

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/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 <input checked="" type="checkbox"/> MR	FIRST <i>Horace</i>	MI <i>Newton</i>	OFFICE USE ONLY <i>by Angela Frazer</i>		
	NICKNAME <i>Newt</i>	LAST <i>Cunningham</i>	SUFFIX <i>III</i>	Date Received <i>01-14-26</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE <i>1955 CR 2980 Windom TX 75492</i>			<input type="checkbox"/> Change of Address		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>640-3939</i>	EXTENSION	Date Hand-delivered or Date Postmarked <i>01-14-26</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS <input checked="" type="checkbox"/> MR	FIRST <i>James Randall</i>	MI <i>Tina Pearl</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME <i>Randy</i>	LAST <i>Moore</i>	SUFFIX <i>Moore</i>	Date Processed <i>01-14-26</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE <i>2126 CR 1450 Bonham Tx 75418</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>227.2333</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"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit			<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month <i>7</i>	Day <i>16</i>	Year <i>25</i>	Month <i>1</i>	Day <i>15</i>	Year <i>26</i>
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 3 / 26</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) <i>County Judge</i>			13 OFFICE SOUGHT (if known) <i>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					
	<input type="checkbox"/> SPECIFIC					
GO TO PAGE 2						

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

5 JC/OH NAME

H.N. (Newt) Cunningham

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,250.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,520.08
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.



Signature of Candidate/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 H.N. (Newt) Cunningham, and my date of birth is 5/8/1950  
My address is 1955 CR 2980, Windon, TX 75492 US

(street)

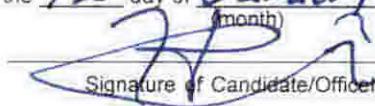
(city)

(state)

(zip code)

(country)

Executed in Fannin County, State of Texas, on the 12 day of January, 2026



Signature of Candidate/Officeholder (Declarant)

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

9 FILER NAME	20 Filer ID (Ethics Commission Filers)	
<i>H.N. (Newt) Cunningham</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 27,250.	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 763.50	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2756.58	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	

**MONETARY POLITICAL CONTRIBUTIONS  
(JUDICIAL)**

**SCHEDULE A(J)1**

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 A(J)1: <i>two</i>
2 FILER NAME <i>H. N. (Newt) Cunningham III</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/21/25</i>	5 Full name of contributor <i>Tom Turner</i>	6 Contributor address; City; State; Zip Code <i>300 E Russell Bonham 75418</i> 7 Amount of contribution (\$) <i>\$ 200.</i>
8 Contributor's principal occupation <i>Retired</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/21/25</i>	Full name of contributor <i>Laurine Blake</i>	Amount of contribution (\$) <i>\$ 500.</i>
Contributor address; City; State; Zip Code <i>P.O. Box 122 Bonham 75418</i>		Contributor's job title
Contributor's principal occupation <i>Retired</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11/21/25</i>	Full name of contributor <i>Richard Glaser</i>	Amount of contribution (\$) <i>\$ 1000.</i>
Contributor address; City; State; Zip Code <i>383 CR 1452 Bonham 75418</i>		Contributor's job title
Contributor's principal occupation <i>Retired</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**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 (JUDICIAL)

## SCHEDULE A(J)1

If the requested information is not applicable, DO NOT include this page in the report.

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A(J)1: <i>two</i></p>
<p>2 FILER NAME</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
4 Date	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:</p> <p><i>11/21/25 Mike Neiter</i></p>			<p>7 Amount of contribution (\$)</p> <p><i>250.00</i></p>
	6 Contributor address:	City:	State: Zip Code	
	<p><i>P.O. Box 266 Bonham 75418</i></p>			
<p>8 Contributor's principal occupation</p> <p><i>Retired</i></p>		<p>9 Contributor's job title</p>		
<p>10 Contributor's employer/law firm</p>		<p>11 Law firm of contributor's spouse (if any)</p>		
<p>12 If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:</p> <p><i>12/23/25 Tony Batman</i></p> <p>Contributor address: City: State: Zip Code</p> <p><i>6902 Gaston Dallas TX 75214</i></p> <p>Amount of contribution (\$)</p> <p><i>\$ 25,000.</i></p>				
<p>Contributor's principal occupation</p> <p><i>Retired</i></p>		<p>Contributor's job title</p>		
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>		
<p>If contributor is a child, law firm of parent(s) (if any)</p>				
<p>Date Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:</p> <p><i>1/9/26 Gilbert Welch</i></p> <p>Contributor address: City: State: Zip Code</p> <p><i>1510 Nunn CR Bonham 75418</i></p> <p>Amount of contribution (\$)</p> <p><i>\$ 300.00</i></p>				
<p>Contributor's principal occupation</p> <p><i>Retired</i></p>		<p>Contributor's job title</p>		
<p>Contributor's employer/law firm</p>		<p>Law firm of contributor's spouse (if any)</p>		
<p>If contributor is a child, law firm of parent(s) (if any)</p>				

