

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 <input checked="" type="radio"/>	FIRST Jo Ann	MI	OFFICE USE ONLY			
	NICKNAME	LAST San Miguel	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX.	APT / SUITE #.	CITY:	STATE:	ZIP CODE		
	505 E. Third St, Ste 101 Lampasas, TX 76550						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(512) 556-2046					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/>	FIRST Ken	MI	Date Received RECEIVED FEB 19 2026 By: <i>[Signature]</i>			
	NICKNAME	LAST Mc Daniel	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE	
	2072 CR 1025 Lampasas, TX 76550						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
		(860) 558-4052					
9 REPORT TYPE	<input 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 checked="" 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	Day	Year	THROUGH	Month	Day	Year
		1 / 23 / 2026			2 / 19 / 2026		
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
		3 / 3 / 2026		<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)				
		N/A		Lampasas County Judge			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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					
	<input type="checkbox"/> GENERAL						
	<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		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)	\$ 1478.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2341.16
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	\$ 1000.00

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

[Handwritten Signature]
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 JoAnn San Miguel, and my date of birth is 10/12/1974
 My address is 535E. Third St. #101, Lampasas TX 76550
(street) (city) (state) (zip code) (country)
 Executed in Lampasas County, State of Texas, on the 19th day of February, 2026.
(month) (year)
[Handwritten Signature]
 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Jo Ann San Miguel</i>		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>300-</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>148.40</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>1000-</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS <i>4 pgs</i>	\$ <i>2341.16</i>
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	\$

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:

2 FILER NAME

John San Miguel

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/2026

5 Full name of contributor

Donna Cockrell

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

300.00

6 Contributor address;

City: State: Zip Code

Lampasas, TX 76850

8 Principal occupation / Job title (See Instructions)

Keeping it local

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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:

1

2 FILER NAME

JoAnn San Miguel

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/11/2026

6 Full name of contributor out-of-state PAC (ID#: _____)

Gilbert Aguirre

8 Amount of Contribution \$

1,178.40

9 In-kind contribution description

Newspaper ads

7 Contributor address; City; State; Zip Code

601 E. Cuthbert Midland TX 79701

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Master Electrician

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Supreme Electrical

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 out-of-state PAC (ID#: _____)

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

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.

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:
1

2 FILER NAME

Jo Ann San Miguel

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 1000.00

5 Date of loan

2/6/2026

7 Name of lender

Jo Ann San Miguel

out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

1000.00

6 Is lender a financial institution?

Y N

8 Lender address;

505E. Third St. Ste. 101 Lampasas TX 76550

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

none

15

Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address;

City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City; State; Zip Code

not applicable

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.

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	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: 1 of 4	2 FILER NAME Jo Ann San Miguel	3 Filer ID (Ethics Commission Filers)
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4 Date 1/23/2026	5 Payee name Print Shop
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6 Amount (\$) 250.67	7 Payee address; City; State; Zip Code 2404 W. Wallace St, San Saba, TX 76877 <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Signage
	(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
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Date 1/26/2026	Payee name Print Shop
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Amount (\$) 151.55	Payee address; City; State; Zip Code 2404 W. Wallace St, San Saba, TX 76877 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description flyers
	<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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Date 2/3/2026	Payee name CopyCats
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Amount (\$) 10.00	Payee address; City; State; Zip Code Maple J Associates 400 S. Live Oak St Lampasas, TX 76550 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal services	Description Notary
	<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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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 | 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 F1: 2 of 4	2 FILER NAME JoAnn San Miguel	3 Filer ID (Ethics Commission Filers)
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4 Date 2/2/2026	5 Payee name Blessed & Presse & Designs
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6 Amount (\$) 38.97	7 Payee address: 508 4th St, Lampasas, TX 76550	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) Printing Expense	(b) Description t-shirts
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.		<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
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Date 2/4/2026	Payee name Lampasas Dispatch Record
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Amount (\$) 385.00	Payee address: 416 Live Oak St. Lampasas TX 76550	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) Advertising Expense	Description newspaper ads
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.		<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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Date 2/6/2026	Payee name BAP Designz
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Amount (\$) 156.96	Payee address: 508 4th St. Lampasas, TX 76550	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) Printing Expense	Description t-shirts
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.		<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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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	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: 3 of 4	2 FILER NAME Jo Ann San Miguel	3 Filer ID (Ethics Commission Filers)
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4 Date 2/6/2026	5 Payee name Lampasas Radio
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6 Amount (\$) 530.00	7 Payee address; City: State; Zip Code 505 N. Key Avenue Lampasas, TX 76550
<input type="checkbox"/> Check if individual's residence address.	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Radio gram ads
	(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
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Date 2/9/2026	Payee name Ace Hardware
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Amount (\$) 12.96	Payee address; City: State; Zip Code 507 N. Key Ave. Lampasas, Texas 76550
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Hardware for signage
	<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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Date 2/10/2026	Payee name Wave Hill Country Radio
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Amount (\$) 355.00	Payee address; City: State; Zip Code 1305 S. Key Ave Lampasas, Texas 76550
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio Ads
	<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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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 | 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: 3 of 4	2 FILER NAME Jo Ann San Miguel	3 Filer ID (Ethics Commission Filers)
4 Date 2/17/2026	5 Payee name Campaign Partner	
6 Amount (\$) 29.00	7 Payee address; City; State; Zip Code www.campaignpartner.com <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website
	(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 2/17/2026	Payee name Print Shop	
Amount (\$) 401.70	Payee address; City; State; Zip Code 2404 W. Wallace & San Saba TX 76877 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description signage
	<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 2/18/2026	Payee name Lampasas Dispatch	
Amount (\$) 19.35	Payee address; City; State; Zip Code 416 S. Live Oak St. Lampasas, TX 76850 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Newspaper ad
	<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