

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: 6 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | | MS / MRS / MR MR | FIRST ANDREW | MI C | OFFICE USE ONLY BY SUSAN STRICKLAND COUNTY CLERK, VAN ZANDT 306 FEB -2 AM 8:53 FILED FOR RECORD | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | ADDRESS / PO BOX: POB 279 | | APT / SUITE #: CANTON TX 75103 | | | STATE: ZIP CODE |
| <input type="checkbox"/> Change of Address | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | AREA CODE [REDACTED] | PHONE NUMBER [REDACTED] | EXTENSION [REDACTED] | Date Hand-delivered or Dated Postmarked DEPUTY | | |
| 6 CAMPAIGN TREASURER NAME | | MS / MRS / MR MR | FIRST ROBERT | MI A | Receipt # | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | NICKNAME BOB | | LAST REESE | SUFFIX JR | | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE [REDACTED] | PHONE NUMBER [REDACTED] | EXTENSION [REDACTED] | Date Processed | | |
| 9 REPORT TYPE | | <input type="checkbox"/> January 15 | <input checked="" 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 1 | Day 1 | Year 2026 | Month 1 | Day 22 | Year 2026 |
| 11 ELECTION | | ELECTION DATE Month Day Year 3/3/26 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special Other Description | | |
| 12 OFFICE | | OFFICE HELD (if any) COUNTY JUDGE | | | 13 OFFICE SOUGHT (if known) COUNTY JUDGE | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | | |
| <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 | | | | | |

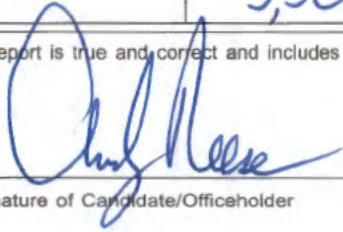
GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

| | | | |
|-------------------------|---|-------------|--|
| 15 JC/OH NAME | Andrew (Andy) 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) | \$ 0 | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,000.00 | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ 0 | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 413.18 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 7,901.20 | |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 5,500.00 | |
| OUTSTANDING LOAN TOTALS | | | |

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.

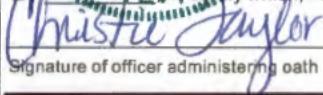

Signature of Candidate/Officeholder

Please complete either option below:



Swear to and subscribe before me by ANDREW REESE this the 2 day of February.

2020 to certify which, witness my hand and seal of office.


Signature of officer administering oath

CHRISTIE TAYLOR
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**

| | |
|--|--|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
| ANDREW (Andy) REESE | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,000.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 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 | \$ 413.18 |
| 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: 1 |
| 2 FILER NAME ANDREW (ANDY) REESE | | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/1/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ | | | 7 Amount of contribution (\$) 1,000.00 |
| | 6 Contributor address; [REDACTED] | City; [REDACTED] | State: [REDACTED] | Zip Code [REDACTED] |
| 8 Contributor's principal occupation RETIRED | | 9 Contributor's job title | | |
| 10 Contributor's employer/law firm RETIRED | | 11 Law firm of contributor's spouse (if any) | | |
| 12 If contributor is a child, law firm of parent(s) (if any) | | | | |
| Date 1/11/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ | | | Amount of contribution (\$) 1,000.00 |
| | Contributor address; [REDACTED] | City; [REDACTED] | State: [REDACTED] | Zip Code [REDACTED] |
| Contributor's principal occupation ATTORNEY | | Contributor's job title ATTORNEY | | |
| Contributor's employer/law firm DRUM LEGAL GROUP, PLLC | | 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; [REDACTED] | | | 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) | | | | |
| 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 | 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) |

The Instruction Guide explains how to complete this form.

| | | | | |
|---|--|---------------------------------------|---------------|-------------|
| 1 Total pages Schedule F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | | |
| 10F2 | ANDREW (ANDY) REESE | | | |
| 4 Date | 5 Payee name | | | |
| 1/6/2026 | CAMPAIGN PARTNER | | | |
| 6 Amount (\$) | 7 Payee address: | City: State: Zip Code | | |
| 37.00 | POB 118 | SILVER RIVER MA 01467 | | |
| <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 | | |
| | ADVERTISING EXPENSE | 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 <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | Office sought | Office held |

| | | | | |
|---|--|-------------------------------|-----------------|-------------|
| Date | Payee name | | | |
| 1/12/2026 | CONSTANT CONTACT | | | |
| Amount (\$) | Payee address: | City: | State: Zip Code | |
| 38.38 | 1601 TRAPECO ROAD | WALTHAM | MA 02451 | |
| <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 | EMAIL SUBSCRIPTION | | |
| <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 | | | |
| 1/12/2026 | DESIGNER GRAPHICS | | | |
| Amount (\$) | Payee address: | City: | State: Zip Code | |
| 64.95 | 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 | BUSINESS CARDS | | |
| <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

**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: 20F2 | 2 FILER NAME ANDREW (ANDY) REESE | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1/12/2026 | 5 Payee name 2 HOT CHICKS | |
| 6 Amount (\$) 118.97 | 7 Payee address; 410 W. HWY 243, SUITE A CANTON | City; TX |
| | | State; 75103 |
| <input type="checkbox"/> Check if individual's residence address. | | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description SHIRTS |
| | (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 1/17/2026 | Payee name VAN ZANDT REPUBLICAN CLUB | | |
| Amount (\$) 100.00 | Payee address; POB 202 | City; CANTON | State; TX |
| | | | Zip Code 75103 |
| <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 TABLE AT FORUM | |
| | <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 1/22/26 | Payee name STRIPE | | |
| Amount (\$) 58.88 | Payee address; 354 OYSTER POINT BLVD | City; SAN FRANCISCO CA | State; 94080 |
| | | | Zip Code |
| <input type="checkbox"/> Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES | Description CREDIT CARD FEES | |
| | <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