

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: <i>16</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Josh</i>	MI <i></i>	OFFICE USE ONLY	
	NICKNAME <i>Vanderwer</i>	LAST <i></i>	SUFFIX <i></i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4201 Loehr Rd. La Grange, TX 78945</i>				Date Received <i>Jan 13 2026</i>
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>203-9084</i>	EXTENSION <i></i>	Date Hand-delivered or Date Postmarked <i></i>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>hee</i>	MI <i>A.</i>	Receipt # <i></i>	CO. ELECTIONS ADMINISTRATOR <i></i>
NICKNAME <i>Fritsch</i>	LAST <i></i>	SUFFIX <i></i>	Date Processed <i></i>	Date Imaged <i></i>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <i>6731 Wild Rd. La Grange</i>				STATE; ZIP CODE <i>TX 78945</i>
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(979)</i>	PHONE NUMBER <i>966-7153</i>	EXTENSION <i>3</i>		
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 <i>11</i>	Day <i>1</i>	Year <i>2025</i>	Month <i>1</i>	Day <i>59</i>
11 ELECTION	Month <i>3</i>	Day <i>3</i>	Year <i>26</i>	ELECTION TYPE <i>Primary</i>	
			<input type="checkbox"/> General	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description <i></i>
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Fayette Cty. Judge</i>	
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.				
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

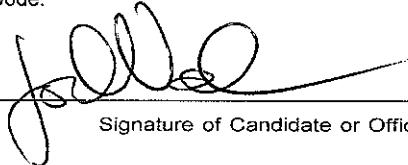
GO TO PAGE 2

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)	\$ 9,640
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,010.18
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,629.82
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,500

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

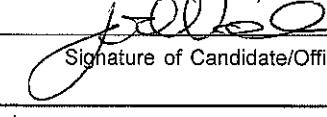
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Joshua Vandever, and my date of birth is 12/26/1988
 My address is 4201 Loehr Rd, LaGrange, TX, 78945, United States
 (street) (city) (state) (zip code) (country)

Executed in Fayette County, State of Texas, on the 13 day of January, 2026.
 (month) (year)


 Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)	
<i>Josh Vandever by Lee Fritsch, Treasurer</i>		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,164.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 220	
3. <input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,500	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,010.15	
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: <i>6</i>
2 FILER NAME <i>Josh Vandever, by Lee Fristach - Treasurer</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/25</i>	5 Full name of contributor <i>John Wied</i> 6 Contributor address; <i>6200 Wied Rd La Grange TX 78945</i>	7 Amount of contribution (\$) <i>\$750</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>—</i>
Date <i>11/25</i>	Full name of contributor <i>Frank Reichert</i> Contributor address; <i>4218 FM 155 La Grange TX 78945</i>	Amount of contribution (\$) <i>\$250</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>—</i>
Date <i>11/25</i>	Full name of contributor <i>Diane Rudolph</i> Contributor address; <i>1717 Rudolph Rd Fayetteville, TX 78942</i>	Amount of contribution (\$) <i>\$500</i>
Principal occupation / Job title (See Instructions) <i>Rancher</i>		Employer (See Instructions) <i>SCF</i>
Date <i>11/25</i>	Full name of contributor <i>Becky Weise</i> Contributor address; <i>1337 PR 2908 Giddings, TX 78942</i>	Amount of contribution (\$) <i>\$20</i>
Principal occupation / Job title (See Instructions) <i>All Sales</i>		Employer (See Instructions) <i>Fayette Cty. Record</i>

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: <i>b</i>
2 FILER NAME <i>Jay Vaudreuil Lee Fristch - Treasurer</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/25</i>	5 Full name of contributor <i>Ronnie Stanley</i> 6 Contributor address; <i>1505 FM 148 Burton, TX 77835</i>	7 Amount of contribution (\$) <i>\$20</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>-</i>
Date <i>11/25</i>	Full name of contributor <i>Kathy Babcock</i> Contributor address; <i>340 Pearl St. La Grange, TX 78945</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>11/25</i>	Full name of contributor <i>Brian Price</i> Contributor address; <i>505 Forza Viola Way Lakeway TX 78738</i>	Amount of contribution (\$) <i>\$107</i>
Principal occupation / Job title (See Instructions) <i>Sales</i>		Employer (See Instructions)
Date <i>11/25</i>	Full name of contributor <i>Gene Krupke</i> Contributor address; <i>225 Plum Church Rd La Grange, TX 78945</i>	Amount of contribution (\$) <i>\$200</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>-</i>

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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: <i>6</i>
2 FILER NAME <i>Josh Vandever by Joe Fritsch - Treasurer</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11/25</i>	5 Full name of contributor <i>Joe Basley</i> 6 Contributor address; City; State; Zip Code <i>P.O. Box 488 Flatonia, TX 78941</i>	7 Amount of contribution (\$) <i>\$1,000</i>
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) -
Date <i>12/25</i>	Full name of contributor <i>Todd & Raegan Fritsch</i> Contributor address; City; State; Zip Code <i>7131 E. Hwy 159 Fayetteville, TX 78940</i>	Amount of contribution (\$) <i>\$1,600</i>
Principal occupation / Job title (See Instructions) <i>Rancher</i>		Employer (See Instructions) <i>S-17</i>
Date <i>12/25</i>	Full name of contributor <i>John & Betty Burkland</i> Contributor address; City; State; Zip Code <i>6924 Wied Rd. La Grange, TX 78945</i>	Amount of contribution (\$) <i>\$1,000</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) -
Date <i>12/25</i>	Full name of contributor <i>Chris & Rebecca Hader</i> Contributor address; City; State; Zip Code <i>6514 Mueller Rd La Grange, TX 78945</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		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: <i>6</i>
2 FILER NAME <i>Josh Vandeveer, Les Fritsch - Treasurer</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/25</i>	5 Full name of contributor <i>Milton & Ann Heintzel</i> <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) <i>\$100</i>
	6 Contributor address; City; State; Zip Code <i>737 Falllyn Ln. Fayetteville, TX 78940</i>	
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions) <i>-</i>
Date <i>12/25</i>	Full name of contributor <i>Rocky Johnson</i> <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <i>\$400</i>
	Contributor address; City; State; Zip Code <i>1015 Kortzke Ln - La Grange, TX 78945</i>	
Principal occupation / Job title (See Instructions) <i>Firefighter</i>		Employer (See Instructions)
Date <i>1/26</i>	Full name of contributor <i>Barbara Anders</i> <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <i>\$300</i>
	Contributor address; City; State; Zip Code <i>609 E. Upperline La Grange, TX 78945</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>-</i>
Date <i>1/26</i>	Full name of contributor <i>Pat Jackson</i> <input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <i>\$100</i>
	Contributor address; City; State; Zip Code <i>3819 Pine Ridge La Grange, TX 78945</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>-</i>

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: <u>6</u></p>
<p>2 FILER NAME <u>Josh Vandever & Lee Fritsch - Treasurer</u></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>1/26</u></p>	<p>5 Full name of contributor <u>Bill Sandm. Paul</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$) <u>\$250</u></p>
	<p>6 Contributor address; <u>105 West Posthouse West Point, TX 78963</u></p>	<p>City; State; Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions) <u>Retired</u></p>		<p>9 Employer (See Instructions) <u>-</u></p>	
<p>Date <u>1/26</u></p>	<p>Full name of contributor <u>Kelly Allison</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>\$300</u></p>
	<p>Contributor address; <u>305 S. Washington La Grange, TX 78945</u></p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) <u>Exe. Director</u></p>		<p>Employer (See Instructions) <u>CVC</u></p>	
<p>Date <u>1/26</u></p>	<p>Full name of contributor <u>Ken & Rita Dernell</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>\$500</u></p>
	<p>Contributor address; <u>1018 Konetzke Ln. La Grange, TX 78945</u></p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) <u>Retired</u></p>		<p>Employer (See Instructions) <u>-</u></p>	
<p>Date <u>1/26</u></p>	<p>Full name of contributor <u>Mike & Sarah Mabry</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>\$250</u></p>
	<p>Contributor address; <u>1251 Prairie Ln. La Grange, TX 78945</u></p>	<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) <u>Retired</u></p>		<p>Employer (See Instructions) <u>-</u></p>	

