

# 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: **10**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>ANDREW</b>	MI <b>C</b>	OFFICE USE ONLY Date Received <b>JAN 15 2026</b> SUSAN STRICKLAND COUNTY CLERK, TARRANT COUNTY DEP
	NICKNAME <b>ANDY</b>	LAST <b>REESE</b>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <b>POB 279</b>		APT / SUITE #; CITY; STATE; ZIP CODE <b>CANTON TX 75103</b>	FILE FOR RECORD Date Hand Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE ( <b>[REDACTED]</b> )	PHONE NUMBER <b>[REDACTED]</b>	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>ROBERT</b>	MI <b>A</b>	
	NICKNAME <b>BOB</b>	LAST <b>REESE</b>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); <b>299 VZCR 4135</b>		CITY; STATE; ZIP CODE <b>CANTON 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 Day Year <b>7 / 1 / 25</b> THROUGH <b>12 / 31 / 25</b>			
11 ELECTION	ELECTION DATE Month Day Year <b>3 / 3 / 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)  <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  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS		

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# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

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

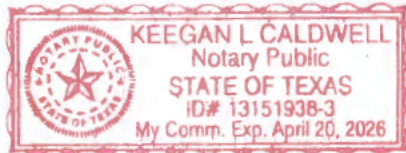
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Andrew Reese*

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 2020 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 \_\_\_\_\_, 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

19 FILER NAME

ANDREW (ANDY) REESE

20 Filer ID (Ethics Commission Filers)

21 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; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [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>HEIDLE BASKIN</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED] <b>4</b>		
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 <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; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [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)		
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: <b>2 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>ERIC + KRISTI WHITAKER</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Contributor's principal occupation <b>SELF EMPLOYED - LAND DEVELOPMENT</b>		9 Contributor's job title <b>OWNER</b>
10 Contributor's employer/law firm <b>CLEAR CUT LAND</b>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <b>12/14/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>RAY DAVIS</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; 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 <b>11/5/25</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: <b>JULIE STERN</b>	Amount of contribution (\$) <b>514.80</b>
Contributor address; City; State; Zip Code [REDACTED]		
Contributor's principal occupation <b>ATTORNEY</b>		Contributor's job title <b>ATTORNEY</b>
Contributor's employer/law firm <b>JULIE STERN, ATTORNEY AT LAW, P.C.</b>		Law firm of contributor's spouse (if any) <b>SAME</b>
If contributor is a child, law firm of parent(s) (if any)		
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

# 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>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 <input type="checkbox"/> out-of-state PAC ID#: <b>JILL DUTTON</b>	7 Amount of contribution (\$) <b>120.00</b>
6 Contributor address; City; 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 <input type="checkbox"/> out-of-state PAC ID#: <b>PAT + TRISH BURNETT</b>	Amount of contribution (\$) <b>325.00</b>
Contributor address; City; 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#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
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)		

**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: <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 \$	In-kind contribution description
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  
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: <b>1 of 3</b>		2 FILER NAME <b>ANDREW (ANDY) REESE</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>7/7 TO 12/8/25</b>		5 Payee name <b>CONSTANT CONTACT</b>			
6 Amount (\$) <b>192.00</b>		7 Payee address; <b>1601 TRAPECO ROAD</b> <input type="checkbox"/> Check if individual's residence address.		City; <b>WALTON MA</b>	State; Zip Code <b>02451</b>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		(b) Description <b>EMAIL SUBSCRIPTION</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 ONLY if direct expenditure to benefit C/OH					
Date <b>7/1/25 TO 12/31/25</b>		Payee name <b>CAMPAIGN PARTNER</b>			
Amount (\$) <b>228.54</b>		Payee address; <b>P.O. Box 118</b> <input type="checkbox"/> Check if individual's residence address.		City; <b>SILVER RIVER</b>	State; Zip Code <b>MA 01467</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>WEBSITE</b>		
	<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					
Date <b>12/18/25</b>		Payee name <b>AMAZON</b>			
Amount (\$) <b>37.85</b>		Payee address; <b>P.O. BOX 81226</b> <input type="checkbox"/> Check if individual's residence address.		City; <b>SEATTLE</b>	State; Zip Code <b>WA 98108</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>TIE WRAPS</b>		
	<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					
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: <b>2 of 3</b>		2 FILER NAME <b>ANDREW (ANDY) REESE</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/18/2025</b>		5 Payee name <b>REPUBLICAN PARTY OF TEXAS</b>			
6 Amount (\$) <b>750.00</b>		7 Payee address; <b>900 CONGRESS AVE STE 300</b>		City; <b>AUSTIN</b>	State; <b>TX</b>
				Zip Code <b>78701</b>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>FEES</b>		(b) Description <b>FILING FEE</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>12/30/25</b>		Payee name <b>DESIGNER GRAPHICS</b>			
Amount (\$) <b>1,068.43</b>		Payee address; <b>12404 HWY 155 SOUTH</b>		City; <b>TYLER</b>	State; <b>TX</b>
				Zip Code <b>75703</b>	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>		Description <b>SIGNS</b>	
		<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 <b>11/26/25 - 12/9/25</b>		Payee name <b>CANTON MAIN STREET, WILLS POINT CHAMBER, WALMART</b>			
Amount (\$) <b>181.88</b>		Payee address; <b>VARIOUS</b>		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) <b>ADVERTISING EXPENSE</b>		Description <b>PARADE REGISTRATION + EXPENSES</b>	
		<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



# 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.

<b>1</b> Total pages Schedule F1: <b>3 of 3</b>	<b>2</b> FILER NAME <b>ANDREW (ANDY) REESE</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>7/8 - 12/31/25</b>	<b>5</b> Payee name <b>TEXAS BANK + TRUST / STRIPE</b>	
<b>6</b> Amount (\$) <b>21.72</b>	<b>7</b> Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>FEES</b>	<b>(b) Description</b> <b>PROCESSING FEES</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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.	
<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; 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)	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; 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)	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