# 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: 13 |
|---|---|---|

| | | OFFICE USE ONLY |
|---|---|---|
| **3** CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR **Mr.**    FIRST **Chad**    MI **H** <br> NICKNAME    LAST **Tiemann**    SUFFIX | Date Received |
| **4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS <br> ☐ Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <br> **1522 E St. Hwy 237  Round Top, TX 78954** | **FILED** <br> **JAN 09 2026** |
| **5** CANDIDATE / OFFICEHOLDER PHONE | AREA CODE **(979)** PHONE NUMBER **966-2271** EXTENSION | Date Hand-delivered or Date Postmarked <br> COUNTY ELECTIONS ADMINISTRATOR |
| **6** CAMPAIGN TREASURER NAME | MS / MRS / MR **Mrs.**    FIRST **Christina**    MI **L.** <br> NICKNAME    LAST **Tiemann**    SUFFIX | Date Processed <br> Date Imaged |

| **7** CAMPAIGN TREASURER ADDRESS <br> (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <br> **1522 E St Hwy 237  Round Top.  TX  78954** |
|---|---|
| **8** CAMPAIGN TREASURER PHONE | AREA CODE **(979)** PHONE NUMBER **966-2278** EXTENSION |

| **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 **11** Day **06** Year **2025** THROUGH Month **12** Day **31** Year **2025** |
|---|---|

| **11** ELECTION | ELECTION DATE <br> Month **3** Day **3** Year **2026** | ELECTION TYPE <br> ☑ Primary   ☐ Runoff   ☐ Other Description <br> ☐ General   ☐ Special |
|---|---|---|

| **12** OFFICE | OFFICE HELD (If any) | **13** OFFICE SOUGHT (if known) **Fayette County Commissioner Precinct 2** |
|---|---|---|

| **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 |
| ☐ Additional Pages | ☐ GENERAL    COMMITTEE ADDRESS |
| | ☐ SPECIFIC    COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER
# CAMPAIGN FINANCE REPORT

**FORM C/OH**
**COVER SHEET PG 2**

| 15 C/OH NAME | Chad H Tiemann | 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) | $ 1943.47 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 3849.69 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 521.08 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ 1000.00 |

**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.
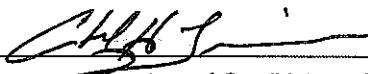
_____
Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

JOAN M LANGE
Notary Public, State of Texas
My Commission Expires
May 14, 2028
NOTARY ID 1283042
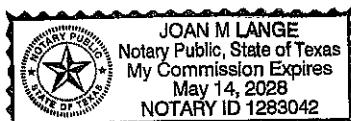
NOTARY STAMP / SEAL

Sworn to and subscribed before me by _Chad H. Tiemann_ this the _9th_ day of _January_,

20 _26_ , to certify which, witness my hand and seal of office.

| _Joan M. Lange_ | _Joan M. Lange_ | _Notary Public - Texas_ |
|---|---|---|
| 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

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| | |

| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE | | SUBTOTAL<br>AMOUNT |
|---|---|---|
| 1. | ☑ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ 1,150 |
| 2. | ☑ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ 793.47 |
| 3. | ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☑ SCHEDULE E: LOANS | $ 1,000 |
| 5. | ☑ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 1,723.92 |
| 6. | ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☑ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ 150.00 |
| 9. | ☑ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ 1975.77 |
| 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: 2 |
|---|---|

| **2** FILER NAME Chad H Tiemann | **3** Filer ID (Ethics Commission Filers) |
|---|---|

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **7** Amount of contribution ($) |
|---|---|---|
| 12/8/25 | Larry Cernoch | $500.00 |
| | **6** Contributor address; City; State; Zip Code | |
| | 24121 Buechmann Rd New Ulm TX 78950 | |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 12/11/25 | Andrea Cernoch | $100.00 |
| | Contributor address; City; State; Zip Code | |
| | 8518 Cahill Dr #17 Austin TX 78729 | |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 12/11/25 | Lanie Cernoch | $100.00 |
| | Contributor address; City; State; Zip Code | |
| | 24121 Buechmann Rd New Ulm TX 78950 | |

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

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 12/11/25 | Robin Sklar | $100.00 |
| | Contributor address; City; State; Zip Code | |
| | 1548 Froehlich Rd Fayetteville TX 78940 | |

| 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: *Chad Tiemann*

**3** Filer ID (Ethics Commission Filers)

---

| **4** Date | **5** Full name of contributor ☐ out-of-state PAC (ID#:_____) | **7** Amount of contribution ($) |
|---|---|---|
| 12/23/25 | *Milledge Mitchell* | $100.00 |
| | **6** Contributor address; City; State; Zip Code | |
| | P.O. Box 204  Round Top  Tx 78954 | |

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

---

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| 12/23/25 | *Kristina Stork* | $250.00 |
| | Contributor address; City; State; Zip Code | |
| | P.O. Box 156  Columbus  Tx 78934 | |

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)

---

| Date | Full name of contributor ☐ out-of-state PAC (ID#:_____) | Amount of contribution ($) |
|---|---|---|
| | | |
| | Contributor address; City; State; Zip Code | |

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

---

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE **A2**

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

| The Instruction Guide explains how to complete this form. | **1** Total pages Schedule A2: |
|---|---|
| **2** FILER NAME   *Chad H Tiemann* | **3** Filer ID  (Ethics Commission Filers) |

**4** TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  $

| **5** Date | **6** Full name of contributor ☐ out-of-state PAC (ID#:____) | **8** Amount of Contribution $ | **9** In-kind contribution description |
|---|---|---|---|
| 12/19/25 | *Annette Tiemann* | $793.47 | *Advertising expense - Signs* |
| | **7** Contributor address;   City;   State;   Zip Code   *1404 Tracye Lee  Brenham   TX  77833* | ☐ 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 | Full name of contributor ☐ out-of-state PAC (ID#:____) | Amount of Contribution $ | In-kind contribution description |
|---|---|---|---|
| | | | |
| | Contributor address;   City;   State;   Zip Code | ☐ 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.**

# LOANS

**SCHEDULE E**

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 E: |
|---|---|
| | 1 |

| | |
|---|---|
| **2** FILER NAME    Chad H. Tiemann | **3** Filer ID (Ethics Commission Filers) |

| | |
|---|---|
| **4** TOTAL OF UNITEMIZED LOANS | $ |

| **5** Date of loan | **7** Name of lender    ☐ out-of-state PAC (ID#:_____ ) | **9** Loan Amount ($) |
|---|---|---|
| 10\|17\|2025 | Chad H Tiemann | $1,000.00 |

| **6** Is lender a financial Institution? | **8** Lender address;    City;    State;    Zip Code | **10** Interest rate    0 |
|---|---|---|
| Y (N) | 1522 E St Hwy 237 Round Top    TX 78954 | **11** Maturity date    0 |

| **12** Principal occupation / Job title (See Instructions) | **13** Employer (See Instructions) |
|---|---|
| | |

| **14** Description of Collateral    ☑ none | **15** ☑ Check if personal funds were deposited into political account (See Instructions) |
|---|---|

| **16** GUARANTOR INFORMATION | **17** Name of guarantor | **19** Amount Guaranteed ($) |
|---|---|---|
| | **18** Guarantor address;    City;    State;    Zip Code | |
| ☑ not applicable | | |

| **20** Principal Occupation (See Instructions) | **21** Employer (See Instructions) |
|---|---|
| | |

| Date of loan | Name of lender    ☐ out-of-state PAC (ID#:_____ ) | Loan Amount ($) |
|---|---|---|
| | | |

| Is lender a financial Institution?    Y   N | Lender address;    City;    State;    Zip Code | Interest rate |
|---|---|---|
| | | Maturity date |

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

| Description of Collateral    ☐ none | ☐ Check if personal funds were deposited into political account (See Instructions) |
|---|---|

| GUARANTOR INFORMATION | Name of guarantor | Amount Guaranteed ($) |
|---|---|---|
| | Guarantor address;    City;    State;    Zip Code | |
| ☐ not applicable | | |

| Principal Occupation (See Instructions) | Employer (See Instructions) |
|---|---|
| | |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**
If lender 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: 4 | 2 FILER NAME Chad H. Tiemann | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

**4 Date** 11/8/25

**5 Payee name** Fayette County Republica Party

**6 Amount ($)** $750.00

**7 Payee address;** P.O. Box 334    City; La Grange    State; TX    Zip Code 78945
☐ Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule) Fee

(b) Description Filing Fee for County Commissioners office

(c) ☐ Check if travel outside of Texas. Complete Schedule T.    ☐ Check if Austin, TX, officeholder living expense

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

---

**Date** 11/13/25

**Payee name** Round Top Young Farmers

**Amount ($)** $100

**Payee address;** 651 W Fuchs Road    City; Carmine    State; TX    Zip Code 78932
☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule) Contribution / Donation made by candidate

Description Donation for monthly meeting meal

☐ Check if travel outside of Texas. Complete Schedule T.    ☐ Check if Austin, TX, officeholder living expense

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

---

**Date** 12/2/25

**Payee name** 123 Print.com

**Amount ($)** $52.85

**Payee address;** 12750 Merit Drive, Suite 900    City; Dallas    State; TX    Zip Code 75251
☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule) Printing Expense

Description Business Cards

☐ Check if travel outside of Texas. Complete Schedule T.    ☐ Check if Austin, TX, officeholder living expense

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

## 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 FILER NAME Chad H Tiemann | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

| 4 Date 12/9/25 | 5 Payee name Fayette County Record |
|---|---|

| 6 Amount ($) $230.00 | 7 Payee address; 127 S Washington St. | City; LaGrange | State; TX | Zip Code 78945 |
|---|---|---|---|---|

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule) Advertising Expense

(b) Description Christmas Ad in paper

(c) ☐ Check if travel outside of Texas. Complete Schedule T.  ☐ Check if Austin, TX, officeholder living expense

**9** Complete ONLY if direct expenditure to benefit C/OH

| Candidate / Officeholder name | Office sought | Office held |
|---|---|---|

---

| Date 12/11/25 | Payee name Pens.com |
|---|---|

| Amount ($) $263.99 | Payee address; 1 Sharpie Way, Building #3 | City; Shelbyville | State; TN | Zip Code 37160 |
|---|---|---|---|---|

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule) Advertising Expense

Description

☐ Check if travel outside of Texas. Complete Schedule T.  ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

| Candidate / Officeholder name | Office sought | Office held |
|---|---|---|

---

| Date 12/11/25 | Payee name Round Top Mercantile |
|---|---|

| Amount ($) $61.98 | Payee address; 438 N Washington St | City; Round Top | State; TX | Zip Code 78954 |
|---|---|---|---|---|

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule) Advertising expense

Description Supplies to put up Signs.

☐ Check if travel outside of Texas. Complete Schedule T.  ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

| Candidate / Officeholder name | Office sought | Office held |
|---|---|---|

**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 FILER NAME Chad H Tiemann | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

| 4 Date 12/10/25 | 5 Payee name La Grange Farm: Ranch |
|---|---|

| 6 Amount ($) $57.50 | 7 Payee address; 623 E Colorado Street | City; La Grange | State; TX | Zip Code 78945 |
|---|---|---|---|---|

☐ Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule) Contribution / Donation

(b) Description raffle item for young Farmers Christmas party

(c) ☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

**9 Complete ONLY if direct expenditure to benefit C/OH**

| Candidate / Officeholder name | Office sought | Office held |
|---|---|---|

| Date 12/22 | Payee name Print Place |
|---|---|

| Amount ($) $127.84 | Payee address; 1130 Ave H East | City; Arlington | State; TX | Zip Code 76011 |
|---|---|---|---|---|

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule) Printing expense

Description Flyers

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**

| Candidate / Officeholder name | Office sought | Office held |
|---|---|---|

| Date 12/23 | Payee name Print Place |
|---|---|

| Amount ($) $17.50 | Payee address; 1130 Ave H East | City; Arlington | State; TX | Zip Code 76011 |
|---|---|---|---|---|

☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule) printing expense

Description Flyers

☐ Check if travel outside of Texas. Complete Schedule T.   ☐ Check if Austin, TX, officeholder living expense

**Complete ONLY if direct expenditure to benefit C/OH**

| Candidate / Officeholder name | Office sought | Office held |
|---|---|---|

### 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 FILER NAME Chad H Tiemann | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

| 4 Date 12/23 | 5 Payee name Bloomsprint / Etsy |
|---|---|

**6 Amount ($)** $25.16

**7 Payee address;** 117 Adams Street    City; Brooklyn    State; NY    Zip Code 11201
☐ Check if individual's residence address.

**8 PURPOSE OF EXPENDITURE**

(a) Category (See Categories listed at the top of this schedule) Printing expense

(b) Description address labels

(c) ☐ Check if travel outside of Texas. Complete Schedule T.    ☐ Check if Austin, TX, officeholder living expense

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

---

| Date 12/24 | Payee name Amazon |
|---|---|

Amount ($) $27.62

Payee address; 410 Terry Avenue N    City; Seattle    State; Washington    Zip Code 98109
☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule) Printing expense

Description Thank you cards

☐ Check if travel outside of Texas. Complete Schedule T.    ☐ Check if Austin, TX, officeholder living expense

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

---

| Date 12/29 | Payee name Harbor Freight |
|---|---|

Amount ($) $9.48

Payee address; 441 St Hwy 71 C    City; Bastrop    State; TX    Zip Code 78602
☐ Check if individual's residence address.

**PURPOSE OF EXPENDITURE**

Category (See Categories listed at the top of this schedule) advertising expense

Description Supplies for signs

☐ Check if travel outside of Texas. Complete Schedule T.    ☐ Check if Austin, TX, officeholder living expense

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

---

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# EXPENDITURES MADE BY CREDIT CARD

**SCHEDULE F4**

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

## EXPENDITURE CATEGORIES FOR BOX 10(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) |

**The Instruction Guide explains how to complete this form.**          **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

| 1 TOTAL PAGES SCHEDULE F4: 1 | 2 FILER NAME Chad H Tiemann | 3 FILER ID (Ethics Commission Filers) |
|---|---|---|

| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | $ |
|---|---|

| 5 CREDIT CARD ISSUER | Name of financial institution Bank of America |
|---|---|

| 6 PAYMENT | (a) Amount Charged $ 150.00 | (b) Date Expenditure Charged 12/17/25 | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|---|

| 7 PAYEE | (a) Payee name Round Top Family Library | (b) Payee address; 206 W Mill St   City, Round Top   State, TX   Zip Code 78954 ☐ Check if individual's residence address. |
|---|---|---|

| 8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political | (a) Category (See Categories listed at the top of this schedule) Contribution / Donation | (b) Description Registration fee for annual fundraiser |
|---|---|---|
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |

| 9 Complete **ONLY** if direct expenditure to benefit C/OH | Candidate / Officeholder name          Office Sought          Office Held |
|---|---|

| PAYMENT | (a) Amount Charged $ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|---|

| PAYEE | (a) Payee name | (b) Payee address;   City,   State,   Zip Code ☐ Check if individual's residence address. |
|---|---|---|

| PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |

| Complete **ONLY** if direct expenditure to benefit C/OH | Candidate / Officeholder name          Office Sought          Office Held |
|---|---|

| PAYMENT | (a) Amount Charged $ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
|---|---|---|---|

| PAYEE | (a) Payee name | (b) Payee address;   City,   State,   Zip Code ☐ Check if individual's residence address. |
|---|---|---|

| PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |

| Complete **ONLY** if direct expenditure to benefit C/OH | Candidate / Officeholder name          Office Sought          Office Held |
|---|---|

## 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 | 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 G: 1 | 2 FILER NAME Chad Tiemann | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|

| 4 Date 11/11/2025 | 5 Payee name NBD Graphics | | | |
|---|---|---|---|---|

| 6 Amount ($) $1,975.77 ☑ Reimbursement from political contributions intended | 7 Payee address; 917 S Mason Road ☐ Check if individual's residence address. | City; Katy | State; TX | Zip Code 77450 |
|---|---|---|---|---|

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising expence | (b) Description Signs for Campaign |
|---|---|---|
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ Check if Austin, TX, officeholder living expense |

| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|

| Date | Payee name | | | |
|---|---|---|---|---|

| Amount ($) ☐ Reimbursement from political contributions intended | Payee address; ☐ Check if individual's residence address. | City; | State; | Zip Code |
|---|---|---|---|---|

| 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|

| Date | Payee name | | | |
|---|---|---|---|---|

| Amount ($) ☐ Reimbursement from political contributions intended | Payee address; ☐ Check if individual's residence address. | City; | State; | Zip Code |
|---|---|---|---|---|

| 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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|---|---|---|

### ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED