

# 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: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. William			MI	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX		Date Received <i>8:45 AM Jan</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE; ZIP CODE PO Box 37 Plum, TX 78952			FILED FEB 2 2026			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979 )	PHONE NUMBER 242-2824	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Kimberley	MI	Receipt #	Account \$		
	NICKNAME	LAST Rutledge	SUFFIX	Date Printed <b>CORRECTIONS ADMINISTRATOR</b>	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 2720 Reinsch Rd, Smithville, TX 78957			STATE;	ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (214 )	PHONE NUMBER 507-9922	EXTENSION				
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 / 26	Month 1	Day / 22	Year / 26	
11 ELECTION	ELECTION DATE Month 3 / Day / 3 / Year 26		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)			13 OFFICE SOUGHT (if known) Fayette 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.						
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME					
		COMMITTEE ADDRESS					
	<input type="checkbox"/> 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  
Bernsen, William

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,218.95
'EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 421.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,456.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,067.47
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 14,369.29

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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, 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 William Bernsen

, and my date of birth is 4/25/1976

My address is PO Box 37

Plum TX 78952 USA

(street)

(city)

(state)

(zip code)

(country)

Executed in Fayette County, State of Texas, on the 2nd day of February 2026.

William P. Bernsen

Signature of Candidate/Officeholder (Declarant)

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

<b>19 FILER NAME</b> Bernsen, William	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,378.03
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 840.92
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,456.75
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**2 FILER NAME**

Bernsen, William

**4 Date**

01/20/2026

**5 Full name of contributor**

Aswad, Jacob

out-of-state PAC (ID#:

**6 Contributor address; City; State; Zip Code**

24706 Sahalle Dr

Katy, TX 77494

**1 Total pages Schedule A1:  
Sch: 1/4 Rpt: 4/12**

**3 Filer ID**

**7 Amount of Contribution (\$)**

\$208.65

**8 Principal occupation / Job title (See Instructions)**

**9 Employer (See Instructions)**

**Date**

01/05/2026

**Full name of contributor**

Denham, Loretta

out-of-state PAC (ID#:

**Amount of Contribution (\$)**

\$100.00

**Contributor address; City; State; Zip Code**

803 Drisdale Rd

La Grange, TX 78945

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date**

01/05/2026

**Full name of contributor**

Denham, Ronnie

out-of-state PAC (ID#:

**Amount of Contribution (\$)**

\$100.00

**Contributor address; City; State; Zip Code**

803 Drisdale Rd

La Grange, TX 78945

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date**

01/16/2026

**Full name of contributor**

Dernehl, Rita

out-of-state PAC (ID#:

**Amount of Contribution (\$)**

\$200.00

**Contributor address; City; State; Zip Code**

1018 Konetzke

La Grange, TX 78945

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date**

01/06/2026

**Full name of contributor**

Forestier, Frank

out-of-state PAC (ID#:

**Amount of Contribution (\$)**

\$500.00

**Contributor address; City; State; Zip Code**

3040 Jurica Rd

Schulenburg, TX 78956

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

## MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/12
2 FILER NAME Bernsen, William		3 Filer ID	
4 Date 01/05/2026	5 Full name of contributor Joost, Darryl	6 Contributor address; City; State; Zip Code PO Box 16  Plum, TX 78952	7 Amount of Contribution (\$) \$200.00
	8 Principal occupation / Job title (See Instructions)      9 Employer (See Instructions)		
Date 01/15/2026	Full name of contributor Leffler, Leonard	Contributor address; City; State; Zip Code 1515 Makinson Road  West Point, TX 78963	Amount of Contribution (\$) \$250.00
	Principal occupation / Job title (See Instructions)      Employer (See Instructions)		
Date 01/10/2026	Full name of contributor McClougherty, Patrick	Contributor address; City; State; Zip Code 2343 FM 609  La Grange, TX 78945	Amount of Contribution (\$) \$208.65
	Principal occupation / Job title (See Instructions)      Employer (See Instructions)		
Date 01/05/2026	Full name of contributor Muras, Stephen	Contributor address; City; State; Zip Code 5548 FM 609  La Grange, TX 78945	Amount of Contribution (\$) \$150.00
	Principal occupation / Job title (See Instructions)      Employer (See Instructions)		
Date 01/06/2026	Full name of contributor Musick, Lisa	Contributor address; City; State; Zip Code 618 W Newport Bend  Katy, TX 77494	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions)      Employer (See Instructions)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

**2 FILER NAME**

Bernsen, William

**1 Total pages Schedule A1:**  
Sch: 3/4 Rpt: 6/12

**3 Filer ID**

**4 Date**

01/17/2026

**5 Full name of contributor**

Sacco, Connie

out-of-state PAC (ID#:

**6 Contributor address; City; State; Zip Code**  
3600 FM 155

La Grange, TX 78945

**7 Amount of Contribution (\$)**

\$260.73

**8 Principal occupation / Job title (See Instructions)**

**9 Employer (See Instructions)**

**Date**

01/06/2026

**Full name of contributor**

Sheffield, Pamela

out-of-state PAC (ID#:

**Contributor address; City; State; Zip Code**  
2510 E Parker Rd

Muldoon, TX 78945

**Amount of Contribution (\$)**

\$100.00

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date**

01/13/2026

**Full name of contributor**

Smyth, Audrey

out-of-state PAC (ID#:

**Contributor address; City; State; Zip Code**  
905 Anderson St

Schulenburg, TX 78956

**Amount of Contribution (\$)**

\$2,000.00

**Principal occupation / Job title (See Instructions)**

RETIRED

**Employer (See Instructions)**

RETIRED

**Date**

01/06/2026

**Full name of contributor**

Thompson, LaMorris

out-of-state PAC (ID#:

**Contributor address; City; State; Zip Code**  
6741 Wolters Rd

Schulenburg, TX 78956

**Amount of Contribution (\$)**

\$100.00

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

**Date**

01/13/2026

**Full name of contributor**

Wennermark, Jeremiah

out-of-state PAC (ID#:

**Contributor address; City; State; Zip Code**  
202 Rolling Hills Dr

La Grange, TX 78945

**Amount of Contribution (\$)**

\$100.00

**Principal occupation / Job title (See Instructions)**

**Employer (See Instructions)**

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

**The Instruction Guide explains how to complete this form.**

**1 Total pages Schedule A1:  
Sch: 4/4 Rpt: 7/12**

<b>2 FILER NAME</b> Bernsen, William		<b>3 Filer ID</b>	
<b>4 Date</b> 01/13/2026	<b>5 Full name of contributor</b> Wennermark, Melissa	<b>6 Contributor address; City; State; Zip Code</b> 202 Rolling Hills Dr  La Grange, TX 78945	<b>7 Amount of Contribution (\$)</b> \$60.00
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> 01/06/2026	<b>Full name of contributor</b> Whitten, Andrea	<b>Contributor address; City; State; Zip Code</b> PO Box 331  Flatonia, TX 78941	<b>Amount of Contribution (\$)</b> \$200.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 01/13/2026	<b>Full name of contributor</b> Williams, Cory	<b>Contributor address; City; State; Zip Code</b> 122 Gloria Blvd  Smithville, TX 78957	<b>Amount of Contribution (\$)</b> \$40.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 01/13/2026	<b>Full name of contributor</b> Williams, Shafter	<b>Contributor address; City; State; Zip Code</b> 122 Gloria Blvd  Smithville, TX 78957	<b>Amount of Contribution (\$)</b> \$100.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 01/06/2026	<b>Full name of contributor</b> Wright, Anne	<b>Contributor address; City; State; Zip Code</b> 2685 Young Ln  Flatonia, TX 78941	<b>Amount of Contribution (\$)</b> \$300.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

