

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: 16

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

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

Day

Year

Month

Day

Year

11 /

1 /

2025

THROUGH

1 /

19 /

2026

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 26

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other

Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Fayette Cty. Judge

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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

OUTSTANDING
LOAN TOTALS

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 Locher 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***Josh Vandever by Dep Fritsch, Treasurer***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 9,640

2. ☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 220

3. ☒ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$ —

4. ☒ SCHEDULE E: LOANS

\$ 1,500

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 5,010.15

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$ —

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$ —

8. ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$ —

9. ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ —

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: <div style="text-align: center; font-size: 1.5em;">6</div>
2 FILER NAME <div style="text-align: center; font-size: 1.2em;">Josh Vandever, by Lee Fritsch - Treasurer</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">11/25</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">John Wied</div> 6 Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">6200 Wied Rd La Grange TX 78945</div>	7 Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$750</div>
8 Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">Retired</div>		9 Employer (See Instructions) <div style="text-align: center; font-size: 1.2em;">—</div>
Date <div style="text-align: center; font-size: 1.2em;">11/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Frank Reichert</div> Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">4218 FM 155 La Grange, TX 78945</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$250</div>
Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">Retired</div>		Employer (See Instructions) <div style="text-align: center; font-size: 1.2em;">—</div>
Date <div style="text-align: center; font-size: 1.2em;">11/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Diana Rudolph</div> Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1717 Rudolph Rd Fayetteville, TX 78940</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$500</div>
Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">Rancher</div>		Employer (See Instructions) <div style="text-align: center; font-size: 1.2em;">Self</div>
Date <div style="text-align: center; font-size: 1.2em;">11/25</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center; font-size: 1.2em;">Becky Weiss</div> Contributor address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1337 PR 2906 Giddings, TX 78942</div>	Amount of contribution (\$) <div style="text-align: center; font-size: 1.2em;">\$20</div>
Principal occupation / Job title (See Instructions) <div style="text-align: center; font-size: 1.2em;">All Sales</div>		Employer (See Instructions) <div style="text-align: center; font-size: 1.2em;">Fayette Cty. Record</div>
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: 6
2 FILER NAME Joy Vandever by Lee Furtick - Treasurer		3 Filer ID (Ethics Commission Filers)
4 Date 11/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bonnie Stanley 6 Contributor address; City; State; Zip Code 1505 FM 1448 Burton, TX 77835	7 Amount of contribution (\$) \$20
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) -
Date 11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathy Babcock Contributor address; City; State; Zip Code 340 Pearl St. LaGrange, TX 78945	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brian Price Contributor address; City; State; Zip Code 505 Forza Viola Way Lakeway, TX 78738	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions)
Date 11/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gene Kruppa Contributor address; City; State; Zip Code 225 Plum Church Rd LaGrange, TX 78945	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) -
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: <u>6</u>
2 FILER NAME <u>Josh Vandever by Joe Fritsch - Treasurer</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>11/25</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Joe Basley</u>	7 Amount of contribution (\$) <u>\$1,000</u>
6 Contributor address; City; State; Zip Code <u>P.O. Box 488 Houston, TX 78941</u>		
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions) <u>-</u>
Date <u>12/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Todd & Raegan Fritsch</u>	Amount of contribution (\$) <u>\$1,600</u>
Contributor address; City; State; Zip Code <u>7131 E Hwy 159 Fayetteville, TX 76940</u>		
Principal occupation / Job title (See Instructions) <u>Rancher</u>		Employer (See Instructions) <u>Self</u>
Date <u>12/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>John & Betty Burkland</u>	Amount of contribution (\$) <u>\$1,000</u>
Contributor address; City; State; Zip Code <u>6924 Wied Rd. La Grange, TX 76945</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>-</u>
Date <u>12/25</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Clive & Rebecca Halder</u>	Amount of contribution (\$) <u>\$100</u>
Contributor address; City; State; Zip Code <u>6514 Mueller Rd La Grange, TX 76945</u>		
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>-</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 6
2 FILER NAME <i>Josh VanDeuren, Dep Fritsch-Treasurer</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Milton & Ann Heintschel</i> 6 Contributor address; City; State; Zip Code <i>737 Faldyn Ln. Fayetteville, TX 75940</i>	7 Amount of contribution (\$) <i>\$100</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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Rocky Johnson</i> Contributor address; City; State; Zip Code <i>615 Karetzke Ln - La Grange, TX 76945</i>	Amount of contribution (\$) <i>\$400</i>
Principal occupation / Job title (See Instructions) <i>Fire Fighter</i>		Employer (See Instructions) <i>-</i>
Date <i>12/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Anders</i> Contributor address; City; State; Zip Code <i>609 E. Upperline LaGrange, TX 76945</i>	Amount of contribution (\$) <i>\$300</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>-</i>
Date <i>1/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Pat Jackson</i> Contributor address; City; State; Zip Code <i>3879 Pine Ridge LaGrange, TX 76945</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>-</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: <u>6</u>
2 FILER NAME <u>Josh Vandever 17 Dec Fritsick - Treasurer</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/26</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Bill & Sandra Paulus</u> 6 Contributor address; City; State; Zip Code <u>105 West Point Loop West Point, TX 76967</u>	7 Amount of contribution (\$) <u>\$250</u>
8 Principal occupation / Job title (See Instructions) <u>Retired</u>		9 Employer (See Instructions) <u>-</u>
Date <u>1/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kelly Allison</u> Contributor address; City; State; Zip Code <u>305 S. Washington LaGrange, TX 78945</u>	Amount of contribution (\$) <u>\$300</u>
Principal occupation / Job title (See Instructions) <u>Ex. Director</u>		Employer (See Instructions) <u>CVC</u>
Date <u>1/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kenneth Rita Dornell</u> Contributor address; City; State; Zip Code <u>1018 Kometzke Ln - LaGrange, TX 78945</u>	Amount of contribution (\$) <u>\$500</u>
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>-</u>
Date <u>1/26</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike & Sarah Mabry</u> Contributor address; City; State; Zip Code <u>1251 Laurie Ln - LaGrange, TX 78945</u>	Amount of contribution (\$) <u>\$250</u>
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions) <u>-</u>
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: 6
2 FILER NAME Josh Vandever by Lee Fritsch-Treasurer		3 Filer ID (Ethics Commission Filers)
4 Date 1/26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary & Betty Fritsch 6 Contributor address; City; State; Zip Code 1040 FM 954 Fayetteville, TX 75940	7 Amount of contribution (\$) \$ 300
8 Principal occupation / Job title (See Instructions) Rancher		9 Employer (See Instructions) Self
Date 1/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade Mazicek Contributor address; City; State; Zip Code P.O. Box 414 La Grange, TX 75945	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Fayette Savings Bank
Date 1/26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Hillhouse Contributor address; City; State; Zip Code P.O. Box 827 La Grange, TX 75945	Amount of contribution (\$) \$ 1,000
Principal occupation / Job title (See Instructions) Oil & Gas		Employer (See Instructions) Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A2

