

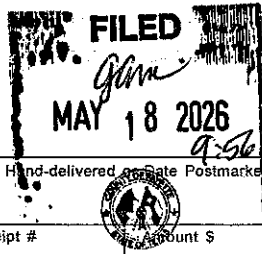
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: **25**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Mr.	Larry	J			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Received		
	Josh	Homan				
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;			STATE;
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(361)	210-6950		Receipt #		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	CO. ELECTIONS ADMINISTRATOR		
	Mrs.	Beverly	Z	Date Processed		
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Imaged		
		Ponder				
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE					
	606 E N Main St. Flatonia, TX 78941					
10 PERIOD COVERED	AREA CODE	PHONE NUMBER	EXTENSION			
	(979)	224-6197				
11 ELECTION	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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)					
12 OFFICE	Month	Day	Year	Month	Day	Year
	2	22	26	5	16	26
13 OFFICE SOUGHT (if known)	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
14 NOTICE FROM POLITICAL COMMITTEE(S)	5 / 26 / 26		<input type="checkbox"/> General <input type="checkbox"/> Special			
	OFFICE HELD (if any)		OFFICE SOUGHT (if known)			
County Judge						
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				
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

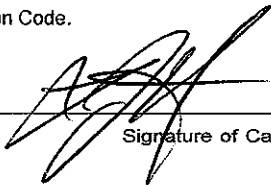
2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Josh Homan		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)	\$ 1677.75
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,986.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,532.10
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,073.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2953.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Josh Homan, and my date of birth is 10/03/1990.

My address is 404 S Faires St. Flatonia TX 78941 USA

(street) (city) (state) (zip code) (country)

Executed in Fayette County, State of Texas, on the 17th day of May, 2026.

(month) (year)

Signature of Candidate/Officeholder (Declarant)

3

SUBTOTALS - C/OH

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

19 FILER NAME Josh Homan		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,008.80
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,300.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ —
4. SCHEDULE E: LOANS		\$ —
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 8,541.86
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		\$ —
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		\$ —

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1: 9
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2 FILER NAME Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 02/24/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Ranney McDonough	7 Amount of contribution (\$) 1,000.00
6 Contributor address; City; State; Zip Code PO Box 216 Schulenburg, TX 78956		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 03/02/2026	Full name of contributor out-of-state PAC (ID#: _____) Leisha Kolb	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 6710 FM 2762 Flatonia, TX 78941		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 03/09/2026	Full name of contributor out-of-state PAC (ID#: _____) H M Steinhauser	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 6439 N SH 95 Flatonia, TX 78941		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date 03/09/2026	Full name of contributor out-of-state PAC (ID#: _____) Stuart Mica	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code PO Box 1102 Flatonia, TX 78941		

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

SCHEDULE A1

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 A1:

2 FILER NAME

Josh Homan

3 Filer ID (Ethics Commission Filers)

4 Date

03/06/2026

5 Full name of contributor

Sylvan Rossi

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

300.00

6 Contributor address;

City;

State;

Zip Code

2300 Rauder Rd. Muldoon, TX 78949

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/07/2026

Full name of contributor

Terri Hefner

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2990 Allen Rd. Flatonia, TX 78941

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2026

Full name of contributor

Daniel Vyvjala

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

500 Vyvjala Ln. Flatonia, TX 78941

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2026

Full name of contributor

Veronica Muhlstein

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3390 Hermis Rd. Schulenburg, TX 78956

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

6

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**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 A1:
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 03/11/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Dina Onheiser 6 Contributor address; City; State; Zip Code 4713 Farek Loth Rd. Schulenburg, TX 78956	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/13/2026	Full name of contributor out-of-state PAC (ID#: _____) Catherine Steinhauser Contributor address; City; State; Zip Code PO Drawer D Flatonia, TX 78941	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/12/2026	Full name of contributor out-of-state PAC (ID#: _____) Ranney McDonough Contributor address; City; State; Zip Code PO Box 216 Schulenburg, TX 78956	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/19/2026	Full name of contributor out-of-state PAC (ID#: _____) Henry Novak Contributor address; City; State; Zip Code PO Box 517 Flatonia, TX 78941	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

7

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:
---	----------------------------

2 FILER NAME Josh Homan	3 Filer ID (Ethics Commission Filers)
-----------------------------------	---------------------------------------

4 Date 03/19/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Robert Rutledge	7 Amount of contribution (\$) 35.88
6 Contributor address; City; State; Zip Code PO Box913 Smithville, TX 78957		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 03/10/2026	Full name of contributor out-of-state PAC (ID#: _____) Evan Quiros	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 2875 Haw Creek Rd. Fayetteville, TX 78940		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 03/17/2026	Full name of contributor out-of-state PAC (ID#: _____) Al Gross	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 5245 Waldeck Cemetery Rd. Round Top, TX 78954		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

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

SCHEDULE A1

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 A1:
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2 FILER NAME Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 03/20/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Lauren Flores	7 Amount of contribution (\$) 143.52
6 Contributor address; City; State; Zip Code 9731 FM 2237 Flatonia, TX 78941		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 03/20/2026	Full name of contributor out-of-state PAC (ID#: _____) Terri Hefner	Amount of contribution (\$) 179.40
Contributor address; City; State; Zip Code 2990 Allen Rd. Flatonia, TX 78941		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 03/21/2026	Full name of contributor out-of-state PAC (ID#: _____) Gregg Ring	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 2961 FM 2762 Flatonia, TX 78941		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Flint Holbrook	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2029 Lazy Ln. Keller, TX 76262		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

9

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 03/26/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Richard Schacherl	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code PO Box 24 Flatonia, TX 78941		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Jennifer Rightmer	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 6216 S FM 154 Muldoon, TX 78941		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Joseph Breads	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code PO Box 446 Flatonia, TX 78941		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/21/2026	Full name of contributor out-of-state PAC (ID#: _____) Kathryn Geesaman	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 815 Scott's School Rd.		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

SCHEDULE A1

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 A1:
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2 FILER NAME Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 03/26/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Christian Castillo	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code PO Box 1115 Flatonia, TX 78941	

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
---	-------------------------------

Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Ellen Brumback	Amount of contribution (\$) 300.00
	Contributor address; City; State; Zip Code 401 Piney Grove Ln. La Grange, TX 78945	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 03/26/2026	Full name of contributor out-of-state PAC (ID#: _____) Stephen Kelly	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code 3401 W. Old Lockhart Rd. West Point, TX 78963	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Date 04/06/2026	Full name of contributor out-of-state PAC (ID#: _____) Larry Homan	Amount of contribution (\$) 1,000.00
	Contributor address; City; State; Zip Code PO Box 492 Glenwood, IA 51534	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
---	-----------------------------

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

SCHEDULE A1

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 A1:
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Patsy Parker 6 Contributor address; City; State; Zip Code 407 E. Radhost School Rd., La Grange, Texas, 78945	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/16/2026	Full name of contributor out-of-state PAC (ID#: _____) Robert Rutledge Contributor address; City; State; Zip Code PO Box 913 Smithville, TX 78957	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2026	Full name of contributor out-of-state PAC (ID#: _____) Daniel Vyvjala Contributor address; City; State; Zip Code 500 Vyvjala Ln. Flatonia, TX 78941	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/16/2026	Full name of contributor out-of-state PAC (ID#: _____) Laura Zouzalik Contributor address; City; State; Zip Code 939 S SH 95 Flatonia, TX 78941	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

12

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 04/29/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Anne Wright	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 2685 Young Ln. Flatonia, TX 78941		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2026	Full name of contributor out-of-state PAC (ID#: _____) Patricia Gready	Amount of contribution (\$) 300.00
Contributor address; City; State; Zip Code 6126 FM 2238 Schulenburg, TX 78956		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 05/12/2026	Full name of contributor out-of-state PAC (ID#: _____) Daniel Terronez	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1528 Hertel Rd. Schulenburg, TX 78956		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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: 2	
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/22/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale Steinhauser	8 Amount of Contribution \$ 150.00	9 In-kind contribution description T Posts
7 Contributor address; City; State; Zip Code 3300 Allen Rd. Flatonia, TX 78941		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 03/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Geesaman	Amount of Contribution \$ 150.00	In-kind contribution description Use of utility trailer
Contributor address; City; State; Zip Code 815 Scott's School Rd. Flatonia, TX 78941		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)			