**The Instruction Guide explains how to complete this form.**

**1 Total pages Schedule A2:**

**Sch: 1/1 Rpt: 8/12**

**2 FILER NAME**

Bernsen, William

**3 Filer ID**

**4**

### TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

**\$**

**5 Date**

01/09/2026

**6 Full name of contributor**

out-of-state PAC (ID#:

Adams, Billie

**7 Contributor address; City; State; Zip Code**

3852 Leslie Rd

Fayetteville, TX 78940

**8 Amount of contribution (\$)**

\$630.00

**9 In-kind contribution description**

Advertising - newspaper

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)**

**13 Contributor's job title (FOR JUDICIAL) (See instructions)**

**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**

01/14/2026

**Full name of contributor**

out-of-state PAC (ID#:

Adams, Jodie

Contributor address; City; State; Zip Code

3852 Leslie Rd

Fayetteville, TX 78940

**Amount of contribution (\$)**

\$210.92

**In-kind contribution description**

Food/beverage

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)**

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 1/4 Rpt: 9/12	2 FILER NAME Bernsen, William	3 Filer ID	
4 Date 01/12/2026	5 Payee name Facebook		
6 Amount (\$) \$162.34	7 Payee address; City; State; Zip Code 1 Hacker Way  Menso Park, CA 94025		
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media advertising	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/02/2026	Payee name Facebook		
Amount (\$) \$216.00	Payee address; City; State; Zip Code 1 Hacker Way  Menso Park, CA 94025		
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/20/2026	Payee name Facebook		
Amount (\$) \$227.00	Payee address; City; State; Zip Code 1 Hacker Way  Menso Park, CA 94025		
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense social media advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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 Expenses  
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: Sch: 2/4 Rpt: 10/12	2 FILER NAME Bernsen, William	3 Filer ID
4 Date 01/12/2026	5 Payee name Fayette County Record	
6 Amount (\$) \$247.00	7 Payee address; City; State; Zip Code PO Box 400  La Grange, TX 78945	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> check if Austin, TX, officeholder living expense newspaper advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/13/2026	Payee name Fayette County Record	
Amount (\$) \$492.00	Payee address; City; State; Zip Code PO Box 400  La Grange, TX 78945	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check If Austin, TX, officeholder living expense newspaper advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/20/2026	Payee name Fayette County Record	
Amount (\$) \$519.00	Payee address; City; State; Zip Code PO Box 400  La Grange, TX 78945	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 3/4 Rpt: 11/12	2 FILER NAME Bernsen, William	3 Filer ID
4 Date 01/21/2026	5 Payee name Fayette County Record	
6 Amount (\$) \$546.00	7 Payee address; City; State; Zip Code PO Box 400  La Grange, TX 78945	
8 PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper advertising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/19/2026	Payee name Flatonia Argus, Inc.	
Amount (\$) \$400.00	Payee address; City; State; Zip Code PO Box 468  Flatonia, TX 78941	
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/14/2026	Payee name Schulenburg Sticker	
Amount (\$) \$276.00	Payee address; City; State; Zip Code PO Box 160  Schulenburg, TX 78956	
PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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.

EXPENDITURE CATEGORIES FOR BOX 8(a)			
1 Total pages Schedule F1: Sch: 4/4 Rpt: 12/12	2 FILER NAME Bernsen, William	3 Filer ID	
4 Date 01/20/2026	5 Payee name Schulenburg Sticker		
6 Amount (\$) \$294.00	7 Payee address; City; State; Zip Code PO Box 160  Schulenburg, TX 78956		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper advertising	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/08/2026	Payee name Schulenburg Sticker		
Amount (\$) \$315.00	Payee address; City; State; Zip Code PO Box 160  Schulenburg, TX 78956		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense newspaper advertising	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 01/13/2026	Payee name Tractor Supply		
Amount (\$) \$341.41	Payee address; City; State; Zip Code 2005 West State Hwy 71  La Grange, TX 78945		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense sign supplies	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held