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# 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		3 Filer ID (Ethics Commission Filers)
one	H.N. (Newt) Cunningham III		
4 Date	5 Payee name		
12/9/25	Fannin Co Republican Party		
6 Amount (\$)	7 Payee address:	City:	State: Zip Code
750.00			
<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	
	Campaign	Filing Fee	
(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	Payee name		
12/30/25	Deluxe Checks		
Amount (\$)	Payee address:	City:	State: Zip Code
13.50	on line		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Banking	deposit slips	
<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	Payee name		
Amount (\$)	Payee address:	City:	State: Zip Code
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>H.N. (Newt) Cunningham III</i>			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ <i>2756.58</i>	
5 CREDIT CARD ISSUER	Name of financial institution <i>Chase</i>			
6 PAYMENT	(a) Amount Charged <i>\$ 253.54</i>	(b) Date Expenditure Charged <i>12/29/25</i>	(c) Date(s) Credit Card Issuer Paid <i>1/12/26</i>	
7 PAYEE	(a) Payee name <i>Canva</i>	(b) Payee address; <input type="checkbox"/> Check if individual's residence address <i>on Line</i>	City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Printing</i>	
	(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
PAYMENT	(a) Amount Charged <i>\$ 240.19</i>	(b) Date Expenditure Charged <i>12/29/25</i>	(c) Date(s) Credit Card Issuer Paid <i>1/12/26</i>	
PAYEE	(a) Payee name <i>Canva</i>	(b) Payee address; <input type="checkbox"/> Check if individual's residence address <i>on Line</i>	City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Printing</i>	
	(c) <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
PAYMENT	(a) Amount Charged <i>\$ 280.</i>	(b) Date Expenditure Charged <i>12/30/25</i>	(c) Date(s) Credit Card Issuer Paid <i>1/12/26</i>	
PAYEE	(a) Payee name <i>Fannin Co Leader</i>	(b) Payee address; <input type="checkbox"/> Check if individual's residence address <i>on line</i>	City, State, Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Ad</i>	
	(c) <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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <b>(3)</b>	2 FILER NAME <i>H.W. (Newt) Cunningham III</i>		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ <b>2756.58</b>
5 CREDIT CARD ISSUER	Name of financial institution <i>Chase</i>		
6 PAYMENT	(a) Amount Charged <b>\$ 279.26</b>	(b) Date Expenditure Charged <b>1/2/26</b>	(c) Date(s) Credit Card Issuer Paid <b>1/12/26</b>
7 PAYEE	(a) Payee name <i>Printplace</i>	(b) Payee address; <i>online</i>	City, State, Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Printing</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought
			Office Held
PAYMENT	(a) Amount Charged <b>\$ 549.77</b>	(b) Date Expenditure Charged <b>1/3/26</b>	(c) Date(s) Credit Card Issuer Paid <b>1/12/26</b>
PAYEE	(a) Payee name <i>Canva</i>	(b) Payee address; <i>online</i>	City, State, Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>		(b) Description <i>Printing</i>
	<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
PAYMENT	(a) Amount Charged <b>\$ 14.05</b>	(b) Date Expenditure Charged <b>1/3/26</b>	(c) Date(s) Credit Card Issuer Paid <b>1/12/26</b>
PAYEE	(a) Payee name <i>Amazon</i>	(b) Payee address; <i>online</i>	City, State, Zip Code
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Supply</i>		(b) Description <i>Phone case</i>
	<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

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 10(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
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 2756.58
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5 CREDIT CARD ISSUER	Name of financial institution Chase		
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6 PAYMENT	(a) Amount Charged \$ 580.00	(b) Date Expenditure Charged 1/8/26	(c) Date(s) Credit Card Issuer Paid 1/12/26
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7 PAYEE	(a) Payee name Fannin Co Leader	(b) Payee address; <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code
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8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ad.
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(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		Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$ 549.77	(b) Date Expenditure Charged 1/10/26	(c) Date(s) Credit Card Issuer Paid 1/12/26
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PAYEE	(a) Payee name Canva	(b) Payee address; <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Printing
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(c)  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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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; <input type="checkbox"/> Check if individual's residence address.	City, State, Zip Code
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PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)	(b) Description
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(c)  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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED