

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: **32**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR **Mr** FIRST **Larry** MI **5**
NICKNAME **Josh** LAST **Homan** SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 1075 Flatonia, Tx 78941

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(361) 210-6950

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR **Mrs.** FIRST **Beverly** MI **Zapala**
NICKNAME LAST SUFFIX
Ponder

OFFICE USE ONLY

Date Received

3:50 PM
FILED
FEB 2 2026

Date Hand-delivered  Postmarked

Receipt # Amount \$
CO. ELECTIONS ADMINISTRATOR

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
606 E N Main St. Flatonia Tx 78941
(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(979) 224-6197

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 Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
1 / 1 / 24 THROUGH **1 / 22 / 26**

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☒ Primary ☐ Runoff ☐ Other Description
3 / 3 / 26 ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)
City Council (Flatonia)

13 OFFICE SOUGHT (if known)
County Judge

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

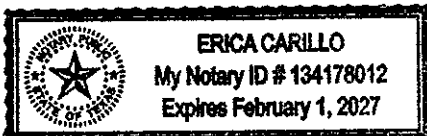
15 C/OH NAME <u>Josh Homan</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>11709.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7308.24</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>3450.71</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STATE OF TEXAS

Sworn to and subscribed before me by Larry Joshua Homan this the 2nd day of February, 2020, to certify which, witness my hand and seal of office.

[Signature] Erica Carillo CSE
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

JOSE HONAN

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7730.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 3979.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7308.24
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

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: 16
2 FILER NAME Jose Homan		3 Filer ID (Ethics Commission Filers)
4 Date 1/5/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kristina Homan	7 Amount of contribution (\$) 125.00
6 Contributor address; City; State; Zip Code 56066 25th St Glenwood 14 51531		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/4/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raney McDonough	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 8150 Guethorne Ehler Rd Schulenburg TX 78956		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/8/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron + Leanna Gray	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 611 S Converse St Platoon TX 78941		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/9/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Schacherl	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 1732 Slaughter Horse Ln Platoon TX 78941		
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: 2/16
2 FILER NAME Josh Horner		3 Filer ID (Ethics Commission Filers)
4 Date 1/4/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Dunk <hr/> 6 Contributor address; City; State; Zip Code 6690 FM 2762 Flatonia TX 78941	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/4/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don Mikulanka <hr/> Contributor address; City; State; Zip Code 9365 S 5495 Flatonia TX 78941	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/4/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Zapata Ponder <hr/> Contributor address; City; State; Zip Code 686 E N Main Flatonia TX 78941	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Cerny <hr/> Contributor address; City; State; Zip Code 3625 Strick Rd Flatonia TX 78941	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/16
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karina Farek 6 Contributor address; City; State; Zip Code 310 N Market St Flatonia TX 78941	7 Amount of contribution (\$) 140.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrri Hetner Contributor address; City; State; Zip Code 2490 Allor Rd. Flatonia Tx 78941	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jodie Siptak Contributor address; City; State; Zip Code PO Box 392 Flatonia Tx 78941	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alex Wellburn Contributor address; City; State; Zip Code 809 Paulos St. Schertz TX 78956	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 4/6
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian Castillo	7 Amount of contribution (\$) 800.00
6 Contributor address; City; State; Zip Code 637 Walnut St. Flatonia TX 78941		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Beckly	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2696 Davis Rd Malden, TX 78949		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawren Flores	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 4731 FM 2237 Flatonia TX 78941		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIP Brunner	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2052 CR 422 Waco TX 78959		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/16
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cilton Hadaway <hr/> 6 Contributor address; City; State; Zip Code 5044 FM 609 La Grange TX 78945	7 Amount of contribution (\$) 160.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernie Satterwhite <hr/> Contributor address; City; State; Zip Code 1851 CR 402 Flatonia TX 78941	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobby Smith <hr/> Contributor address; City; State; Zip Code 1304 Kelleff Ave Schulenburg TX 78956	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cilton Starns <hr/> Contributor address; City; State; Zip Code 126 CR 196 Hallettsville TX 77964	Amount of contribution (\$) 60.00
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.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6/16
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abraham Centeno 6 Contributor address; City; State; Zip Code 204 E 5th St. Flatonia TX 78941	7 Amount of contribution (\$) 60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cade Kohunick Contributor address; City; State; Zip Code 1277 FM 957 Hallettsville TX 77964	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston Mackey Contributor address; City; State; Zip Code 3014 US 775 Hallettsville TX 77964	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keareth Ponder Contributor address; City; State; Zip Code 606 E N Main Flatonia TX 78941	Amount of contribution (\$) 240.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7/16
2 FILER NAME Josh Harmon		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Mikulik	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1500 US90 Flatonia TX 78441		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn Montague	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code 264 Crystal Valley Cibolo, TX 78108		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel Rosas	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code 208 Richard Rd. La Grange TX 78945		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamie Montgomery	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 401 S East St Wemar, TX 78962		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 8/16
2 FILER NAME <i>Josh Homan</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/10/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Blake Michalec</i> <hr/> 6 Contributor address; City; State; Zip Code <i>1004 S Peck St Shiner TX 77984</i>	7 Amount of contribution (\$) <i>60.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1/10/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hanther Weir</i> <hr/> Contributor address; City; State; Zip Code <i>330 W 2nd St Flatonia TX 78041</i>	Amount of contribution (\$) <i>220.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/10/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Layne Vyvjala</i> <hr/> Contributor address; City; State; Zip Code <i>2135 Henderson Ln. Schulenburg TX 78956</i>	Amount of contribution (\$) <i>60.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1/10/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brent Kover</i> <hr/> Contributor address; City; State; Zip Code <i>2520 Jackson Rd. LaGrange TX 78945</i>	Amount of contribution (\$) <i>120.00</i>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9/11
2 FILER NAME Joel Hauer		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Gunn	7 Amount of contribution (\$) 120.00
6 Contributor address; City; State; Zip Code 111 E Travis LaGrange TX 78945		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tim Wolff	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code 11001 N 5th 95 Flatonia TX 78941		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brack Hollaz	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code 3486 Davis Rd. Muldoon TX 78949		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony Lichnovsky	Amount of contribution (\$) 120.00
Contributor address; City; State; Zip Code 609 N Mechanic Weimar TX 78962		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10/16
2 FILER NAME Josh Hanan		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/24	5 Full name of contributor Erik Estrada <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 60.00
6 Contributor address; City; State; Zip Code 1305 Pecan Flats TX 78991		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/10/24	Full name of contributor Alex Natera <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code 4025 Hill St. Irwin, TX 79744		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/24	Full name of contributor Davonn Granger <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code 8331 FM 1383 LaGrange TX 78945		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/24	Full name of contributor Glenn Klancher <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 60.00
Contributor address; City; State; Zip Code 107 Oak Ridge Dr. Yorkum TX 77995		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11/16
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 1/14/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis Horvath <hr/> 6 Contributor address; City; State; Zip Code 1010 Kessler Schulenburg TX 78756	7 Amount of contribution (\$) 60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KIP Brunner <hr/> Contributor address; City; State; Zip Code 2852 CR422 Waunder TX 78954	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent Mathis <hr/> Contributor address; City; State; Zip Code 12930 5495 Flatonia TX 78941	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Zimmerhauzel <hr/> Contributor address; City; State; Zip Code 2928 Zimmerhauzel Rd Flatonia TX 78941	Amount of contribution (\$) 60.00
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.		

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: 12/16
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad Martin <hr/> 6 Contributor address; City; State; Zip Code PB Box 822 Flatonia TX 78941	7 Amount of contribution (\$) 60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) José Cedillo <hr/> Contributor address; City; State; Zip Code 2151 Hamilton Pool Ln Bustrop TX 78602	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jason Mica <hr/> Contributor address; City; State; Zip Code 734 S Mill St Flatonia TX 78941	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miguel Ginfaldo <hr/> Contributor address; City; State; Zip Code 6009 Fm 609 Flatonia TX 78941	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13/16
2 FILER NAME Josh Honan		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt Vyrjala	7 Amount of contribution (\$) 60.00
6 Contributor address; City; State; Zip Code 10707 Appleton Ln Richmond TX 77406		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Pender	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code 217 W 4th St Ft Worth TX 76941		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burley Bruner	Amount of contribution (\$) 40.00
Contributor address; City; State; Zip Code 317 SFAIR ST Ft Worth TX 76941		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Any West	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 865 CR 303 Orange Grove TX 78572		
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: 14/16
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Flores 6 Contributor address; City; State; Zip Code 4731 FM 2237 Flatonia TX 78441	7 Amount of contribution (\$) 20.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID ZAPALAC Contributor address; City; State; Zip Code PO BOX 121 Flatonia TX 78441	Amount of contribution (\$) 20.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregg Ray Contributor address; City; State; Zip Code 2961 FM 2762 Flatonia TX 78441	Amount of contribution (\$) 30.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis Seale Contributor address; City; State; Zip Code 523 E N Main Flatonia TX 78441	Amount of contribution (\$) 150.00
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.		

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: 15/16
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Willie Steinhouser 6 Contributor address; City; State; Zip Code 3300 Allen Rd Flatonia TX 78941	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian Castillo Contributor address; City; State; Zip Code 637 N Walnut Flatonia TX 78941	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rarex McDonough Contributor address; City; State; Zip Code 8150 Guetterman Euler Rd Schulenburg TX 78956	Amount of contribution (\$) 400.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bar Superior Contributor address; City; State; Zip Code 333 Old Waelder Rd 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.		

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: 16/16
2 FILER NAME Josh Haman		3 Filer ID (Ethics Commission Filers)
4 Date 1/10/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DENNIS GEEFSAMAN 6 Contributor address; City; State; Zip Code 815 Scott's School Rd Flatonia TX 78941	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe Bread Contributor address; City; State; Zip Code 435 E 4th St Flatonia TX 78941	Amount of contribution (\$) 90.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Quintero Contributor address; City; State; Zip Code Po Box 172 Wadley TX 78954	Amount of contribution (\$) 60.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) _____ Contributor address; City; State; Zip Code _____	Amount of contribution (\$) _____
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: 7	
2 FILER NAME Josiah Homan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 3979.00	
5 Date 1/10/26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sarah Swingle	8 Amount of Contribution \$ 239.00	9 In-kind contribution description Auction Items (outdoor items)
7 Contributor address; City; State; Zip Code 4207 Polaris Lane N Maple Grove MN 55369		<input type="checkbox"/> 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 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kelly Homan	Amount of Contribution \$ 175.00	In-kind contribution description Auction Items (spirits)
Contributor address; City; State; Zip Code Po Box 1075 Flatonia TX 78741		<input type="checkbox"/> 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)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 2/7

JOSE Homan

3 Filer ID (Ethics Commission Filers)

\$

☐ out-of-state PAC (ID#: _____)

9 In-kind contribution
description

1/10/26

Leisha K. B.

7 Contributor address; City; State; Zip Code

75.00

Acro-Hen
(Basket)

☐ Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

Date _____

Full name of contributor ☐ out-of-state PAC (ID#: _____)

In-kind contribution description

1/10/20

Terril Heber

Contributor address; City; State; Zip Code

250.00

Auction Item
(Bench made)

☐ Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

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: <u>3/1</u>	
2 FILER NAME <u>JOSE Homan</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>1/10/26</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Beverly Z. Ponder</u>	8 Amount of Contribution \$ <u>50.00</u>	9 In-kind contribution description <u>Auction Item (Basket)</u>
7 Contributor address; City; State; Zip Code <u>646 EN MAN Flatonia TX 78841</u>		<input type="checkbox"/> 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 <u>1/10/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Cec Oden</u>	Amount of Contribution \$ <u>90.00</u>	In-kind contribution description <u>Auction Item (Golf)</u>
Contributor address; City; State; Zip Code <u>394 Garbuck Ln Flatonia TX 78841</u>		<input type="checkbox"/> 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)			

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

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 4/7	
2 FILER NAME Josh Homan		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 1/10/24	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Hoffman	8 Amount of Contribution \$ 300.00	9 In-kind contribution description Action Item (Bag)
7 Contributor address; City; State; Zip Code 710 S. FARRIS Flatonia TX 78991		<input type="checkbox"/> 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 1/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samantha Hadaway	Amount of Contribution \$ 400.00	In-kind contribution description Action Item (Beef)
Contributor address; City; State; Zip Code 5044 FM609 LaGrange TX 78945		<input type="checkbox"/> 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)			
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: 5/7	
2 FILER NAME JOSE HUMAN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 1/10/26	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodney Stoyk	8 Amount of Contribution \$ 65.00	9 In-kind contribution description Action Item (Basket)
7 Contributor address; City; State; Zip Code 318 S. Fairview St Flordia TX 78941		<input type="checkbox"/> 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 1/10/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cesey Rung	Amount of Contribution \$ 125.00	In-kind contribution description Action Item (GIFT)
Contributor address; City; State; Zip Code 2961 Fm 2762 Flordia TX 78941		<input type="checkbox"/> 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)			

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: <u>6/1</u>	
2 FILER NAME <u>JOSH ROMAN</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>1/16/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jodie Siptak</u>	8 Amount of Contribution \$ <u>1500.00</u>	9 In-kind contribution description <u>Food + Catering</u>
7 Contributor address; City; State; Zip Code <u>3021 Old Hallettsville Rd Flatonia TX 78941</u>		<input type="checkbox"/> 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 <u>1/16/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Janie Mikulik</u>	Amount of Contribution \$ <u>250.00</u>	In-kind contribution description <u>Food + Catering</u>
Contributor address; City; State; Zip Code <u>1500 US90 Flatonia TX 78941</u>		<input type="checkbox"/> 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)			

