

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 ☒ MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Newt

Cunningham

III

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

1955 CR 2980 Windom TX 75492

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

640-3939

6 CAMPAIGN
TREASURER
NAME

MS / MRS ☒ MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Randy

Moore

Moore

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

(Residence or Business)

2126 CR 1450 Bonham Tx 75418

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

227.2333

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

7 / 16 / 25

THROUGH

Month

Day

Year

1 / 15 / 26

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 26

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

County Judge

13 OFFICE SOUGHT (if known)

County Judge

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

OFFICE USE ONLY

Date Received 01-14-26
by Angela Trajz

Date Hand-delivered or Date Postmarked

01-14-26

Receipt #

Amount \$

Date Processed

01-14-26

Date Imaged

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) | \$ <i>27,250.</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>3,520.08</i> |
| 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 | \$ <i>0</i> |

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]
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* *Windham* *TX* *75492* *U.S.*
(street) (city) (state) (zip code) (country)

Executed in *Fannin* County, State of *Texas*, on the *12* day of *January*, 20*26*.
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

9 FILER NAME

H.N. (Newt) Cunningham

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

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

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 <input type="checkbox"/> out-of-state PAC ID#: <i>Tom Turner</i> | 7 Amount of contribution (\$) <i>\$200.</i> |
| 6 Contributor address; City; State; Zip Code <i>300 E Russell Bonham 75418</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 <input type="checkbox"/> out-of-state PAC ID#: <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 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 <input type="checkbox"/> out-of-state PAC ID#: <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 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.

| | | |
|--|---|--|
| The instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: <i>two</i> |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/21/25</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Mike Nejter</i> | 7 Amount of contribution (\$) <i>250.00</i> |
| 6 Contributor address; City; State; Zip Code <i>P.O. Box 266 Bonham 7548</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>12/23/25</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Tony Batman</i> | Amount of contribution (\$) <i>\$ 25,000.</i> |
| Contributor address; City; State; Zip Code <i>6902 Gaston Dallas TX 75214</i> | | |
| 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>1/9/26</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <i>Gilbert Welch</i> | Amount of contribution (\$) <i>\$ 300.00</i> |
| Contributor address; City; State; Zip Code <i>1510 Nunn CR Bonham 75418</i> | | |
| 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.

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 <i>one</i> | 2 FILER NAME <i>H.N. (Newt) Cunningham III</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>12/9/25</i> | 5 Payee name <i>Fannin Co Republican Party</i> | | |
| 6 Amount (\$) <i>750.00</i> | 7 Payee address; 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>Campaign</i> | | (b) Description <i>Filing fee</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 <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| Candidate / Officeholder name Office sought Office held | | | |
| Date <i>12/30/25</i> | Payee name <i>Deluxe Checks</i> | | |
| Amount (\$) <i>13.50</i> | Payee address; City; State; Zip Code <i>on line</i> <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>Banking</i> | | Description <i>deposit slips</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 | | |
| 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 <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

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | 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: (3) | 2 FILER NAME H.N. (Newt) Cunningham III | 3 FILER ID (Ethics Commission Filers) |
|---------------------------------------|--|---------------------------------------|

| | |
|---|-------------------|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ 2756.58 |
|---|-------------------|

| | |
|----------------------|---|
| 5 CREDIT CARD ISSUER | Name of financial institution Chase |
|----------------------|---|

| | | | |
|-----------|--|---|---|
| 6 PAYMENT | (a) Amount Charged \$ 253.54 | (b) Date Expenditure Charged 12/19/25 | (c) Date(s) Credit Card Issuer Paid 1/12/26 |
|-----------|--|---|---|

| | | |
|---------|--|--|
| 7 PAYEE | (a) Payee name Canva | (b) Payee address; City, State, Zip Code on Line |
| | <input type="checkbox"/> Check if individual's residence address | |

| | | |
|---|---|------------------------------------|
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Advertising | (b) Description Printing |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| <input type="checkbox"/> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |
|--|-------------------------------|---------------|-------------|

| | | | |
|---------|--|---|---|
| PAYMENT | (a) Amount Charged \$ 240.19 | (b) Date Expenditure Charged 12/29/25 | (c) Date(s) Credit Card Issuer Paid 1/12/26 |
|---------|--|---|---|

| | | |
|-------|--|--|
| PAYEE | (a) Payee name Canva | (b) Payee address; City, State, Zip Code on Line |
| | <input type="checkbox"/> Check if individual's residence address | |

