

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:	5			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mary	MI E	OFFICE USE ONLY				
	NICKNAME	LAST Riemenschneider	SUFFIX	Date Received RECEIVED JAN 20 2026				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE Refugio Texas 78377			
Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 319-6175	EXTENSION					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mary	MI E	Receipt #				
	NICKNAME	LAST Riemenschneider	SUFFIX	Amount \$				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: P.O. Box 194			CITY: Refugio	STATE: ZIP CODE Texas 78377			
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 319-6175	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 10	Day 24	Year 25	THROUGH	Month 12	Day 31	Year 25	
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 26		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) Refugio Co. Justice of the Peace, No. 2			13 OFFICE SOUGHT (if known) Refugio Co. Justice of the Peace, No. 2				
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	COMMITTEE NAME						
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

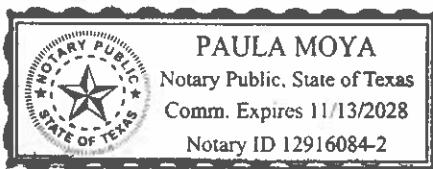
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mary E. Riemenshneider		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 375.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Mary E. Riemenshneider
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mary E. Riemenshneider this the 10th day of January, 20 2024, to certify which, witness my hand and seal of office.

Paula Moya
Signature of officer administering oath

Paula Moya
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 Mary E. Riemenschneider	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	
21. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$	
4. SCHEDULE E: LOANS \$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	
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. ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 375.00	
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 \$	

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 1	2 FILER NAME Mary E. Riemenschneider	3 Filer ID (Ethics Commission Filers)
4 Date 11/07/2025	5 Payee name Sylvia Barrera-Wiginton, Republican Party Chair	
6 Amount (\$) 375.00 Reimbursement from political contributions intended	7 Payee address; 101 Locke Street	City: Woodsboro State: Texas Zip Code 78393
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 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



DAVID OR EMI RIEMENSCHNEIDER
P.O. BOX 194
REFUGIO, TX 78377

11-7-25

~~On the order of~~ Refugio Co. Republican Party \$375.00 by
three hundred - seventy - five dollars + ~~00~~

THE 1ST STATE BANK
FRIENDLIEST BANK ANYWHERE
LOUISE - EL CAMPO - SWEENEY
BLESSING - WHARTON
TEXAS

Emi Riemenschneider

1131230651 11 4069 8# 4411