


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:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Craig A <hr/> NICKNAME LAST SUFFIX Moreau	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.2em; font-weight: bold;"> 4:09 pm FILED JAN 1 2 2026 </div> Date Hand-delivered or Date Postmarked: <div style="text-align: center;">  Receipt # _____ Amount \$ _____ CO. ELECTIONS ADMINISTRATOR Date Processed _____ Date Imaged _____ </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1047 La Grange, TX 78945										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 692-6034										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr Craig A <hr/> NICKNAME LAST SUFFIX Moreau	Date Hand-delivered or Date Postmarked: Receipt # _____ Amount \$ _____ CO. ELECTIONS ADMINISTRATOR Date Processed _____ Date Imaged _____									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 1047 La Grange. TX. 78945										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 692-6034										
9 REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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)
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<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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month Day Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">11 / 13 / 25</td> <td></td> <td style="text-align: center;">01 / 12 / 26</td> </tr> </table>			Month Day Year	THROUGH	Month Day Year	11 / 13 / 25		01 / 12 / 26		
Month Day Year	THROUGH	Month Day Year									
11 / 13 / 25		01 / 12 / 26									
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:30%;"> ELECTION DATE Month Day Year 03 / 03 / 26 </td> <td style="width:70%;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table>			ELECTION DATE Month Day Year 03 / 03 / 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						
ELECTION DATE Month Day Year 03 / 03 / 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) None	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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
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

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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2330
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 225
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1346.52
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: 1
2 FILER NAME Craig Moreau		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2025	5 Full name of contributor out-of-state PAC (ID#: John Crowley	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 2629 E State Hwy 237 Round Top, TX 78954		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 11/19/2025	Full name of contributor out-of-state PAC (ID#: Shirley Ross	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1668 E FM 696 Lexington, TX 78947		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: CJ Malota	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 220 Cynthia Lane La Grange, TX, 78945		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/05/25	Full name of contributor out-of-state PAC (ID#: Dana Caddle	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 2520 Valentine Rd La Grange 78954		
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 Craig Moreau		3 Filer ID (Ethics Commission Filers)
4 Date 12/09/2025	5 Full name of contributor Frank Reichert out-of-state PAC (ID#: _____) 6 Contributor address; PO Box 102. City; State; Zip Code La Grange , TX 78945	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 12/19/2025	Full name of contributor Fred Roberts out-of-state PAC (ID#: _____) Contributor address; PO Box 72 City; State; Zip Code Fayetteville, TX 78940	Amount of contribution (\$) \$660.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 12/19/2025	Full name of contributor Evan Quiros out-of-state PAC (ID#: _____) Contributor address; 2875 Haw Creek City; State; Zip Code Fayetteville TX, 78940	Amount of contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 01/08/2026	Full name of contributor Sara Caudle out-of-state PAC (ID#: _____) Contributor address; 3900 N FM 1291 City; State; Zip Code Fayetteville, TX 78940	Amount of contribution (\$) \$100.00
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.		

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 <i>Craig Moreau</i>				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ <i># 225</i>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sven Mosecke</i>			8 Amount of Contribution \$ <i>\$ 225</i>	9 In-kind contribution description <i>Promotions</i>
7 Contributor address; City; State; Zip Code <i>334 Jonda La Grange TX 78945</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) <i>Programming</i>				13 Contributor's job title (FOR JUDICIAL) (See Instructions) <i>Owner</i>	
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#: _____)			Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code					
<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)					

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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 <i>Craig Moreau</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-04-25</i>	5 Payee name <i>LG Print Co.</i>	
6 Amount (\$) <i>184.02</i>	7 Payee address; City; State; Zip Code <i>155 W. Travis St. La Grange TX 78945</i> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Printing</i>
	(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 <i>12-26-25</i>	Payee name <i>Vercel</i>		
Amount (\$) <i>2000</i>	Payee address; City; State; Zip Code <i>1650 California St. San Francisco CA 94108</i> <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Website</i>	
	<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 <i>12-31-25</i>	Payee name <i>Fayette Savings Bank</i>		
Amount (\$) <i>1.50</i>	Payee address; City; State; Zip Code <i>111 E Travis St. La Grange TX 78945</i> <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Banking</i>	Description <i>Mailed Statement Fee</i>	
	<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
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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 <i>Greg Moreau</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-25-25</i>	5 Payee name <i>ADT</i>	
6 Amount (\$) <i>193.29</i>	7 Payee address; City; State; Zip Code <i>1990 W. St. Hwy 71 La Grange TX 78954</i> <input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>Communications</i>
	(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 <i>11-26-25</i>	Payee name <i>Jot Form</i>		
Amount (\$) <i>52.53</i>	Payee address; City; State; Zip Code <i>4 Embarcadero Center #780 San Francisco CA 94111</i> <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>Communications</i>	
	<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 <i>11-27-25</i>	Payee name <i>Vercel</i>		
Amount (\$) <i>2000</i>	Payee address; City; State; Zip Code <i>650 California St. San Francisco CA 94108</i> <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Website</i>	
	<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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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 <i>Craig Moreau</i>		3 Filer ID (Ethics Commission Filers)												
4 Date <i>11/25/25</i>		5 Payee name <i>Elyette Co. Rep. Party</i>														
6 Amount (\$) <i>\$750.00</i>		7 Payee address; City; State; Zip Code <i>PO Box 334 La Grange TX 78954</i> <input type="checkbox"/> Check if individual's residence address.														
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Filing Fee</i>													
	<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																
<table style="width:100%;"> <tr> <td style="width:20%;">Date <i>12-02-25</i></td> <td style="width:40%;">Payee name <i>GSuite</i></td> <td style="width:40%;"></td> </tr> <tr> <td>Amount (\$) <i>35.15</i></td> <td>Payee address; <i>1600 Amphitheatre Pkwy</i></td> <td>City; State; Zip Code <i>Mountain View CA 94043</i></td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) <i>Advertising</i></td> <td>Description <i>Email</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>						Date <i>12-02-25</i>	Payee name <i>GSuite</i>		Amount (\$) <i>35.15</i>	Payee address; <i>1600 Amphitheatre Pkwy</i>	City; State; Zip Code <i>Mountain View CA 94043</i>	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Email</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <i>12-02-25</i>	Payee name <i>GSuite</i>															
Amount (\$) <i>35.15</i>	Payee address; <i>1600 Amphitheatre Pkwy</i>	City; State; Zip Code <i>Mountain View CA 94043</i>														
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Email</i>														
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<table style="width:100%;"> <tr> <td style="width:20%;">Date <i>12-4-25</i></td> <td style="width:40%;">Payee name <i>Lukas Bakun</i></td> <td style="width:40%;"></td> </tr> <tr> <td>Amount (\$) <i>90.00</i></td> <td>Payee address; <i>135 N. Main</i></td> <td>City; State; Zip Code <i>La Grange TX 78945</i></td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule) <i>Event Expense</i></td> <td>Description <i>Food</i></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>						Date <i>12-4-25</i>	Payee name <i>Lukas Bakun</i>		Amount (\$) <i>90.00</i>	Payee address; <i>135 N. Main</i>	City; State; Zip Code <i>La Grange TX 78945</i>	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Date <i>12-4-25</i>	Payee name <i>Lukas Bakun</i>															
Amount (\$) <i>90.00</i>	Payee address; <i>135 N. Main</i>	City; State; Zip Code <i>La Grange TX 78945</i>														
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Food</i>														
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Amount (\$)	Payee address;	City; State; Zip Code														
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description														
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description														
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense															
<table style="width:100%;"> <tr> <td style="width:20%;">Date</td> <td style="width:40%;">Payee name</td> <td style="width:40%;"></td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address;</td> <td>City; State; Zip Code</td> </tr> <tr> <td rowspan="2" style="text-align: center; vertical-align: middle;">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> <td>Description</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>						Date	Payee name		Amount (\$)	Payee address;	City; State; Zip Code	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the _____ report due on _____.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

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 _____, 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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

2,555

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1346.52

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

1208.48

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

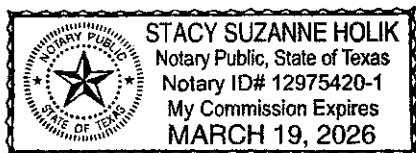
\$

0

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 Stacy Suzanne Holik this the 12th day of January

2026, to certify which, witness my hand and seal of office.

Stacy Suzanne Holik
Signature of officer administering oath

Stacy Suzanne Holik
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)