<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			
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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:	
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 04/17/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terri Hefner	8 Amount of Contribution \$ 200.00	9 In-kind contribution description Meal tickets
7 Contributor address; City; State; Zip Code 2990 Allen Rd. Flatonia, TX 78941		<small>Check if travel outside of Texas. Complete Schedule T.</small>	
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 03/21/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Rightmer	Amount of Contribution \$ 800.00	In-kind contribution description Use of venue for fundraiser
Contributor address; City; State; Zip Code 6216 FM 154 Muldoon, TX 78949		<small>Check if travel outside of Texas. Complete Schedule T.</small>	
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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 11	2 FILER NAME Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 02/24/2026	5 Payee name Fayette County Record
-----------------------------	--

6 Amount (\$) 252.00	7 Payee address; City; State; Zip Code 127 S Washington St, La Grange, TX 78945
--------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expenses	(b) Description Newspaper 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
--	-------------------------------	---------------	-------------

Date 02/24/2026	Payee name Schulenburg Sticker
--------------------	-----------------------------------

Amount (\$) 191.50	Payee address; City; State; Zip Code 405 N Main St, Schulenburg, TX 78956
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expenses	Description Newspaper Ad
	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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Date 02/26/2026	Payee name Fayette County Record
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Amount (\$) 252.00	Payee address; City; State; Zip Code 127 S Washington St, La Grange, TX 78945
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expenses	Description Newspaper Ad
	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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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 02/27/2026	5 Payee name Facebook
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6 Amount (\$) 50.00	7 Payee address; City; State; Zip Code Meta Platforms, Inc.1 Meta Way Menlo Park, CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(b) Description Campaign 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
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Date 02/27/2026	Payee name Wix.com
--------------------	-----------------------

Amount (\$) 68.73	Payee address; City; State; Zip Code 100 Gansevoort Street, New York, NY 10014
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Website maintenance
	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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Date 03/04/2026	Payee name Facebook
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Amount (\$) 50.00	Payee address; City; State; Zip Code Meta Platforms, Inc.1 Meta Way Menlo Park, CA 94025
----------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Campaign Ad
	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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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:		2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)	
4 Date 03/14/2026		5 Payee name Houston Sign Company			
6 Amount (\$) 502.66		7 Payee address; City; State; Zip Code 5801 Chimney Rock Rd, Houston, TX 77081			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense		(b) Description Yard signs + 4x4 signs		
	(c) Check if travel outside of Texas. Complete Schedule T.		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 03/17/2026		Payee name Walmart La Grange			
Amount (\$) 23.66		Payee address; City; State; Zip Code 1915 State Hwy 71, La Grange, TX 78945			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Mailing materials		
	Check if travel outside of Texas. Complete Schedule T.		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 03/18/2026		Payee name Amazon			
Amount (\$) 16.77		Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense		Description Zipties and sign materials		
	Check if travel outside of Texas. Complete Schedule T.		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	

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 03/18/2026	5 Payee name Fayette County Record
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6 Amount (\$) 144.00	7 Payee address; 127 S Washington St, La Grange, TX 78945	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(b) Description Thank you message
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/19/2026	Payee name Homegoods
--------------------	-------------------------