1 Total pages Schedule A2:

Josh Vandever 1, Lee Fritsch-Treasurer

3 Filer ID (Ethics Commission Filers)

\$

12/27/25

Teri McDerson

\$100

Food

5746 Krenak Rd Fayetteville, TX 76940

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

Cafe Owner-

 $S \rightarrow f$

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

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

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

12/27/25

Lee Fritsch

6731 Wied Rd. La Grange, TX 78945

\$120

Re Freshman

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

Ranchman

Employer (FOR NON-JUDICIAL) (See Instructions)

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

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

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

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:
2 FILER NAME <i>Josh Vandever by Lee Fortsch, Treasurer</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,500
5 Date of loan <i>10/25</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Josh Vandever</i>	9 Loan Amount (\$) <i>\$ 1,500</i>
6 Is lender a financial institution? <i>Y N</i>	8 Lender address; City; State; Zip Code <i>4201 Loch Rd. La Grange, TX 78945</i>	10 Interest rate <i>0%</i>
		11 Maturity date <i>11/26</i>
12 Principal occupation / Job title (See Instructions) <i>EMS Director</i>		13 Employer (See Instructions) <i>Fayette County</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <i>Y N</i>	Lender address; City; State; Zip Code	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	
Amount Guaranteed (\$)		
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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Josh Vandever by Lee Fritsch-Treurn	3 Filer ID (Ethics Commission Filers)
4 Date 10/28/25	5 Payee name WIX	
6 Amount (\$) 9188.35	7 Payee address; City; State; Zip Code 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) Advertising	
	(b) Description Website Services	
	(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 11/2/25	Payee name Fayette Cty. Record	
Amount (\$) 180	Payee address; City; State; Zip Code 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) Advertising	
	Description 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 11/11/25	Payee name Fayette Cty Record	
Amount (\$) 210	Payee address; City; State; Zip Code 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) Advertising	
	Description 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
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>Josh Vandever by Lee Fritsch</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>11/17/25</i>		5 Payee name <i>Fay City Rep Party</i>			
6 Amount (\$) <i>750</i>		7 Payee address; City; State; Zip Code <i>Lagrange 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>Fees</i>		(b) Description <i>Filing fee</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					
Date <i>11/19/25</i>		Payee name <i>Flatonina Argus</i>			
Amount (\$) <i>147.00</i>		Payee address; City; State; Zip Code <i>212 S. Penn Flatonina, TX 78941</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</i>		Description <i>Ads</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					
Date <i>12/2/23</i>		Payee name <i>Google Business</i>			
Amount (\$) <i>17.31</i>		Payee address; City; State; Zip Code <i>1600 Amphitheatre Parkway Mountain View, CA</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</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					
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 <i>Jose Vanderby Lee Fritzel, Treasurer</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/1/25</i>		5 Payee name <i>Schulerburg Printing</i>			
6 Amount (\$) <i>92.01</i>		7 Payee address; City; State; Zip Code <i>705 N. Uptn Schulerburg TX</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>Advertising</i>		(b) Description <i>Cards</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					
Date <i>12/1/25</i>		Payee name <i>WIX</i>			
Amount (\$) <i>10.05</i>		Payee address; City; State; Zip Code <i>100 Gansevoort St. N.Y. NY 10014</i> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>CC Fees</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					
Date <i>12/6/25</i>		Payee name <i>LG Printing</i>			
Amount (\$) <i>118.38</i>		Payee address; City; State; Zip Code <i>155 W. Travis LG 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>Advertising</i>		Description <i>Printing Name Tag</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					
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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 <i>Josh Vanderk, by Lee Fritch Trequon</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/23/25</i>		5 Payee name <i>Schulenburg Printing</i>			
6 Amount (\$) <i>\$730.69</i>		7 Payee address; City; State; Zip Code <i>705 N. Upton Schulenburg TX 78956</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>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>12/28/25</i>		Payee name <i>U2 Marketing</i>			
Amount (\$) <i>\$2,394.17</i>		Payee address; City; State; Zip Code <i>5900 Bingle Rd Houston TX 77092</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</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; City; State; Zip Code <i>1600 Amphitheat-Pkwy Mt. View, CA</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</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 <i>Josh Vander, by Lee Fitch, Treasurer</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>1/2/26</i>		5 Payee name <i>WIX</i>			
6 Amount (\$) <i>3.20</i>		7 Payee address; <i>101 Ganssant St.</i>		City; <i>NY</i>	State; <i>NY</i>
		<input type="checkbox"/> Check if individual's residence address.		Zip Code <i>10014</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>CC Fees</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>1/7/26</i>		Payee name <i>Fay. City Record</i>			
Amount (\$) <i>20.00</i>		Payee address; <i>127 S. Washington</i>		City; <i>LA</i>	State; <i>TX</i>
		<input type="checkbox"/> Check if individual's residence address.		Zip Code <i>78945</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Ad</i>		
	<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 <i>1/10/26</i>		Payee name <i>Satherlands</i>			
Amount (\$) <i>46.11</i>		Payee address; <i>2125 Strickland</i>		City; <i>La Grange</i>	State; <i>TX</i>
		<input type="checkbox"/> Check if individual's residence address.		Zip Code <i>78945</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Sign Zip Ties</i>		
	<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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