidate / Officeholder name Office sought Office held </div>					
<b>Date</b> <b>11/22/2025</b>		<b>Payee name</b> <b>AMAZON.COM</b>			
<b>Amount (\$)</b> <b>47.56</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address;</b> <b>410 TERRY AVE. N.</b> <small>Check if individual's residence address.</small>		<b>City;</b> <b>SEATTLE</b>	<b>State; Zip Code</b> <b>WA 98109</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>Description</b> <b>BROCHURE HOLDERS</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b> <div> Candidate / Officeholder name Office sought Office held </div>					
<b>Date</b> <b>11/30/2025</b>		<b>Payee name</b> <b>UPRINTING.COM</b>			
<b>Amount (\$)</b> <b>252.36</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>Payee address;</b> <b>8000 HASKELL AVE.</b> <small>Check if individual's residence address.</small>		<b>City;</b> <b>VAN NUYS</b>	<b>State; Zip Code</b> <b>CA 91406</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Printing Expense</b>		<b>Description</b> <b>BROCHURES</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>Complete ONLY if direct expenditure to benefit C/OH</b> <div> Candidate / Officeholder name Office sought Office held </div>					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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  
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.

<b>1</b> Total pages Schedule G: <b>3</b>	<b>2 FILER NAME</b> <b>JHIELA "GIGI" POYNTER</b>		<b>3 Filer ID</b> (Ethics Commission Filers)	
<b>4</b> Date <b>12/25/2025</b>	<b>5</b> Payee name			
<b>6</b> Amount (\$) <b>52.01</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <b>410 TERRY AVE. N.</b> <small>Check if individual's residence address.</small>		City; <b>SEATTLE</b>	State; <b>WA</b> Zip Code <b>98109</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b) Description</b> <b>DOOR HANGERS</b>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date	Candidate / Officeholder name			
Payee name	Office sought			
Office held				
Date	Payee name			
Amount (\$)	Payee address;		City;	State; Zip Code
Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	<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				
Date	Candidate / Officeholder name			
Payee name	Office sought			
Office held				
Date	Payee name			
Amount (\$)	Payee address;		City;	State; Zip Code
Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)		Description	
	<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				
Date	Candidate / Officeholder name			
Payee name	Office sought			
Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED