

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 Filer)	2 Total pages filed: 12			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST LARRY MI NICKNAME LAST JOSH SUFFIX HOMAN			OFFICE USE ONLY			
				Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: PO BOX 1075 APT / SUITE #: CITY: FLATONIA STATE: TX ZIP CODE 78941			FILED 1:22PM JAN 1 2026			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 210-6950	EXTENSION	Date Hand-delivered or Postmarked 			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST BEVERLY MI NICKNAME LAST PONDER SUFFIX		Receipt # CO. ELECTIONS ADMINISTRATOR Amount \$ 0			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 606 E N MAIN ST APT / SUITE #: CITY: FLATONIA STATE: TX ZIP CODE 78941			Date Processed			
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 224-6197	EXTENSION	Date Imaged			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 11	Day 18	Year 25	Month 12	Day 31	Year 25	
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 26		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) 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.						
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME					
	COMMITTEE ADDRESS						
	COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

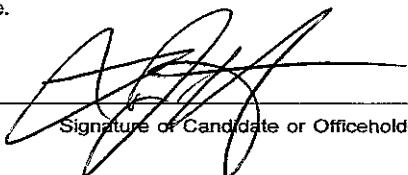
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
LARRY JOSHUA 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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,686.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,429.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,732.86
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

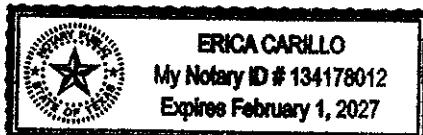
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Larry J Homan this the 12th day of January

20 26, to certify which, witness my hand and seal of office.

Erica Carrillo

Printed name of officer administering oath

Title of officer administering oath

OR

CSH

(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 LARRY JOSHUA HOMAN	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,486.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,679.05
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	\$ 750.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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
2 FILER NAME LARRY JOSHUA HOMAN			3 Filer ID (Ethics Commission Filers)
4 Date 11/20/2025	5 Full name of contributor LARRY JOSHUA HOMAN	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 60.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 11/24/2025	Full name of contributor KRISTINA HOMAN	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
Contributor address; 56066 257TH ST GLENWOOD, IA 51534		City; City: State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/01/2025	Full name of contributor AL GROSS	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; 5245 WALDECK CEMETERY RD ROUND TOP, TX 78954		City; City: State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/01/2025	Full name of contributor RICHARD NIEMANN	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; 1140 E OLD HALLETTSVILLE RD FLATONIA, TX 78941		City; 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.

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
2 FILER NAME LARRY JOSHUA HOMAN			3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2025	5 Full name of contributor TERRI HEFNER	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 300.00
	6 Contributor address; 2990 ALLEN RD FLATONIA, TX 78941	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/11/2025	Full name of contributor RANNEY McDONOUGH	out-of-state PAC (ID#_____)	Amount of contribution (\$) 500.00
	Contributor address; 8150 GUETTERMAN EHLER RD SCHULENBURG, TX 78956	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/16/2025	Full name of contributor SARAH SWINGLER	out-of-state PAC (ID#_____)	Amount of contribution (\$) 25.00
	Contributor address; 9207 POLARIS LN N MAPLE GROVE, MN 55369	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/2025	Full name of contributor LARRY JOSHUA HOMAN	out-of-state PAC (ID#_____)	Amount of contribution (\$) 1.00
	Contributor address; 404 S FAIRES ST FLATONIA, TX 78941	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.

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
2 FILER NAME LARRY JOSHUA HOMAN			3 Filer ID (Ethics Commission Filers)
4 Date 12/16/2025	5 Full name of contributor KARINA FAREK	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/16/2025	Full name of contributor JACKSON HIRNIAK	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00
Contributor address; 1137 CONQUISTADOR DR EAGLE RIVER, AK 99577		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/17/2025	Full name of contributor ROBIN LONG	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00
Contributor address; 3040 BEECH HILL DR SPRING VALLEY, OH 45370		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/19/2025	Full name of contributor ERIC SWINGLER	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,500.00
Contributor address; 9207 POLARIS LN N MAPLE GROVE, MN 55369		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.

