

# 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: <b>10</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>ANDREW</b>	MI <b>C</b>	OFFICE USE ONLY		
	NICKNAME <b>ANDY</b>	LAST <b>REESE</b>	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <b>POB 279</b>	APT / SUITE #; <b>CANTON TX 75103</b>	CITY; <b>CANTON TX 75103</b>	STATE; <b>TX</b>	ZIP CODE <b>75103</b>	
FILE FOR RECORD <b>JAN 15 2026</b>						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( <b>[REDACTED]</b> )	PHONE NUMBER <b>[REDACTED]</b>	EXTENSION	SUSAN STRICKLAND COUNTY CLERK, AMBARD COUNTY BY <i>[Signature]</i> DEP Date Hand Delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>ROBERT</b>	MI <b>A</b>	Receipt #	Amount \$	
	NICKNAME <b>BOB</b>	LAST <b>REESE</b>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <b>299 VZCR 4135</b>			CITY; <b>CANTON</b>	STATE; ZIP CODE <b>TX 75103</b>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>[REDACTED]</b>	PHONE NUMBER <b>[REDACTED]</b>	EXTENSION			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <b>7</b>	Day <b>1</b>	Year <b>25</b>	Month <b>12</b>	Day <b>31</b>	Year <b>25</b>
11 ELECTION	ELECTION DATE Month <b>3</b> Day <b>3</b> Year <b>26</b>	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) <b>COUNTY JUDGE</b>	13 OFFICE SOUGHT (if known) <b>COUNTY JUDGE</b>				
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	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

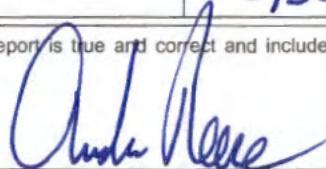
GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

15 JC/OH NAME	ANDREW REESE	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)	\$ 300.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,856.28
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,196.48
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 2,480.42
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6,291.64
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,500.00

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.



Signature of Candidate/Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Andrew Reese this the 16 day of January, 20 2016, to certify which, witness my hand and seal of office.

Keegan L Caldwell Signature of officer administering oath

Keegan L Caldwell Printed name of officer administering oath

Notary Public Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ (month) (year).

Signature of Candidate/Officeholder (Declarant)

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

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)
ANDREW (Andy) REESE	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6,659.80
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,480.42
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  
(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: <b>1 OF 3</b>
2 FILER NAME <b>ANDREW (ANDY) REESE</b>				3 Filer ID (Ethics Commission Filers)
4 Date <b>11/3/25</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>ROBERT A + CONNIE REESE</b>			7 Amount of contribution (\$) <b>4,000.00</b>
6 Contributor address: [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
8 Contributor's principal occupation <b>SELF EMPLOYED - REAL ESTATE</b>		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 <b>11/3/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>HEIDI BASKIN</b>			Amount of contribution (\$) <b>200.00</b>
Contributor address: [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Contributor's principal occupation <b>PENITI</b>		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 <b>11/3/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <b>RICK LOKKEN</b>			Amount of contribution (\$) <b>500.00</b>
Contributor address: [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Contributor's principal occupation <b>SELF EMPLOYED - CONSTRUCTION</b>		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)				
<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.				

**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:

2 OF 3

2 FILER NAME		ANDREW (Andy) REESE		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#: _____		
11/3/25	ERIC + KRISTI WHITAKER			
6 Contributor address		City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
7 Amount of contribution (\$)	500.00			
8 Contributor's principal occupation	9 Contributor's job title			
SELF EMPLOYED - LAND DEVELOPMENT	OWNER			
10 Contributor's employer/law firm	11 Law firm of contributor's spouse (if any)			
CLEAR CUT LAND				
12 If contributor is a child, law firm of parent(s) (if any)				

Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
12/14/25	RAY DAVIS		500.00
Contributor address:	City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Contributor's principal occupation	Contributor's job title		
RETIRED			
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	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
11/5/25	JULIE STEIN		574.80
Contributor address:	City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]
Contributor's principal occupation	Contributor's job title		
ATTORNEY	ATTORNEY		
Contributor's employer/law firm	Law firm of contributor's spouse (if any)		
JULIE STEIN, ATTORNEY AT LAW, P.C.	SAME		
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): <b>3 of 3</b>
2 FILER NAME <b>ANDREW (ANDY) REESE</b>			3 Filer ID (Ethics Commission Filers)
4 Date <b>11/3/25</b>	5 Full name of contributor <b>JILL DUTTON</b>	<input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) <b>120.00</b>
6 Contributor address: [REDACTED]		City; [REDACTED]	State; Zip Code [REDACTED]
8 Contributor's principal occupation <b>SELF EMPLOYED - CONSTRUCTION</b>		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 <b>11/3/25</b>	Full name of contributor <b>PAT + TRISH BURNETT</b>	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <b>325.00</b>
Contributor address: [REDACTED]		City; [REDACTED]	State; Zip Code [REDACTED]
Contributor's principal occupation <b>RETIRED</b>		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	Full name of contributor	<input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$)
Contributor address;		City; [REDACTED]	State; Zip Code [REDACTED]
Contributor's principal occupation		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)			
<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.			

# 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 OF 1</b>
2 FILER NAME <b>ANDREW (Andy) REESE</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>300.00</b>
5 Date <b>11/3/25</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JILL + DAVID DUTTON</b> )	8 Amount of Contribution \$ <b>300.00</b> 9 In-kind contribution description <b>FUND RAISING EVENT EXPENSE</b>
7 Contributor address; City; State; Zip Code [REDACTED]		<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) <b>SELF EMPLOYED - CONSTRUCTION</b>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <b>OWNER</b>
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#: Contributor address; City; State; Zip Code	Amount of Contribution \$ <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.		

**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 FILER NAME	3 Filer ID (Ethics Commission Filers)	
1 of 3	ANDREW (ANDY) REESE		
4 Date	5 Payee name		
7/7 TO 12/8/25	CONSTANT CONTACT		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
192.00	1601 TRAPECO ROAD	WALTHAM MA 02451	
<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) Description	
	ADVERTISING EXPENSE	EMAIL SUBSCRIPTION	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7/1/25 TO 12/31/25	CAMPAIGN PARTNER		
Amount (\$)	Payee address;	City; State; Zip Code	
228.54	P.O. Box 118	SILVER RIVER MA 01467	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING EXPENSE	WEBSITE	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/18/25	AMAZON		
Amount (\$)	Payee address;	City; State; Zip Code	
37.85	P.O. BOX 81226	SEATTLE WA 98108	
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING EXPENSE	TIE WRAPS	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <b>ONLY</b> 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**

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2 of 3	ANDREW (ANDY) REESE		
4 Date	5 Payee name		
11/18/2025	REPUBLICAN PARTY OF TEXAS		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
750.00	900 CONGRESS AVE STE 300 AUSTIN TX 78701		
<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	
	FEES	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/30/25	DESIGNER GRAPHICS		
Amount (\$)	Payee address; City; State; Zip Code		
1,068.43	12404 HWY 155 SOUTH TYLER TX 75703		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING EXPENSE	SIGNS	
<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		
11/26/25-12/9/25	CANTON MAIN STREET, WILLS POINT CHAMBER, WALMART		
Amount (\$)	Payee address; City; State; Zip Code		
181.88	VARIOUS		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	ADVERTISING EXPENSE	PARADE REGISTRATION+ EXPENSES	
<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

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: <b>3 of 3</b>	2 FILER NAME <b>ANDREW (AMY) REESE</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>7/8 - 12/31/25</b>	5 Payee name <b>TEXAS BANK + TRUST / STRAPE</b>		
6 Amount (\$) <b>21.72</b>	7 Payee address;  <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>FEES</b>	(b) Description  <b>PROCESSING FEES</b>	
	(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	Payee name  <b>*</b>		
Amount (\$)	Payee address;  <input type="checkbox"/> Check if individual's residence address.	City;	State; Zip Code
  <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	Payee name		
Amount (\$)	Payee address;  <input type="checkbox"/> Check if individual's residence address.	City;	State; Zip Code
  <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
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			