#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to com	plete this form.	1 Filer ID (Ethics Commi 00085727	ssion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		ISE ONLY
OFFICEHOLDER	Mrs.	Janis A.				
NAME	1/110.	ouno / 1.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024	
		Holt				
4 CANDIDATE /	ADDRESS / PO BOX; AF	PT / SUITE #; CI	ΓY;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1311					_
ADDRESS					Receipt #	Amount
Change of Address	Silchoo TV 77656					
	Silsbee, TX 77656				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Mr.	Kent				
NAME						
	NICKNAME	LAST		SUFFIX		
		Batman				
6 CAMPAIGN	STREET ADDRESS (NO F	O BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	4246 Clearlake Rd.					
ADDRESS						
(Residence or Business)						
	Kountze, TX 77625					
7 CAMPAIGN TREASURER		ONE NUMBER	EXTENSION			
PHONE	(409) 782-5918					
8 REPORT					_	
TYPE	X January 15	30th day befor	e election	Runoff	15th day after can	
					appointment (offic	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ch C/OH-FR)
9 PERIOD	Month Day Year	r		Month Day	Year	
COVERED	07/01/2023	T	HROUGH	12/31/2023	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
	03/05/2024				<u> </u>	
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
				State Representa	ative District HD 1	L8
		GO '	TO PAGE 2			
L Forms provided by Te	exas Ethics Commission		thics.state.tx.u	s	Verc	ion V3.5.1.f1b8c3f1

#### CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

	of 67	
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13 C / OH NAME	Holt, Janis A. (Mrs.)	1	L4 Filer ID (I 00085727	Ethics Comm	iission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	Dolitical contributions accepted or political expenditure These expenditures may have been made without th I officeholders are required to report this information	e candidate's or office	holder's know	vledge or		
Additional Pages		COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS	5				
<b>16</b> CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC	PLEDGES, LOANS, TRONICALLY)	\$	0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	43,737.31		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$	40,256.72		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	ST DAY OF THE	\$	2,039.32		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS C TING PERIOD	OF THE LAST DAY	\$	91,325.00		
17 AFFIDAVIT	•			•			
		I swear, or affirm, under penalty true and correct and includes all under Title 15, Election Code.					
		Mrs	. Janis A. Holt				
		Signature of C	Candidate or Officehold	der			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subs	cribed before me, by the s	aid	_, this the		_day		
of	, 20, to ce	ertify which, witness my hand and seal of office.					
Signature of offi	cer administering	Printed name of officer administering	Title of officer	administerin	g oath		
Forms provided by Te	xas Ethics Commission	www.ethics.state.tx.us		Version V3	3.5.1.f1b8c3f1		

SUBTOTALS - C/OH	FORM C/OH OVER SHEET PG 3 3 of 67	
18 FILER NAME Holt, Janis A. (Mrs.)	19 Filer ID 00085727	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 43,737.31
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	<b>\$</b> 40,256.72
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

SCHEDULE	A1
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	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/28 Rpt: 4/67	
2	FILER NAME				3	Filer ID (Ethics Commissio	on Filers)
	Holt, Janis A	(Mrs.)				00085727	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/12/2023	Adams, Kelly					\$52.40
		6 Contributor address; City; Sta	te; Zip Code				
		Silsbee, TX 77656					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Housewife						
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/07/2023	Arizpe, Charissa					\$2,083.65
		Contributor address; City; Sta			1		
		Kingwood, TX 77339					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/14/2023	Arrendondo-Lynch, Alma (I	Dr.)				\$20.00
		Contributor address; City; Sta	te; Zip Code		1		
		Concan, TX 78838					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Dentist/Rand	cher		Self			
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/17/2023	Ashworth, Julia					\$50.00
		Contributor address; City; Sta	te; Zip Code				
		Silsbee, TX 77656					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/17/2023	Ashworth, Sam					\$50.00
		Contributor address; City; Sta	te; Zip Code				
		Silsbee, TX 77656					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
I I							

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/28 Rpt: 5/67	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Holt, Janis A	. (Mrs.)			00085727	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/26/2023	Atkins, Rebekah				\$10.73
		6 Contributor address; City; State; Zip Code				
		Splendora, TX 77372				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	;)		
	Unknown					
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/16/2023	Barrett, O. Eugene				\$300.00
		Contributor address; City; State; Zip Code		1		
		Huntsville, TX 77320				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/17/2023	Barrett, Sherri				\$100.00
		Contributor address; City; State; Zip Code				
		Huntsville, TX 77340				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Real Estate	Broker	Emblem Properties			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/27/2023	Batman, Kent				\$250.00
		Contributor address; City; State; Zip Code				
		Kountze, TX 77625				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Business Ov	vner	Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/27/2023	Batman, Pam				\$250.00
		Contributor address; City; State; Zip Code				
		Kountze, TX 77625				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Homemaker					
Γ						
1						

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/28 Rpt: 6/67	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Holt, Janis A	л. (Mrs.)			00085727	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	07/29/2023	Billot, Loyd				\$100.00
		6 Contributor address; City; State; Zip Code		1		
		Sour Lake, TX 77659				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	10/17/2023	Blalock, Rosanna				\$52.40
		Contributor address; City; State; Zip Code		1		
		Houston, TX 77024	i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	11/19/2023	Bottoms, Cathy				\$26.35
		Contributor address; City; State; Zip Code		1		
$\vdash$	Drive sized, oppu	Houston, TX 77041		Ĺ		
	Principal occu Teacher	ipation / Job title (See Instructions)	Employer (See Instructions SBISD	5)		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	<b>#50</b> 00
	09/26/2023	Bottoms, Chris				\$50.00
		Contributor address; City; State; Zip Code				
		Silsbee, TX 77656				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Teacher		Silsbee ISD	,		
╞				<u> </u>	Amount of Contribution (¢)	
	Date 09/21/2023	Full name of contributor out-of-state PAC (ID#: Bottoms, Dale	)		Amount of Contribution (\$)	\$52.40
	0312112020			-		Ψ <b>J</b> <u>2</u> . <del>1</del> 0
		Contributor address; City; State; Zip Code				
		Hamilton, OH 45011				
	Principal occu	I upation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	QA		RDI	,		

SCHEDULE	A1
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Ē	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/28 Rpt: 7/67	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Holt, Janis A	л. (Mrs.)			00085727	
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/29/2023	Bowen, Scott				\$50.00
	ļ	6 Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Houston, TX 77059				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Engineer		TPC Group			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/09/2023	Bradley, Jeff				\$250.00
		Contributor address; City; State; Zip Code				
	ļ					
	ļ					
		Huntsville, TX 77320				
		upation / Job title (See Instructions)	Employer (See Instructions	5)		_
	Event Planne	er	Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/18/2023	Breaux, Chris				\$26.35
	ļ	Contributor address; City; State; Zip Code		1		
	ļ					
		Sour Lake, TX 77659	<u> </u>	Ļ		
		Ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Engineering		Motiva			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/26/2023	Brents, Tommy				\$26.35
		Contributor address; City; State; Zip Code				
	ļ					
	ļ	Liberty, TX 77575				
$\vdash$	Dringinal occur	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	IT Consultan		Self	5)		
╘				<del>.</del>		
	Date	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	ቀጋባ በበ
	10/14/2023	Briggs, Melody				\$20.00
		Contributor address; City; State; Zip Code				
	ļ	Houston, TX 77018				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> וו		
	IT Director		Self	"		
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/28 Rpt: 8/67	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Holt, Janis A				00085727	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/12/2023	Brookshire, Van				\$52.40
		6 Contributor address; City; State; Zip Code		1		
		Coldspring, TX 77331				
8		ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Consultant		Vision Builders			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	11/07/2023	Bumstead, Joe				\$500.00
				1		
		Kountze, TX 77625				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Construction	1	Self			
	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u> )	Γ	Amount of Contribution (\$)	
	10/14/2023	Butchko, Kay	/			\$20.00
	10/1			ł		*=•
		Nagocdoches, TX 75965				
$\vdash$	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	1 5)		
	Retired			,		
╞	Date	Full name of contributor Out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	12/28/2023	Castilaw, Sarah	/			\$104.48
	12/20/2022	Contributor address; City; State; Zip Code		$\mathbf{I}$		Ψ±0ε
		Continuation address, City, State, Lip Code				
		Silsbee, TX 77656				
⊢	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	L 5)		
	Hairdresser	,	Self	-,		
╞	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	09/21/2023	Chester, Glynis	/			\$25.00
	0312112020			ł		Ψ20.00
		Contributor address; City; State; Zip Code				
		Frisco, TX 75035				
┝	Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> זי		
	Retired			5)		
⊢						

SCHEDULE	A1
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F	The Instru	ction Guide explains how to compl	lete this for	rm.	1	Total pages Schedule A1: Sch: 6/28 Rpt: 9/67	
2	FILER NAME				3	Filer ID (Ethics Commission	n Filers)
	Holt, Janis A	. (Mrs.)				00085727	
4	Date	5 Full name of contributor out-of-sta	ate PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/06/2023	Chester, Glynis	···· 、 <u> </u>			• •	\$52.40
		6 Contributor address; City; State; Zip Code	 Р				
		1					
		Frisco, TX 75035					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Retired						
⊨	Date	Full name of contributor out-of-sta	ate PAC (ID#:	)		Amount of Contribution (\$)	
	10/05/2023	Clark, Jonathan					\$26.35
		Contributor address; City; State; Zip Code	е				
		l					
		Splendora, TX 77372					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Hospice			Doctor's Choice			
	Date	Full name of contributor 🗌 out-of-stat	ite PAC (ID#:	)		Amount of Contribution (\$)	
	09/24/2023	Cleveland, Sue					\$521.15
		Contributor address; City; State; Zip Code	e				
		l					
		Kountze, TX 77625					
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	Business Ow	/ner		Cleveco Construction			
	Date		ate PAC (ID#:	)		Amount of Contribution (\$)	
	11/07/2023	Conarroe, Barbara					\$20.00
		Contributor address; City; State; Zip Code	е				
		l					
		Cilches TV 77656					
$\vdash$	Dringingl oppu	Silsbee, TX 77656	i	Employer (Coo Instructions	<u> </u>		
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	)		
L							
	Date		ate PAC (ID#:	)		Amount of Contribution (\$)	<b>*</b> 00.05
	09/26/2023	Cook, Charles					\$26.35
		Contributor address; City; State; Zip Code	е				
		1					
		Liberty, TX 77575					
┝	Princinal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u>ا</u>		
	Teacher			Cleveland ISD	)		
$\vdash$							

#### SCHEDULE A1

The Instru	ction Guide explains how to complete	e this form.	1 Total pages Schedule A1: Sch: 7/28 Rpt: 10/67
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Holt, Janis A			00085727
4 Date 09/26/2023	· · ·	AC (ID#:)	7 Amount of Contribution (\$) \$26.35
	Liberty, TX 77575		
	upation / Job title (See Instructions)	9 Employer (See Instruction	ns)
Attorney		Self	
Date		AC (ID#:)	Amount of Contribution (\$)
09/21/2023			\$10.73
	Contributor address; City; State; Zip Code		
	Lumberton, TX 77657		
Princinal occu	upation / Job title (See Instructions)	Employer (See Instruction	
Retail		Hobby Lobby	115)
Date	Full name of contributor Out-of-state PA		Amount of Contribution (\$)
09/22/2023	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$) \$21.15
UJILLILULU			
	Lumberton, TX 77657		
	upation / Job title (See Instructions)	Employer (See Instruction	ns)
HVAC Servi	се	Self	
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
08/13/2023	Darby, Chip		\$100.00
	Contributor address; City; State; Zip Code		
	Lumberton, TX 77657		
Principal occu	upation / Job title (See Instructions)	Employer (See Instruction	ns)
HVAC Servi	ce	Self	
Date	Full name of contributor Out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
09/23/2023	Darby, Shannon		\$10.00
	Contributor address; City; State; Zip Code		
	Lumberton, TX 77657		
	upation / Job title (See Instructions)	Employer (See Instruction	ns)
Homemaker			

#### SCHEDULE A1

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	The Instru	ction Guide explains how	v to complete this f	orm.	1	Total pages Schedule A1: Sch: 8/28 Rpt: 11/67	
2	FILER NAME	· · · · · · · · · · · · · · · · · · ·			3	Filer ID (Ethics Commission	ı Filers)
	Holt, Janis A					00085727	,
4	Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/21/2023	Dees, Diane					\$26.35
	1	6 Contributor address; City; St	State; Zip Code		1		
	ł						
	ł						
		Richardson, TX 75080					
8		upation / Job title (See Instructions	٤)	9 Employer (See Instructions	5)		
	Nutritional C	onsultant		Dees Shaklee Group			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/26/2023	Deets, Susan					\$52.40
	1	Contributor address; City; St			1		
	ł		Mill, <u>-</u> , p 0001				
	1						
	ļ	Silsbee, TX 77656					
<u> </u>	Principal occu	I upation / Job title (See Instructions	 s)	Employer (See Instructions	L 5)		
	Nurse		,	Retired	.,		
╞═		Full name of contributor			—	Amount of Contribution (\$)	
	Date 10/17/2023	Domercq, Richard	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	10/1//2023						\$T00.00
	,	Contributor address; City; St	ate; Zip Code				
	1						
	ļ	Houston, TX 77019					
<u> </u>	Drincinal occu	pation / Job title (See Instructions	<u>റ</u>	Employer (See Instructions	<u> </u>		
	Consultant		<i>')</i>	Sirius Solutions	<i>י</i> י		
╞		<u> </u>			—		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	±101.40
	11/01/2023						\$104.48
	1	Contributor address; City; St	tate; Zip Code				
	ł						
	ł	Liuntington TV 75040					
⊢	Di simplees	Huntington, TX 75949	<u> </u>		ŕ		
		upation / Job title (See Instructions	s)	Employer (See Instructions	5)		
L	Minister			Church of Christ	_		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	10/06/2023	Durham, Brandy					\$10.73
	1	Contributor address; City; St	tate; Zip Code		1		
	1						
	1						
L		Cleveland, TX 77328					
	Principal occu	upation / Job title (See Instructions	3)	Employer (See Instructions	5)		
				Ace Crane			

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 9/28 Rpt: 12/67
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Holt, Janis A			00085727
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)
10/06/2023	Durham, Luke		\$10.73
	6 Contributor address; City; State; Zip Code		1
	Cleveland, TX 77328		
8 Principal occu	I upation / Job title (See Instructions)	9 Employer (See Instructions	<u> </u> \$)
Student	· · · ·	Student	, 
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/06/2023	Durham, Nathan		\$10.73
1	Contributor address; City; State; Zip Code		1
	Cleveland, TX 77328		
	upation / Job title (See Instructions)	Employer (See Instructions	3)
Machinist		Union Pacific	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/16/2023	Ensey, Randy		\$500.00
	Contributor address; City; State; Zip Code		
	Conroe, TX 77304		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	š)
		Retired	
Date	Full name of contributor out-of-state PAC (ID#:_	<u>.</u> )	Amount of Contribution (\$)
07/15/2023	Fair, Paula		\$5.00
	Contributor address; City; State; Zip Code		
	Rhome, TX 76078		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	\$)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
11/24/2023	Family Empowerment Group, PAC		\$25,000.00
	Contributor address; City; State; Zip Code		
	Austin, TX 78734		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	\$)

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/28 Rpt: 13/67	
2	FILER NAME			3	Filer ID (Ethics Commission	Filers)
	Holt, Janis A	. (Mrs.)			00085727	
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/14/2023	Faubel, Julie				\$20.00
		6 Contributor address; City; State; Zip Code		ł		
		Montgomery, TX 77356				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Public Relati	ons	Self			
	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u> )	Г	Amount of Contribution (\$)	
	07/15/2023	Fauth, Joe	)			\$50.00
	01110/2020	Contributor address; City; State; Zip Code		•		400.00
		Contributor address, City, State, Zip Code				
		Plantersville, TX 77363				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	County Judg		Grimes County	-,		
_	Date			Г	Amount of Contribution (\$)	
	10/29/2023	Full name of contributor out-of-state PAC (ID#: Fehrenbach, Carol	)		Amount of Contribution (\$)	\$10.00
	10/29/2023					\$10.00
		Contributor address; City; State; Zip Code				
		Dayton, TX 77535				
_	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Retired			<i>`</i>		
_	Date	Full name of contributor Out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	10/14/2023	Felt, Kim	)			\$5.00
	10/14/2020					ψ0.00
		Contributor address; City; State; Zip Code				
		Jacksonville, TX 75766				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	Marketer		Jacksonville Chamber	-,		
_	Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Г	Amount of Contribution (\$)	
	10/18/2023	Foster, William	)		Amount of Contribution (\$)	\$26.35
	10/10/2023					Φ20.33
		Contributor address; City; State; Zip Code				
		Katy, TX 77493				
-	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>ا</u> ج)		
	Retired			-,		
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#### SCHEDULE A1

The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 11/28 Rpt: 14/67	
2 FILER NAME			3 Filer ID (Ethics Commission Fi	ilers)
Holt, Janis A	(Mrs.)		00085727	/
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
10/21/2023	Fountain, Susan			\$52.40
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75238		-	
	pation / Job title (See Instructions)	9 Employer (See Instructions		
Exec. Directo		Dallas County Republica	1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/18/2023			4	\$200.00
	Contributor address; City; State; Zip Code			
	Huntsville, TX 77340			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u></u>	
Retired			7	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
09/21/2023	Full name of contributor out-of-state PAC (ID#: Galando, Dianna	)		\$15.00
00/21/2020	Contributor address; City; State; Zip Code			Ψ10.00
	Cultinution address, City, State, Zip Code			
	Coldspring, TX 77331			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	3)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
10/17/2023	Garrett, George			\$52.40
	Contributor address; City; State; Zip Code			
	Coldspring, TX 77331			
	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired			<del>.</del>	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
11/03/2023	Guthrie, Dianne		4	\$100.00
	Contributor address; City; State; Zip Code			
	Troup, TX 75789			
Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	>)	
School Teac		Retired	·)	
		T CUICO		

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/28 Rpt: 15/67	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Holt, Janis A	(Mrs.)			00085727	,
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	09/21/2023	Hall, Jana				\$200.00
		6 Contributor address; City; State; Zip Code				
		- · · ·				
		Sweetwater, TX 79556				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Realtor		Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	11/07/2023	Harbin, Clifford				\$104.48
		Contributor address; City; State; Zip Code				
	Drivel easy	Montgomery, TX 77316		Ĺ		
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
$\vdash$						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	ቀርስ ስስ
	09/21/2023					\$50.00
		Contributor address; City; State; Zip Code				
		Buna, TX 77612				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Student		Student			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/21/2023	Harding, Chad				\$50.00
		Contributor address; City; State; Zip Code				
		Buna, TX 77612				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Operator		Westrock	_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	÷.= 0.4
	09/26/2023	Harding, Tiffany				\$15.94
		Contributor address; City; State; Zip Code				
		Buna, TX 77612				
⊢	Princinal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Homemaker		Homemaker	"		
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SCHEDULE	A1
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The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 13/28 Rpt: 16/67	
2 FILER NAME				3	Filer ID (Ethics Commission	ı Filers)
Holt, Janis A					00085727	
4 Date	5 Full name of contributor	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
09/26/2023	Hardy, Tom					\$26.35
	6 Contributor address; City; Sta	ıte; Zip Code		1		
	Silsbee, TX 77656					
	upation / Job title (See Instructions)		9 Employer (See Instructions	5)		
Electrician			All-Pro Electric			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
09/27/2023	Haro, Silvia	—				\$40.00
	Contributor address; City; Sta	ate; Zip Code				
	Coldspring, TX 77331					
Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	5)		
Title Proces	sor		Eastex Title			
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
10/14/2023	Harrington, Sally Jo	→ · · · =			• •	\$10.00
	Contributor address; City; Sta	ate <sup>.</sup> Zin Code				
		10, <u></u> p 0000				
	Lumberton, TX 77627					
Principal occu	upation / Job title (See Instructions)	ſ	Employer (See Instructions	<u> </u>		
Retired						
Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
09/29/2023	Harvey, Orville		/			\$10.73
	Contributor address; City; Sta	ate: 7in Code		•		•
	Shepherd, TX 77371					
Principal occl	I upation / Job title (See Instructions)	·	Employer (See Instructions	⊥ s)		
Project Man			F 7 X	-,		
Date	Full name of contributor	out-of-state PAC (ID#:	<u> </u>	Π	Amount of Contribution (\$)	
09/26/2023	Hayes, Laurie		/		Allount of Contribution (4)	\$10.73
00,20,2022	Contributor address; City; Sta	ato: Zin Code		-		Ψ±0ε
		le; zip coue				
	Silsbee, TX 77656					
Principal occu	upation / Job title (See Instructions)		Employer (See Instructions	<u>د)</u>		
Children's C			Pinecrest Baptist Church			
1						

SCHEDULE	A1
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	The Instru	ction Guide explains how to compl	ete this fo	orm.	1	Total pages Schedule A1: Sch: 14/28 Rpt: 17/67	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Holt, Janis A	(Mrs.)				00085727	-
4	Date		ite PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/14/2023	Henderson, Elaine					\$20.00
		6 Contributor address; City; State; Zip Code	 Р				
			5				
		Beaumont, TX 77706					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Partner			UCB			
╞	Date	Full name of contributor Out-of-stat	te PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/18/2023	Henry, Patricia	,				\$26.35
			е		1		
		Mexia, TX 76667					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Teacher			Retired			
	Date	Full name of contributor 🛛 out-of-stat	ite PAC (ID#:_	)		Amount of Contribution (\$)	
	09/21/2023	Hollier, Janet					\$50.00
		Contributor address; City; State; Zip Code			1		
		Kountze, TX 77625					
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
	Date		ite PAC (ID#:	)		Amount of Contribution (\$)	_
	09/07/2023	Holt, Doris					\$50.00
		Contributor address; City; State; Zip Code	e				
		Lumberton, TX 77657					
$\vdash$	Drincinal occu	pation / Job title (See Instructions)		Employor (See Instructions	<u> </u>		
	Homemaker			Employer (See Instructions	5)		
╞					1		
	Date		te PAC (ID#:	)		Amount of Contribution (\$)	ቀባር ባር
	07/17/2023	Holt, Janis					\$26.35
		Contributor address; City; State; Zip Code	е				
		Silsbee, TX 77656					
_	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ເ)		
	Business Ov			Self	,		
$\vdash$				•••			

#### SCHEDULE A1

	The Instru	ction Guide explains how to complete	this form.	1	Total pages Schedule A1: Sch: 15/28 Rpt: 18/67	
2	FILER NAME			3	Filer ID (Ethics Commissio	on Filers)
	Holt, Janis A	(Mrs.)			00085727	,
4	Date	5 Full name of contributor out-of-state PAG	.C (ID#:)	7	Amount of Contribution (\$)	
	10/09/2023	Howard, Vance				\$2,500.00
		6 Contributor address; City; State; Zip Code		"		
		Huntsville, TX 77340				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Business Ov		Self			
	Date	Full name of contributor out-of-state PAC	.C (ID#:)		Amount of Contribution (\$)	
	08/11/2023					\$1,000.00
		Contributor address; City; State; Zip Code				
		Huntsville, TX 77340				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u>)</u>		
	Business Ov		Self	5)		
╞				Т	Account of Contribution (¢)	
	Date 09/22/2023	Full name of contributor out-of-state PAG	C (ID#:)		Amount of Contribution (\$)	\$25.00
	0912212023	Howell, Larry				Φ23.00
		Contributor address; City; State; Zip Code				
		Temple, TX 76502				
	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<b></b> s)		
	Entreprenue	r	Self			
	Date	Full name of contributor out-of-state PAG	I .C (ID#:)	Т	Amount of Contribution (\$)	
	11/13/2023	Jackson, Michael				\$50.00
		Contributor address; City; State; Zip Code				
		Lufkin, TX 75904				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
			Retired			
	Date	Full name of contributor 🔲 out-of-state PAG	.C (ID#:)	Τ	Amount of Contribution (\$)	
	07/24/2023	Johnson, Patti				\$100.00
		Contributor address; City; State; Zip Code		"		
		Canyon Lake, TX 78133				
		pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Business Ov	/ner	Self			

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 16/28 Rpt: 19/67	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Holt, Janis A	4. (Mrs.)			00085727	-
4	Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	10/12/2023					\$104.48
		6 Contributor address; City; State; Zip Code		1		
		Burton, TX 77935				
8	Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	<u>.</u> 5)		
	Consultant		Kosmoski Consulting			
F	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	10/13/2023	Kosmoski, Theresa				\$10.00
		Contributor address; City; State; Zip Code		1		
		Burton, TX 77935				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Consultant		Kosmoski Consulting			
F	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/23/2023	Kyle, Edith				\$25.00
		Contributor address; City; State; Zip Code		1		
		Cleveland, TX 77328	-			
		upation / Job title (See Instructions)	Employer (See Instructions	3)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	09/23/2023	Kyle, Luke				\$10.73
		Contributor address; City; State; Zip Code	,	1		
L		Cleveland, TX 77328	1			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
L	Retired		Retired			
Γ	Date	Full name of contributor out-of-state PAC (ID#:_	)	Γ	Amount of Contribution (\$)	
	07/15/2023	Lack, Gay				\$20.00
		Contributor address; City; State; Zip Code	,	1		
L		Copperas Cove, TX 76522	-			
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					

SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this f	iorm.	1	Total pages Schedule A1: Sch: 17/28 Rpt: 20/67	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Holt, Janis A	л. (Mrs.)			00085727	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	
	07/24/2023	Lacy, Rhonda			• •	\$100.00
		6 Contributor address; City; State; Zip Code				
		Midland, TX 79705				
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Teacher		Retired			
F	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/27/2023	Land, Marleen				\$20.00
	I	Contributor address; City; State; Zip Code		ĺ		
		Silsbee, TX 77656	1			
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Nurse		Retired			
	Date		)	Ī	Amount of Contribution (\$)	
	09/18/2023	Lyle, Amy				\$50.00
		Contributor address; City; State; Zip Code				
		Silsbee, TX 77656				
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/24/2023	Lyle, Robert				\$50.00
	I	Contributor address; City; State; Zip Code				
		Ciches TV 77656				
$\vdash$	Dringingl oog	Silsbee, TX 77656				
	Retired	ipation / Job title (See Instructions)	Employer (See Instructions Retired	5)		
╘						
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢100.00
	10/14/2023	Maggio, Marie				\$100.00
		Contributor address; City; State; Zip Code				
		Beaumont, TX 77706				
	Principal occu	I Ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 5)		
	Retired	· ·				
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SCHEDULE	A1
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	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 18/28 Rpt: 21/67	
2	FILER NAME			3	Filer ID (Ethics Commission	ı Filers)
	Holt, Janis A	(Mrs.)			00085727	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	:)	7	Amount of Contribution (\$)	
	10/14/2023	Maggio, Pearl				\$50.00
	I	6 Contributor address; City; State; Zip Code		1		
	I					
	I					
		Conroe, TX 77384				
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#	:)	Γ	Amount of Contribution (\$)	
	10/14/2023	Marshall, Barbara				\$20.00
	I	Contributor address; City; State; Zip Code		1		
	I					
	I					
		Lumberton, TX 77657	- <b>i</b>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Teacher					
Γ	Date		:)	Γ	Amount of Contribution (\$)	
	09/26/2023	McCabe, Steven				\$26.35
	I	Contributor address; City; State; Zip Code				
	I					
	I					
$\vdash$		Lumberton, TX 77657		ŕ		
	Financial Ad	pation / Job title (See Instructions)	Employer (See Instructions Edward Jones	5)		
╘				-		
	Date	Full name of contributor out-of-state PAC (ID#:	:)		Amount of Contribution (\$)	404 4F
	07/18/2023	McCracken, Michael				\$21.15
	I	Contributor address; City; State; Zip Code				
	I					
	I	Burke, TX 75941				
┝	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> ເ)		
	Consultant		Self	,		
╞	Date	Full name of contributor out-of-state PAC (ID#:		Γ	Amount of Contribution (\$)	
	09/24/2023	Full name of contributor out-of-state PAC (ID#: McDonald, Greg	:)			\$50.00
	0312712020	Contributor address; City; State; Zip Code				Ψυυ.υυ
	I	Continuation address, City, State, Zip Code				
	I					
		Silsbee, TX 77656				
⊢	Principal occu	I pation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 3)		
	Retired		Retired			
⊢						

SCHEDULE	A1
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The Instruction Guide explains how to complete thi	s form. 1 Total pages Schedul Sch: 19/28 Rpt: 22	
2 FILER NAME	3 Filer ID (Ethics Co	mmission Filers)
Holt, Janis A. (Mrs.)	00085727	-
4 Date 5 Full name of contributor out-of-state PAC (II	D#:) 7 Amount of Contributi	on (\$)
09/26/2023 McDonald, Hayley		\$15.94
6 Contributor address; City; State; Zip Code		
Silsbee, TX 77656		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	
Teacher	Retired	
Date Full name of contributor Out-of-state PAC (I	D#:) Amount of Contributi	
09/27/2023 McLaurin, Donya		\$50.00
Contributor address; City; State; Zip Code		
Kouptzo TV 77625		
Kountze, TX 77625           Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Realtor	Employer (See instructions)	
Date Full name of contributor out-of-state PAC (II	0#:) Amount of Contributi	
09/21/2023 McLaurin, Peyton		\$50.00
Contributor address; City; State; Zip Code		
Kountze, TX 77625		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Student		
Date Full name of contributor out-of-state PAC (II	D#: ) Amount of Contributi	on (\$)
08/11/2023 Miller, Virginia		\$1,000.00
Contributor address; City; State; Zip Code		
Huntsville, TX 77342		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Retired	Retired	
Date Full name of contributor out-of-state PAC (II	D#:) Amount of Contributi	on (\$)
09/26/2023 Minick, Kaltrina		\$25.00
Contributor address; City; State; Zip Code		
Kountze, TX 77625		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Human Resources Officer	City of Beaumont	

#### SCHEDULE A1

			1 Total pages Schedule A1:	
The Instru	ction Guide explains how to complete this t	form.	Sch: 20/28 Rpt: 23/67	
2 FILER NAME			3 Filer ID (Ethics Commission File	ers)
Holt, Janis A	(Mrs.)		00085727	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	)	7 Amount of Contribution (\$)	
09/24/2023	Morrison, Michael		\$	\$50.00
	6 Contributor address; City; State; Zip Code			
	Silsbee, TX 77656			
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instructions	3)	
Business Ov		Self	,	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	
09/26/2023	Morrison, Terri			\$26.35
	Contributor address; City; State; Zip Code			
Duin single age	Silsbee, TX 77656		、 、	
Principal occu Business Ov	ipation / Job title (See Instructions)	Employer (See Instructions Self	;)	
			Amount of Contribution (ft)	
Date 10/14/2023	Full name of contributor out-of-state PAC (ID#: Normoyle, Jutta	)	Amount of Contribution (\$)	610.00
10/14/2020	Contributor address; City; State; Zip Code		Ψ	10.00
	Contributor address, City, State, Zip Code			
	Bastrop, TX 78602			
-	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Retired				
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)	-
10/14/2023	Odom, Ave		\$	\$20.00
	Contributor address; City; State; Zip Code			
	Port Neches, TX 77651			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	) ;)	
		Retired		
Date	Full name of contributor out-of-state PAC (ID#:	·)	Amount of Contribution (\$)	
07/15/2023	Payne, Cindy		\$	\$20.00
	Contributor address; City; State; Zip Code			
	Spring Branch, TX 78070			
Drincinal occu	ipation / Job title (See Instructions)	Employer (See Instructions	<u> </u>	
CPA		Self	·)	

SCHEDULE	A1
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⊢						
	The Instruction Guide explains how to complete this form.				Total pages Schedule A1: Sch: 21/28 Rpt: 24/67	
2	FILER NAME			3	Filer ID (Ethics Commission	n Filers)
	Holt, Janis A				00085727	-
4	Date	5 Full name of contributor Out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/06/2023	Peek, Kim				\$104.48
		6 Contributor address; City; State; Zip Code		1		
		Texarkana, TX 75503				
8		upation / Job title (See Instructions)	9 Employer (See Instructions	3)		
	Business Ov	vner	Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Ē	Amount of Contribution (\$)	
	10/19/2023	Picard, Monty				\$70.00
		Contributor address; City; State; Zip Code		1		
		Sour Lake, TX 77659	<u> </u>	Ļ		
		upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Owner		Gulf Coast Electric	—		
	Date	—	)	Ţ	Amount of Contribution (\$)	
	09/29/2023	Picard, Sid				\$260.73
		Contributor address; City; State; Zip Code		]		
		Sour Lake, TX 77659				
	Drincinal occi	upation / Job title (See Instructions)	Employer (See Instructions	$\Gamma$		
	Owner		Gulf Coast Electric	3)		
╞				ᆕ	Amount of Contribution (ft)	
	Date 10/15/2023	Full name of contributor out-of-state PAC (ID#: Powell, Lynda	)		Amount of Contribution (\$)	\$50.00
	10/13/2023	-				ΦΟ0.00
		Contributor address; City; State; Zip Code				
		Huntsville, TX 77340				
⊢	Principal occu	Jupation / Job title (See Instructions)	Employer (See Instructions	⊥ 3)		
	Retired		Retired			
	Date	Full name of contributor out-of-state PAC (ID#:_	<u> </u>	Γ	Amount of Contribution (\$)	
	08/02/2023	Price, Paul	/		Amount of Contribution (+)	\$50.00
		Contributor address; City; State; Zip Code		-		
		Newton, TX 75966				
	Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					
⊢			1			

#### SCHEDULE A1

_							
	The Instruc	ction Guide explains how t	to complete this f	orm.	1	Total pages Schedule A1: Sch: 22/28 Rpt: 25/67	
2	2 FILER NAME			3	Filer ID (Ethics Commission	n Filers)	
	Holt, Janis A	olt, Janis A. (Mrs.)				00085727	-
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	08/03/2023	Rees, Clifford	-				\$104.48
		6 Contributor address; City; Stat	te; Zip Code				
			-				
		Groves, TX 77619					
8		pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Retired						
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/15/2023	Roberts, Juandelle					\$300.00
		Contributor address; City; Stat	te; Zip Code		]		
		Midland TV 70705					
	Dringinal agou	Midland, TX 79705		Employer (Soo Instructions	<u> </u>		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
		F			_		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	¢104.40
	07/27/2023	Robertson, David					\$104.48
		Contributor address; City; Stat	te; Zip Code				
		Sour Lake, TX 77659					
┝	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> ;)		
	Retired				,		
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/27/2023	Robertson, Jennifer					\$104.48
		Contributor address; City; Stat	te; Zip Code				
		Sour Lake, TX 77659					
	-	pation / Job title (See Instructions)		Employer (See Instructions			
	Education Co	onsultant		Region 5Education Serv	/ice	e Center	
	Date	Full name of contributor	out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
	09/28/2023	Rogers, Elaine					\$50.00
		Contributor address; City; Stat	te; Zip Code				
		Pointblank, TX 77364			Ĺ		
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						