Amount (\$) 126.20	Payee address; 753 State Hwy 71, Bastrop, TX 78602	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Fundraising event prizes
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/19/2026	Payee name Academy Sports
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Amount (\$) 73.60	Payee address; 749 State Hwy 71, Bastrop, TX 78602	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description Fundraising event prizes
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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:	2 FILER NAME Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 03/21/2026	5 Payee name C&M Flatonia
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6 Amount (\$) 175.46	7 Payee address; City; State; Zip Code 505. E. I 10, Frontage Rd, Flatonia, TX 78941
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Beverages for fundraiser event
	(c) Check if travel outside of Texas. Complete Schedule T.	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
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Date 03/21/2026	Payee name The Market
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Amount (\$) 184.51	Payee address; City; State; Zip Code 116 W North Main St, Flatonia, TX 78941
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food and beverages for fundraiser event
	Check if travel outside of Texas. Complete Schedule T.	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
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Date 03/24/2026	Payee name Oakridge Smokehouse
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Amount (\$) 1000.00	Payee address; City; State; Zip Code 712 US 77, Schulenburg, TX 78956
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food for fundraiser event
	Check if travel outside of Texas. Complete Schedule T.	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
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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:	2 FILER NAME Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 03/25/2026	5 Payee name Walmart La Grange
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6 Amount (\$) 74.72	7 Payee address; 1915 State Hwy 71, La Grange, TX 78945	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Mailing materials
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/26/2026	Payee name Signs On The Cheap
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Amount (\$) 260.48	Payee address; 11525 A Stonehollow Dr., Suite 120Austin, TX 78758	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Yard signs and stakes
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/28/2026	Payee name Wix.com
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Amount (\$) 68.73	Payee address; 100 Gansevoort Street, New York, NY 10014.	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Website maintenance
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 Josh Homan		3 Filer ID (Ethics Commission Filers)	
4 Date 03/28/2026		5 Payee name CapBargain			
6 Amount (\$) 199.80		7 Payee address; City; State; Zip Code 2330 S Archibald Ave.Ontario, CA 91761			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense		(b) Description Promotional campaign caps		
	(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	
Date 03/28/2026		Payee name Amazon			
Amount (\$) 49.23		Payee address; City; State; Zip Code 410 Terry Ave N, Seattle, WA 98109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense		Description Sign materials, zipties, wire		
	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 03/31/2026		Payee name Koopman Catering			
Amount (\$) 1000.00		Payee address; City; State; Zip Code 3403 US Hwy 90 East Schulenburg, TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Catering for Veterans appreciation event		
	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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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 Josh Homan	3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2026	5 Payee name Academy Sports	
6 Amount (\$) 107.98	7 Payee address; City; State; Zip Code 749 State Hwy 71, Bastrop, TX 78602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	(b) Description Auction donation for fundraiser event
	(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
Date 04/26/2026	Payee name BJG Plants	
Amount (\$) 75.40	Payee address; City; State; Zip Code 104 Market St, Flatonia, TX 78941	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	Description Donations for fundraiser event. Ellinger fire
	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 04/28/2026	Payee name Wix.com	
Amount (\$) 68.73	Payee address; City; State; Zip Code 100 Gansevoort Street, New York, NY 10014.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Website Maintenance
	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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23

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:	2 FILER NAME Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 04/30/2026	5 Payee name Flatonia Chamber of Commerce
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6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 208 E North Main St, Flatonia, TX 78941
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Crawfish event sponsorship
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/09/2026	Payee name BJG Plants
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Amount (\$) 173.18	Payee address; City; State; Zip Code 104 Market St, Flatonia, TX 78941
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate	Description Fundraiser auction items
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 05/11/2026	Payee name Flatonia Argus
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Amount (\$) 276.00	Payee address; City; State; Zip Code 212 S Penn St, Flatonia, TX 78941
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Newspaper ad
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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27

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:	2 FILER NAME Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 05/11/2026	5 Payee name Fayette County Record
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6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 127 S Washington St, La Grange, TX 78945
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(b) Description Newspaper 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
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Date 05/13/2026	Payee name Schulenburg Sticker
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Amount (\$) 228.00	Payee address; City; State; Zip Code 405 N Main St, Schulenburg, TX 78956
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Newspaper Ad
	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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Date 05/14/2026	Payee name KVLG KBUK
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Amount (\$) 736.00	Payee address; City; State; Zip Code 511 FM 155, La Grange, TX 78945
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Radio ads
	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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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:	2 FILER NAME Josh Homan	3 Filer ID (Ethics Commission Filers)
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4 Date 05/14/2026	5 Payee name Fayette County Record
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6 Amount (\$) 800.00	7 Payee address; City; State; Zip Code 127 S Washington St, La Grange, TX 78945
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(b) Description Newspaper ads (prepay)
	(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
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Date 05/15/2026	Payee name Facebook
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Amount (\$) 200.00	Payee address; City; State; Zip Code Meta Platforms, Inc.1 Meta Way Menlo Park, CA 94025United States
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Facebook Ads
	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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Date 05/16/2026	Payee name Tractor Supply Co.
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Amount (\$) 112.52	Payee address; City; State; Zip Code 2005 State Hwy 71, La Grange, TX 78945
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description T Posts and sign repair supplies
	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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