| | | |
|--|---|------------------------------------|
| 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 |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| <input type="checkbox"/> Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office Sought | Office Held |
|--|-------------------------------|---------------|-------------|

| | | | |
|---------|--------------------------------------|---|---|
| PAYMENT | (a) Amount Charged \$ 280. | (b) Date Expenditure Charged 12/30/25 | (c) Date(s) Credit Card Issuer Paid 1/12/26 |
|---------|--------------------------------------|---|---|

| | | |
|-------|--|--|
| PAYEE | (a) Payee name Fannin Co Header | (b) Payee address; City, State, Zip Code on line |
| | <input type="checkbox"/> Check if individual's residence address | |

| | | |
|--|---|------------------------------|
| 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 |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|--|-------------------------------|---------------|-------------|
| <input type="checkbox"/> 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | |
|---|---|---------------------------------------|
| 1 TOTAL PAGES SCHEDULE F4: (3) | 2 FILER NAME H.N. (Newt) Cunningham III | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ 2756.58 |

| | |
|-------------------------|---|
| 5 CREDIT CARD ISSUER | Name of financial institution Chuse |
|-------------------------|---|

| | | | |
|-----------|--|---|---|
| 6 PAYMENT | (a) Amount Charged \$ 279.26 | (b) Date Expenditure Charged 1/2/26 | (c) Date(s) Credit Card Issuer Paid 1/12/26 |
|-----------|--|---|---|

| | | |
|---------|-------------------------------------|---|
| 7 PAYEE | (a) Payee name Printplace | (b) Payee address; <input type="checkbox"/> Check if individual's residence address. on line City, State, Zip Code |
|---------|-------------------------------------|---|

| | | |
|---|--|---|
| 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 Printing |
| | (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 \$ 549.77 | (b) Date Expenditure Charged 1/3/26 | (c) Date(s) Credit Card Issuer Paid 1/12/26 |
|---------|--|---|---|

| | | |
|-------|--------------------------------|--|
| PAYEE | (a) Payee name Canva | (b) Payee address; <input type="checkbox"/> Check if individual's residence address. online City, State, Zip Code |
|-------|--------------------------------|--|

| | | |
|---|--|---|
| 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 |
| | (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 \$ 14.05 | (b) Date Expenditure Charged 1/3/26 | (c) Date(s) Credit Card Issuer Paid 1/12/26 |
|---------|---------------------------------------|---|---|

| | | |
|-------|---------------------------------|---|
| PAYEE | (a) Payee name Amazon | (b) Payee address; <input type="checkbox"/> Check if individual's residence address. on line City, State, Zip Code |
|-------|---------------------------------|---|

| | | |
|---|---|---|
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) Supply | (b) Description phone case |
| | (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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | |
|---|---|---------------------------------------|
| 1 TOTAL PAGES SCHEDULE F4: <u>3</u> | 2 FILER NAME <u>H.N. (Newt) Cunningham III</u> | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ <u>2756.58</u> |

| | |
|-------------------------|---|
| 5 CREDIT CARD ISSUER | Name of financial institution <u>Chase</u> |
|-------------------------|---|

| | | | |
|-----------|--|---|---|
| 6 PAYMENT | (a) Amount Charged \$ <u>580.00</u> | (b) Date Expenditure Charged <u>1/8/26</u> | (c) Date(s) Credit Card Issuer Paid <u>1/12/26</u> |
|-----------|--|---|---|

| | | |
|---------|---|---|
| 7 PAYEE | (a) Payee name <u>Fannin Co Leader</u> | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. |
|---------|---|---|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <u>Advertising</u> | (b) Description <u>Ad</u> |
| (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 \$ <u>549.77</u> | (b) Date Expenditure Charged <u>1/10/26</u> | (c) Date(s) Credit Card Issuer Paid <u>1/12/26</u> |
|---------|--|--|---|

| | | |
|-------|--------------------------------|--|
| PAYEE | (a) Payee name <u>Canva</u> | (b) Payee address; City, State, Zip Code <u>online</u> <input type="checkbox"/> Check if individual's residence address. |
|-------|--------------------------------|--|

| | | |
|---|--|---|
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) <u>Advertising</u> | (b) Description <u>Printing</u> |
| (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 \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---------|--------------------------|------------------------------|-------------------------------------|

| | | |
|-------|----------------|---|
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. |
|-------|----------------|---|

| | | |
|---|--|---|
| 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 |
| (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