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: <i>6</i>
2 FILER NAME <i>Josh Vandever by Lee Fritsch-Treasurer</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>1/26</i>	5 Full name of contributor <i>Gary & Betty Fritsch</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) <i>\$ 300</i>
	6 Contributor address: <i>1040 FM 954 Fayetteville, TX 78940</i>	City: State: Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Rancher</i>		9 Employer (See Instructions) <i>S-A-T</i>	
Date <i>1/26</i>	Full name of contributor <i>Wade Mozicek</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <i>\$ 500</i>
	Contributor address: <i>P.O. Box 414 La Grange, TX 78945</i>	City: State: Zip Code	
Principal occupation / Job title (See Instructions) <i>Banker</i>		Employer (See Instructions) <i>Fayette Savings Bank</i>	
Date <i>1/26</i>	Full name of contributor <i>Steve H. Hause</i>	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) <i>\$ 1,000</i>
	Contributor address: <i>P.O. Box 827 La Grange, TX 78945</i>	City: State: Zip Code	
Principal occupation / Job title (See Instructions) <i>011 & 643</i>		Employer (See Instructions) <i>S-C-F</i>	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#: <u> </u>)	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 <i>Josh Vandever, Lee Fritsch - Treasurer</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 12/27/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Teri McPhereson</i>)	8 Amount of Contribution \$ \$100
	7 Contributor address; City; State; Zip Code <i>5746 Krenek Rd, Fayetteville, TX 78940</i>	9 In-kind contribution description <i>Ford</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Cafe Owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i>
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 12/27/25 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Lee Fritsch</i>) Contributor address; City; State; Zip Code <i>6731 Wild Rd, La Grange, TX 78945</i>		Amount of Contribution \$ \$120 In-kind contribution description <i>Re Freshman</i> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Rancher</i>		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.

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule E:
2 FILER NAME <i>Josh Vandever by Lee Fritsch, Treasurer</i>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS <i>\$ 1,500</i>			
5 Date of loan <i>10/25</i>	7 Name of lender <i>Josh Vandever</i>		8 out-of-state PAC (ID#: <input type="checkbox"/>
6 Is lender a financial institution? <i>Y (N)</i>	8 Lender address; <i>4201 Loehr Rd. La Grange, TX 78945</i>		9 City; 10 State; Zip Code <i>08</i>
12 Principal occupation / Job title (See Instructions) <i>EDS Director</i>		13 Employer (See Instructions) <i>Fayette County</i>	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor 18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: Lender address; City; State; Zip Code		Loan Amount (\$)
Is lender a financial institution? <i>Y N</i>			Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code	
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
5	Josh Vandever by Lee Fritsch-Treasurer		
4 Date	5 Payee name		
10/28/25	WIX		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
8188.35	100 Gansevoort St.	New York New York 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)	(b) Description	
	Advertising	Website Services	
<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	Payee name		
11/7/25	Fayette City Record		
Amount (\$)	Payee address;	City; State; Zip Code	
1180	127 S. Washington	La Grange	TX 78943
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	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	Payee name		
11/11/25	Fayette City Record		
Amount (\$)	Payee address;	City; State; Zip Code	
210	127 S. Washington	La Grange	TX 78943
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
		La Grange 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)	(b) Description	
	Fees	Filing fee	
	<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	Payee name		
11/19/25	Flatonia Angus		
Amount (\$)	Payee address:	City; State; Zip Code	
147.00	212 S. Penn	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)	Description	
	Advertising	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	Payee name		
12/2/25	Goast Business		
Amount (\$)	Payee address:	City; State; Zip Code	
17.31	1600 Amphitheater Parkway Mountain View, CA		
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Website	
	<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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
		<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Cards	
	(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	Payee name		
12/1/25	WIX		
Amount (\$)	Payee address;	City; State; Zip Code	
10.05	100 Bansen + St.	N.Y. N.Y 10014	
	<input type="checkbox"/> Check if individual's residence address		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Fees	CC Fees	
	<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	Payee name		
12/6/25	LG Printing		
Amount (\$)	Payee address;	City; State; Zip Code	
018.38	155 W. Travis	LG TX 78945	
	<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Printing Name Tag	
	<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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Signs</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>U2 Marketing</i>		
Amount (\$) <i>12,394.17</i>	Payee address: <i>5900 Bisbile Rd</i>	City: <i>Houston</i>	State: Zip Code <i>TX 77092</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Signs</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>1/2/26</i>	Payee name <i>Google</i>		
Amount (\$) <i>17.91</i>	Payee address: <i>1610 Amphitheater Parkway, Mt. View, CA</i>	City: <i>CA</i>	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</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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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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)	(b) Description
		Fees	CC Fees
		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	
		Office sought	Office held
Date	Payee name		
1/2/26	Fay. City. Record		
Amount (\$)	Payee address;	City;	State; Zip Code
20.00	120 S. Washington	16	TX 78945
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description
		Advertising	Ad
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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		
1/10/26	Sutherland		
Amount (\$)	Payee address;	City;	State; Zip Code
4611	2125 Hwy 71	La Grange	TX 78945
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)	Description
		Advertising	Sign Zip Ties
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	
		Office sought	Office held

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