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
2 FILER NAME LARRY JOSHUA HOMAN			3 Filer ID (Ethics Commission Filers)
4 Date 12/19/2025	5 Full name of contributor DAVID OLmos	6 Contributor address; 803 BOUNDARY ST HOUSTON, TX 77009	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 12/23/2025	Full name of contributor ROBERT A. RUTLEDGE	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; 2720 REINSCH RD WINCHESTER, TX 78945		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/30/2025	Full name of contributor MARY SHEERAN	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
Contributor address; 659 WARNER LN FLATONIA, TX 78941		City; State; Zip Code	
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: 1	
2 FILER NAME LARRY JOSHUA HOMAN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 12/06/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JEREMY FINCH	8 Amount of Contribution \$ 200.00	9 In-kind contribution description TRAILER (FLOAT)
	7 Contributor address; City; State; Zip Code 4026 FRANK RD LA GRANGE, TX 78945		
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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 style="text-align: center;">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>			

**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: 3	2 FILER NAME LARRY JOSHUA HOMAN	3 Filer ID (Ethics Commission Filers)
---	--	--

4 Date 11/27/2025	5 Payee name WIX.COM
--	---

6 Amount (\$) 96.75	7 Payee address; 100 GANSEVOORT ST Check if individual's residence address.	City; NEW YORK	State; NY	Zip Code 10014
--	---	------------------------------	-------------------------	------------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE ESTABLISHMENT AND DOMAIN PURCHASE
	(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 12/01/2025	Payee name VISTAPRINT			
Amount (\$) 459.33	Payee address; 275 WYMAN ST Check if individual's residence address.	City; WALTHAM	State; MA	Zip Code 02451

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description BUSINESS CARDS, DOOR HANGERS, VEHICLE MAGNETS
	(c) 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 12/03/2025	Payee name HARLAND CLARKE (FSB)			
Amount (\$) 31.56	Payee address; 204 N LA GRANGE ST Check if individual's residence address.	City; FLATONIA	State; TX	Zip Code 78941

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING	Description PURCHASE OF PAPER CHECKS
	(c) 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
--	-------------------------------	---------------	-------------

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: 3	2 FILER NAME LARRY JOSHUA HOMAN	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date 12/10/2025	5 Payee name SCHULENBURG STICKER			
-----------------------------	--	--	--	--

6 Amount (\$) 42.00	7 Payee address; P. O. Box 160	City; SCHULENBURG	State; TX	Zip Code 78956
-------------------------------	---------------------------------------	--------------------------	------------------	-------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OTHER: DUES AND SUBSCRIPTIONS	(b) Description DIGITAL SUBSCRIPTION TO THE STICKER NEWSPAPER
	(c) Check if individual's residence address.	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 12/13/2025	Payee name SIGNS ON THE CHEAP			
---------------------------	---	--	--	--

Amount (\$) 646.99	Payee address; 11525A STONEHOLLOW DR SUITE 120	City; AUSTIN	State; TX	Zip Code 78758
------------------------------	---	---------------------	------------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN YARD SIGNS
	Check if individual's residence address.	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 12/11/2025	Payee name FAYETTE COUNTY RECORD			
---------------------------	--	--	--	--

Amount (\$) 155.00	Payee address; 127 S WASHINGTON ST	City; LA GRANGE	State; TX	Zip Code 78945
------------------------------	---	------------------------	------------------	-------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FCR CHRISTMAS AD
	Check if individual's residence address.	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	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: 3	2 FILER NAME LARRY JOSHUA HOMAN	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/2025	5 Payee name TX PRINT HOUSE	
6 Amount (\$) 81.19	7 Payee address; 105 E NORTH MAIN ST <small>Check if individual's residence address.</small>	City; State; Zip Code FLATONIA TX 78941
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description PROMOTIONAL BALL CAPS
	(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
Date 12/27/2025	Payee name WIX.COM	
Amount (\$) 68.73	Payee address; 100 GANSEVOORT ST <small>Check if individual's residence address.</small>	City; State; Zip Code NEW YORK NY 10014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE MONTHLY MAINT. AND HOSTING
	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
Date 12/29/2025	Payee name FLATONIA ARGUS	
Amount (\$) 97.50	Payee address; 212 S PENN ST <small>Check if individual's residence address.</small>	City; State; Zip Code FLATONIA TX 78941
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description ADS FOR FUNDRAISER (QTY: 2)
	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 G: 1	2 FILER NAME LARRY JOSHUA HOMAN	3 Filer ID (Ethics Commission Filers)
4 Date 11/21/2025	5 Payee name FAYETTE COUNTY REPUBLICAN PARTY	
6 Amount (\$) 750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; PO BOX 334 Check if individual's residence address.	City; LA GRANGE State; TX Zip Code 78945
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description FILING FEE
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <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		