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: 1/1	
2 FILER NAME <i>Josh Human</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>1/10/26</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Josh Human</i>	8 Amount of Contribution \$ <i>400.00</i>	9 In-kind contribution description <i>Event Supplies</i>
7 Contributor address; City; State; Zip Code <i>PO Box 1075 Flatonia TX 78941</i>		<input type="checkbox"/> 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 <i>1/19/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Terri Heffner</i>	Amount of Contribution \$ <i>600.00</i>	In-kind contribution description <i>Tickets for Country Music Club event</i>
Contributor address; City; State; Zip Code <i>2996 Allen Rd Flatonia TX 78941</i>		<input type="checkbox"/> 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)			

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
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: 6	2 FILER NAME JOSH HOMAN	3 Filer ID (Ethics Commission Filers)
4 Date 1/5/26	5 Payee name Houston Sign Co.	
6 Amount (\$) 2212.04 2465.94	7 Payee address; City; State; Zip Code 5801 Chimney Rock Rd Houston, TX 77081 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Large signage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/7/26	Payee name Signs on the Cheap	
Amount (\$) 273.57	Payee address; City; State; Zip Code 11525-A Stanchollow Dr. STE 120 Austin TX 78758 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Stakes
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/7/26	Payee name Texas Print House LLC	
Amount (\$) 81.14	Payee address; City; State; Zip Code 105 E N MAIN Flatonia TX 78841 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Promotional Items
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 2/6	2 FILER NAME JOSE HANAN	3 Filer ID (Ethics Commission Filers)
4 Date 1/8/26	5 Payee name Wix.com	
6 Amount (\$) 121.07	7 Payee address; City; State; Zip Code Advertising Expense 100 Garstvoort St. NY, NY 10014 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website Maint.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/8/26	Payee name Facebook (META)	
Amount (\$) 86.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Facebook Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/9/26	Payee name Schulenburg Printing, Inc	
Amount (\$) 521.33	Payee address; City; State; Zip Code 785 N Upton Ave. Schulenburg, TX 78956 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description Signage for Fundraiser event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 3/6	2 FILER NAME JOSH HOMAN	3 Filer ID (Ethics Commission Filers)
4 Date 1/12/26	5 Payee name Flatonia Argos	
6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 212 S. Penn St. Flatonia TX 78741 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(b) Description Newspaper Ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/13/26	Payee name Facebook	
Amount (\$) 570.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description FB Ad.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/15/26	Payee name ONXMAPS.COM, Inc	
Amount (\$) 36.88	Payee address; City; State; Zip Code 1925 Brooks St Missoula MT 59801 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Software Subscription
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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
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: 4/4	2 FILER NAME JOSH HUMAN	3 Filer ID (Ethics Commission Filers)
4 Date 1/16/24	5 Payee name Your Sign Store	
6 Amount (\$) 136.40	7 Payee address; City; State; Zip Code 629 Fold Hallettsville Rd Flatonia TX 78941 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Signage
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

Date 1/17/24	Payee name TRE-HOUSE Embroidery		
Amount (\$) 144.39	Payee address; City; State; Zip Code 107 E Main St. Weimar, TX 78962 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Promo Items	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

Date 1/20/24	Payee name Schulenburg Stickers		
Amount (\$) 60.00	Payee address; City; State; Zip Code 405 N Main St. Schulenburg TX 78956 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description paper Ad	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 5/6	2 FILER NAME JOSH HAMAN	3 Filer ID (Ethics Commission Filers)
4 Date 1/21/24	5 Payee name Flatonian Argos	
6 Amount (\$) 490.00 420.00	7 Payee address; City; State; Zip Code 212 S. Penn St. Flatonia TX 78941 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(b) Description Newspaper Ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 1/17/24	Payee name Fayetteville Store	
Amount (\$) 6.71	Payee address; City; State; Zip Code 401 E Main St. Fayetteville TX 78940 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Sign install materials
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		
Date 1/22/24	Payee name Turboscribe. AI	
Amount (\$) 20.00	Payee address; City; State; Zip Code Fundraising Expense Bellevue, WA 98004 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraising Expense	Description Transcription Software
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 6/6	2 FILER NAME JOSE HUMAN	3 Filer ID (Ethics Commission Filers)
4 Date 1/22/26	5 Payee name Tractor Supply Co #304	
6 Amount (\$) 8.66	7 Payee address; City; State; Zip Code 2005 SH-71 La Grange TX 78945 <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv. Expense	(b) Description Sign Materials
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/22/26	Payee name Fayette County Record	
Amount (\$) 1500.00	Payee address; City; State; Zip Code 127 S Washington St La Grange TX 78945 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adv. Expense	Description Paper Ads
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 1/10/26	Payee name Flatonia Golf Assoc. (FGA)	
Amount (\$) 1000.00	Payee address; City; State; Zip Code 1245 US90 Flatonia TX 78941 <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Rental of course for Event/Fundraiser
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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