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 **MR**	FIRST **MICHAEL**	MI **C**
	NICKNAME	LAST **YBARR**	SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO BOX 843
DENVER CITY, TX 79323

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE **(806)** PHONE NUMBER **239-8148** EXTENSION

6 CAMPAIGN TREASURER NAME	MS / MRS / MR **MR**	FIRST **MICHAEL**	MI **C**
	NICKNAME	LAST **YBARRA**	SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1548 STATE HWY 214
DENVER CITY, TX 79323

8 CAMPAIGN TREASURER PHONE

AREA CODE **(806)** PHONE NUMBER **239-8148** EXTENSION

9 REPORT TYPE

☐ January 15
☐ July 15
☐ 30th day before election
☑ 8th day before election
☐ Runoff
☐ Exceeded Modified Reporting Limit
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month **1** / Day **22** / Year **26** THROUGH Month **2** / Day **21** / Year **26**

11 ELECTION

ELECTION DATE
Month **3** / Day **3** / Year **26**

ELECTION TYPE
☑ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special
_____

12 OFFICE

OFFICE HELD (if any)
COUNTY JUDGE

13 OFFICE SOUGHT (if known)
COUNTY JUDGE

14 NOTICE FROM POLITICAL COMMITTEE(S)

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
☐ 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	**16** Filer ID (Ethics Commission Filers)
MICHAEL C. YBARRA	

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.	$	**1,764.00**
	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.

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) **Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Michael Ybarra_ this the _23rd_ day of _February_,

20 _26_, to certify which, witness my hand and seal of office.

Ann Saxon	_Ann Saxon_	_Notary Yoakum County_
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 - C/OH

19 FILER NAME	**20** Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. SCHEDULE E: LOANS	$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 1,764.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)
1	MICHAEL C. YBARRA	

4 Date	**5** Payee name
02/13/2026	SEMINOLE SENTENITAL

6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
1764.00	301 SE AVE G, SEMINOLE TX 79360			
Reimbursement from political contributions intended	Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule)	**(b) Description**
	ADVERTIZING EXPENSE	PRINTED POLITICAL AD
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	MICHAEL C. YBARRA	COUNTY JUDGE	COUNTY JUDGE

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	Check if individual's residence address.			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ 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