

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

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

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other

Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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

☐ Additional Pages

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

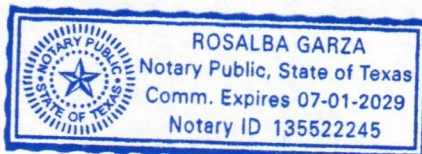
15 C/OH NAME <u>Jo Ann San Miguel</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
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	\$

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.

Jo Ann San Miguel  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Rosalba Garza

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jo Ann San Miguel this the 2nd day of February 2026, to certify which, witness my hand and seal of office.

Jo Ann San Miguel  
Signature of officer administering oath  
Jo Ann San Miguel  
Printed name of officer administering oath  
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)

# 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: <u>5</u>		2 FILER NAME <u>JO Ann San Miguel</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1/20/20</u>		5 Payee name <u>DOLLAR TREE</u>			
6 Amount (\$) <u>815</u>		7 Payee address; <u>815 E. Business 190, Copperton, TX</u>		City; State; Zip Code <u>76522</u>	
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <u>Marketing</u>		(b) Description <u>Marketing materials</u>	
		(c) <input type="checkbox"/> Check if individual's residence address.		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>1/20/20</u>		Payee name <u>TRACTOR SUPPLY</u>			
Amount (\$) <u>31.11</u>		Payee address; <u>469 Central TX Expwy. Lampasas, TX</u>		City; State; Zip Code <u>76550</u>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>MARKETING</u>		Description	
		<input type="checkbox"/> Check if individual's residence address.		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>1/20/20</u>		Payee name <u>PRYNT SHOP</u>			
Amount (\$) <u>259.80</u>		Payee address;		City; State; Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Design + production of flyers</u>	
		<input type="checkbox"/> Check if individual's residence address.		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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 <i>Ju Ann San Miguel</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/12/20</i>		5 Payee name <i>Print Shop</i>			
6 Amount (\$) <i>86.60</i>		7 Payee address; City; State; Zip Code <i>2404 W. WALLACE, SAN SABA, TX. 76877</i> <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>printing</i>		(b) Description <i>Business Cards</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>1/12/20</i>		Payee name <i>Print Shop</i>			
Amount (\$) <i>724.86</i>		Payee address; City; State; Zip Code <i>2404 W. WALLACE, SAN SABA, TX 76877</i> <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		Candidate / Officeholder name Office sought Office held			
Date <i>1/15/20</i>		Payee name <i>Campaign Partner</i>			
Amount (\$) <i>29.</i>		Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		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			

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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		2 FILER NAME <i>To Ann San Miguel</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/6/20</i>		5 Payee name <i>Tractor Supply</i>			
6 Amount (\$) <i>19.88</i>		7 Payee address; City; State; Zip Code <i>469 Central Tx Expwy, Lampasas, Tx 76350</i> <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>MARKETING</i>		(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		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <i>1/6/20</i>		Payee name <i>Tractor Supply</i>			
Amount (\$) <i>42.14</i>		Payee address; City; State; Zip Code <i>469 Central Tx Expwy., Lampasas, Tx 76350</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>marketing</i>		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					
Date <i>1/12/20</i>		Payee name <i>Keith Ace Hardware</i>			
Amount (\$) <i>41.21</i>		Payee address; City; State; Zip Code <i>102. S. First St., Copperas Cove Tx 76522</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Marketing</i>		Description <i>metal stands for signs</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					

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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:		2 FILER NAME <b>JO ANN SAN MIGUEL</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/4/25</b>		5 Payee name <b>Udderly Creative</b>			
6 Amount (\$) <b>292.28</b>		7 Payee address; City; State; Zip Code <b>317 E. Third St, Lampasas, TX 76830</b> <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>MARKETING</b>		(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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <b>12/31/25</b>		Payee name <b>Hill Country Publishing</b>			
Amount (\$) <b>835</b>		Payee address; City; State; Zip Code <b>416 S. Live Oak St. Lampasas, TX 76830</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>print + online ads</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>12/31/25</b>		Payee name <b>PRYNT SHOP</b>			
Amount (\$) <b>524.02</b>		Payee address; City; State; Zip Code <b>2404 W. WALLACE, SAN SABA, TX 76877</b> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>		Description <b>Campaign signage - design + production</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 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:	2 FILER NAME <i>To Ann San Miguel</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/20/25</i>	5 Payee name <i>Udderly Creative</i>	
6 Amount (\$) <i>388.97</i>	7 Payee address; City; State; Zip Code <i>317 E. THIRD ST., LAMPASAS, TX 76550</i> <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>Marketing</i>	(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	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <i>11/25/25</i>	Payee name <i>Udderly Creative</i>	
Amount (\$) <i>132.50</i>	Payee address; City; State; Zip Code <i>317 E. THIRD ST., LAMPASAS, TX 76550</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>MARKETING</i>	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 <i>11/26/25</i>	Payee name <i>MAPLES + ASSOCIATES</i>	
Amount (\$) <i>47.20</i>	Payee address; City; State; Zip Code <i>420 S. Live Oak, # 200, Lampasas, TX 76550</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>PRINTING</i>	Description <i>PHOTO COPIES</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		

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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:		2 FILER NAME <i>Jo Ann San Miguel</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/12/25</i>		5 Payee name <i>LAMPASAS RADIO</i>			
6 Amount (\$) <i>153.</i>		7 Payee address; City; State; Zip Code <i>505 N. KEY AVE, LAMPASAS, TX 76550</i> <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		(b) Description <i>RADIO INTERVIEW</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>11/14/25</i>		Payee name <i>AMAZON MARKETPLACE</i>			
Amount (\$) <i>19.22</i>		Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>		Description <i>CHRISTMAS PARADE SUPPLIES</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 <i>11/17/25</i>		Payee name <i>Oriental Trading Company / OTC Brands</i>			
Amount (\$) <i>48.54</i>		Payee address; City; State; Zip Code <i>.orientaltrading.com</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>marketing</i>		Description <i>CUSTOMIZED PENS</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	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## 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	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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jo Ann San Miguel</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/10/25</i>		5 Payee name <i>Lampasas Radio</i>			
6 Amount (\$) <i>109.50</i>		7 Payee address; City; State; Zip Code <i>505 N. Key Ave., Lampasas, TX 76550</i> <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising expense</i>		(b) Description <i>3-day run County Judge 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		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>11/12/25</i>		Payee name <i>HOBBY LOBBY</i>			
Amount (\$) <i>3.97</i>		Payee address; City; State; Zip Code <i>2002 E. Central Texas Expressway Killeen, TX 76541</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>MARKETING</i>		Description <i>PATRIOTIC PAPER</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 <i>11/12/25</i>		Payee name <i>H-E-B</i>			
Amount (\$) <i>18.03</i>		Payee address; City; State; Zip Code <i>705 S. Key Ave., Lampasas, TX 76550</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>FOOD, BEVERAGE</i>		Description <i>CAMPAIGN EVENT</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	

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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 <i>Jo Ann San Miguel</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/27/25</i>		5 Payee name <i>Udderty creative</i>			
6 Amount (\$) <i>53.04</i>		7 Payee address; City; State; Zip Code <i>317 E THIRD ST. LAMPASAS, TX 76550</i> <input type="checkbox"/> Check if individual's residence address.			
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>		(b) Description <i>BUSINESS CARDS</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>11/5/25</i>		Payee name <i>MAPLES + ASSOCIATES</i>			
Amount (\$) <i>7.04</i>		Payee address; City; State; Zip Code <i>420 S LIVE OAK, #200, LAMPASAS, TX 76550</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>		Description <i>PHOTO COPIES</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 <i>11/16/25</i>		Payee name <i>Hill Country Publishing</i>			
Amount (\$) <i>207.</i>		Payee address; City; State; Zip Code <i>416 S. Live Oak, Lampasas, TX 76550</i> <input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Ad - Hats in the Ring</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				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**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: <div style="text-align: center; font-size: 1.5em;">1</div>
2 FILER NAME <div style="text-align: center; font-family: cursive; font-size: 1.2em;">JU ANN SAN MIGUEL</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2,400.
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution? <div style="text-align: center;">Y <input type="checkbox"/> N <input checked="" type="checkbox"/></div>	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> none		15 <input 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	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
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? <div style="text-align: center;">Y <input type="checkbox"/> N <input type="checkbox"/></div>	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	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

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 A2: <b>1</b>	
2 FILER NAME <b>Jo Ann San Miguel</b>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Anita Andry</b>			8 Amount of Contribution \$ <b>200</b>	9 In-kind contribution description <b>Memo's Food</b>
7 Contributor address; City; State; Zip Code <b>2111 Surrender Ave. Austin TX 78708</b>				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)			11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)			13 Contributor's job title (FOR JUDICIAL)(See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)			15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) .....			Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)			Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL)(See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

**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

## 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: <b>1</b>
2 FILER NAME <b>To Ann San Miguel</b>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jaime Aldape</b>	7 Amount of contribution (\$) <b>250</b>
6 Contributor address; City; State; Zip Code <b>401 E. Sonterra, Ste. 375 San Antonio, TX 78258</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Aldape Law Firm, PLLC</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Maria Negrete</b>	Amount of contribution (\$) <b>200</b>
Contributor address; City; State; Zip Code <b>191 County Rd. 4814 Copperas Cove, TX 76522</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Acosta</b>	Amount of contribution (\$) <b>100</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Acosta</b>	Amount of contribution (\$) <b>100</b>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Jo Ann San Miguel*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" 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	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$