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: 6

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: M R FIRST: Mark MI: A
	NICKNAME LAST: Nettuno SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED JAN 15 2026 By____

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
	4594 FM 946 N Oakhurst Tx 77359

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (936) PHONE NUMBER: 377 4179 EXTENSION

Date Hand-delivered or Date Postmarked

Receipt #

Amount $

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs FIRST: Jacqueline MI: Kay
	NICKNAME LAST: Nettuno SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
	4594 FM 946 N Oakhurst TX 77359

8 CAMPAIGN TREASURER PHONE	AREA CODE: (936) PHONE NUMBER: 377 4179 EXTENSION

9 REPORT TYPE

- ☒ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (Officeholder Only)
- ☐ July 15
- ☐ 8th day before election
- ☐ Exceeded $500 limit
- ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month 10 / Day 31 / Year 25 THROUGH Month 12 / Day 31 / Year 25

11 ELECTION

ELECTION DATE Month 3 / Day 3 / Year 26

ELECTION TYPE
- ☒ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any): Commissioner Pct 4

13 OFFICE SOUGHT (if known): Commissioner Pct 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/OH NAME *MARK NETTUNO*	15 Filer ID (Ethics Commission Filers)

16 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.	
	COMMITTEE TYPE	COMMITTEE NAME
	☐ GENERAL	
	☐ SPECIFIC	COMMITTEE ADDRESS
☐ Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

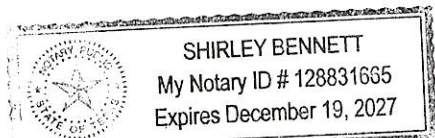| 17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$
	4.	TOTAL POLITICAL EXPENDITURES	$ 928 00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 0
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

18 AFFIDAVIT

SHIRLEY BENNETT
My Notary ID # 128831665
Expires December 19, 2027

AFFIX NOTARY STAMP / SEAL ABOVE

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

Sworn to and subscribed before me, by the said __Mark Nettuno__ , this the __15__ day of __January__ , 20__26__ , to certify which, witness my hand and seal of office.

Shirley Bennett	_Shirley Bennett_	_Notary_
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
MARK Nethvno	

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	$ 593 90
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 928.00
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	$

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee

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 F4:	2 FILER NAME MARK NETTUNO	3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 Date 12-26 25	6 Payee name Club Flyers
7 Amount ($) 593.90	8 Payee address; City; State; Zip Code 2300 NW 7 Avenue Miami, Florida 33127

9 TYPE OF EXPENDITURE
[X] Political   [ ] Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Printing Expense

(b) Description

[ ] Check if travel outside of Texas. Complete Schedule T.
[ ] Check if Austin, TX, officeholder living expense

11 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

TYPE OF EXPENDITURE
[ ] Political   [ ] Non-Political

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

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Mark Netuno	3 Filer ID (Ethics Commission Filers)

4 Date 11-8-2025	5 Payee name San Jacinto County Republican Party

6 Amount ($) 750.00 [X] Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 201 Hwy 150. Suite J-L Coldspring, TX 77331

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Fees	(b) Description [ ] 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

Date 12-1-25	Payee name US Postal Service

Amount ($) 78.00 [X] Reimbursement from political contributions intended	Payee address; City; State; Zip Code 30 South Counts Rd Point Blank TX

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) 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 12-20-25	Payee name Benefit Wes Wilson

Amount ($) 50.00 [X] Reimbursement from political contributions intended	Payee address; City; State; Zip Code Darryl Lutz 44 Govener Hogg LP Point Blank TX 77364

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (Donation) Raffle	(b) 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

POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Mark Nethuno	3 Filer ID (Ethics Commission Filers)

4 Date 12·21	5 Payee name Angels in Action (TOY DRIVE)	

6 Amount ($) 50.00

[X] Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code
Patrica Bell
2318 County Rd PointBlank TX 77364

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Donation for Christmas

(b) Description
[ ] 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

Date	Payee name

Amount ($)

[ ] Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

(b) 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 ($)

[ ] Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

(b) 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

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