SCHEDULE	A1
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	The Instruction Guide explains how to complete this form.				1	Total pages Schedule A1: Sch: 23/28 Rpt: 26/67	
2	FILER NAME			3	Filer ID (Ethics Commission	on Filers)	
	Holt, Janis A	(Mrs.)				00085727	
4	Date	5 Full name of contributor	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	09/29/2023	Rogers, Lou					\$50.00
		<ul> <li>6 Contributor address; City; Sta</li> </ul>	ate; Zip Code				
		Pointblank, TX 77364					
8	Principal occu	pation / Job title (See Instructions	)	9 Employer (See Instructions	5)		
	Retired						
⊨	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	11/22/2023	Roper, Lisa					\$1,041.98
			ate <sup>.</sup> Zin Code				
			alo, <u></u> p 0000				
		Key West, FL 33040					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<b></b> 5)		
	Retired			Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	07/15/2023	Rosenberger, Sylvia					\$20.00
		Contributor address; City; St					
			alo, <u>_</u> .p 0000				
		Huntsville, TX 77320					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	;)		
	Retired						
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/27/2023	Russell, George					\$1,000.00
		Contributor address; City; St	ate: Zip Code				
		Huntsville, TX 77340					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Author			Self			
F	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	10/19/2023	Sandel, Winnie	_				\$1,000.00
		Contributor address; City; St					
		Huntsville, TX 77340					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
I	Investments			Self			
Γ				-			
1							

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	iorm.	1 Total pages Schedule A1: Sch: 24/28 Rpt: 27/67
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Holt, Janis A	л. (Mrs.)		00085727
4 Date	5 Full name of contributor Out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
09/26/2023	Saunders, Amber	\$15.94	
	6 Contributor address; City; State; Zip Code		4
	Austin, TX 78724		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)
Medical Tecl	h	TCA	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/24/2023	Sellers, Kristi		\$50.00
	Contributor address; City; State; Zip Code		4
	Silsbee, TX 77656		
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)
Teacher		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
10/20/2023	Skidmore, Carol		\$50.00
	Contributor address; City; State; Zip Code		
	Huntsville, TX 77340		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	s)
Investments		Self	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
12/28/2023	Smith, Chris		\$15.94
	Contributor address; City; State; Zip Code		1
	- · ·		
	Silsbee, TX 77656		
·	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Business Ov	vner	Self	
Date	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
09/21/2023	Smith, James		\$50.00
	Contributor address; City; State; Zip Code		1
	Silsbee, TX 77656		
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	5)
Processor		Dupont	
		·	

SCHEDULE	A1
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т	he Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 25/28 Rpt: 28/67	
<b>2</b> F	ILER NAME			3	Filer ID (Ethics Commission	n Filers)
н	Holt, Janis A. (Mrs.)				00085727	·
<b>4</b> D	ate	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
0	09/26/2023 Smith, Kelly					\$26.35
		6 Contributor address; City; State; Zip Code		1		
		Silsbee, TX 77656				
		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		
L	ibrarian		Silsbee ISD			
D	ate	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
1	0/18/2023	Smith, Kent	ſ			\$104.48
		Contributor address; City; State; Zip Code		1		
			ſ			
			ſ			
		Conroe, TX 77304				
Ρ	rincipal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
D	ate	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
0	8/12/2023	Spain, Kim				\$25.00
		Contributor address; City; State; Zip Code		1		
			ſ			
		Fort Worth, TX 76137				
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
H	lomemaker					
	ate	Full name of contributor out-of-state PAC (ID#:_	)		Amount of Contribution (\$)	
0	8/19/2023	Spencer, Chris				\$260.73
		Contributor address; City; State; Zip Code		]		
	<u> </u>	Hughes Springs, TX 75656	<u> </u>	Ļ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	EO		Crump Foods			
	ate	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
1	0/14/2023	Stanovich, Janet				\$10.00
		Contributor address; City; State; Zip Code	ſ			
	<u> </u>	Jacksonville, TX 75766	<u> </u>	Ļ		
		ipation / Job title (See Instructions)	Employer (See Instructions	5)		
E	mergency i	Management	Self			

SCHEDULE	A1
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	The Instru	iction Guide explains how to complete	1	Total pages Schedule A1: Sch: 26/28 Rpt: 29/67			
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)		
	Holt, Janis A	4. (Mrs.)				00085727	
4	Date	5 Full name of contributor out-of-state PAG	AC (ID#:_	)	7	Amount of Contribution (\$)	
	09/26/2023						\$10.73
		6 Contributor address; City; State; Zip Code					
		Shepherd, TX 77371					
8	Principal occu	upation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Retired			Retired			
F	Date	Full name of contributor out-of-state PAG	AC (ID#:_	)		Amount of Contribution (\$)	
	10/25/2023	Tidwell, Lori					\$26.35
		Contributor address; City; State; Zip Code					
		Daisetta, TX 77533					
		upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
	Date	Full name of contributor out-of-state PA	AC (ID#:_	)		Amount of Contribution (\$)	
	11/25/2023	Tidwell, Lori			\$26.35		
		Contributor address; City; State; Zip Code			1		
		Daisetta, TX 77533					
		upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Retired						
	Date	Full name of contributor out-of-state PAG	AC (ID#:_	)		Amount of Contribution (\$)	
	09/26/2023	Torres, Jayde					\$10.73
		Contributor address; City; State; Zip Code			1		
		Splendora, TX 77372		1			
		upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Production N	/anager	Vinyl Creation Supply				
	Date		AC (ID#:_	)	ſ	Amount of Contribution (\$)	
	09/17/2023						\$260.73
		Contributor address; City; State; Zip Code					
		Silsbee, TX 77656		<u> </u>	Ļ		
		upation / Job title (See Instructions)		Employer (See Instructions	5)		
	Surveyor			Shine Associates			

SCHEDULE	A1
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	The Instruc	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 27/28 Rpt: 30/67		
2	FILER NAME		3	Filer ID (Ethics Commission	n Filers)	
	Holt, Janis A				00085727	
4	Date	5 Full name of contributor out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	
	10/14/2023	Trevino, Toni				\$50.00
		6 Contributor address; City; State; Zip Code		1		
		Rio Grande City, TX 78582	<u>.</u>			
8		pation / Job title (See Instructions)	9 Employer (See Instructions	5)		_
	Hospitality		Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/21/2023	Turk, Jeannie				\$100.00
		Contributor address; City; State; Zip Code		1		
		Sour Lake, TX 77659	<u>.</u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Real Estate		Self			
	Date	Full name of contributor out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)	
	09/21/2023	Turk, Wayne				\$100.00
		Contributor address; City; State; Zip Code		1		
		Sour Lake, TX 77659	-i			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired					
	Date	Full name of contributor out-of-state PAC (ID#:_	)	Ţ	Amount of Contribution (\$)	
	07/15/2023	Tyler, Cecilia K.				\$50.00
		Contributor address; City; State; Zip Code		]		
		Fair Oaks Ranch, TX 78015	<u> </u>	Ĺ		
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Retired			_		
	Date	Full name of contributor out-of-state PAC (ID#:	)		Amount of Contribution (\$)	
	09/21/2023	Van Brocklin, Debra				\$10.73
		Contributor address; City; State; Zip Code				
		Kountze, TX 77625	<u> </u>			
		pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Homemaker					
						ľ

SCHEDULE	A1
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The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 28/28 Rpt: 31/67	
2 FILER NAME			<b>3</b> Filer ID (Ethics Commission Filers)
Holt, Janis A	4. (Mrs.)		00085727
4 Date	5 Full name of contributor out-of-state PAC (ID#:_	)	7 Amount of Contribution (\$)
09/21/2023	Van Brocklin, Roger		\$10.73
	6 Contributor address; City; State; Zip Code		1
	Kountze, TX 77625		
-	upation / Job title (See Instructions)	9 Employer (See Instructions	s)
Retired			
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
10/14/2023	Welch, Liz		\$20.00
	Contributor address; City; State; Zip Code		1
	Beaumont, TX 77707		
-	upation / Job title (See Instructions)	Employer (See Instructions	s)
Teacher		Retired	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
09/21/2023	Wright, Dwayne		\$52.40
	Contributor address; City; State; Zip Code		
	Cleveland, TX 77328		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	<u></u>
Nurse		Angels of Care	5)
	Full name of contributor out-of-state PAC (ID#:	<u> </u>	Amount of Contribution (\$)
Date 09/22/2023	Full name of contributor out-of-state PAC (ID#: Wright, Kamerin	)	Amount of Contribution (\$) \$10.00
0312212023	-		φ10.00
	Contributor address; City; State; Zip Code		
	Cleveland, TX 77328		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Machinist	•	Eldridge Forge	
Date	Full name of contributor out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
10/29/2023	Zarr, Nicole		\$100.00
-	Contributor address; City; State; Zip Code		•
	Houston, TX 77057		
Principal occu	upation / Job title (See Instructions)	Employer (See Instructions	5)
Interior Desi	ign	Self	

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 1/36 Rpt: 32/67	Holt, Janis A. (Mrs.)	00085727
4	Date	5 Payee name	
	12/06/2023	10 De Mayo	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$51.49	1717 US 90	
		Liberty, TX 77575	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	utside of Towar, Complete Schodule T
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
		Meals	· · · · · · · · · · · · · · · · · · ·
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/29/2023	10 De Mayo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$43.84	1717 US 90	
	φ+0.04	111/03/30	
		Liberty, TX 77575	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
		Meals	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		
	Date	Payee name	
	12/22/2023	Ames City Improvement Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$25.00	304 Martin Dr	
	φ25.00	304 Martin Di	
		Ames, TX 77575	
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF		utside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Donation for C	Christmas
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/36 Rpt: 33/67	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	12/31/2023	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$352.86	1920 McKinney Ave
		7th Floor
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Donor Fees paid
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2023	Bluestone Creatives
	Amount (\$)	Payee address; City; State; Zip Code
	\$750.00	605 Steeplechase Dr
		Bedford, TX 76021
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Facebook Content Consultant
		Pacebook Content Consultant
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	•
	Date	Payee name
	12/07/2023	Bridgehaven
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.80	2601 N. Winfree St
		Dayton, TX 77535
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation for charity
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex nmittee Legal Services The Instruction Guid		Office Ove Polling Exp Printing Ex Salaries/W	rhead/F bense pense ages/C	Reimbursement Rental Expense contract Labor e this form.		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 3/36 Rpt: 34/67		Holt, Janis A. (Mrs.)					-	00085727	
4	Date	5	Payee name							
	10/23/2023		Catfish Cabin							
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de				
	\$18.09		192 S. Hwy 69							
			Lumberton, TX 77657							
8	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	iedule)	(b) [	Description			
	OF EXPENDITURE		Travel In District		,	Γ	Check if travel of	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITORE					Ę	<b>_</b>	TX,	officeholder living	) expense
						N	<i>l</i> eal			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	eld
	Date		Payee name							
	09/15/2023		Cleveland Chamber of Comm	ierce						
_	Amount (\$)	┝	Payee address; City;	State	; Zip Co	de				
	\$100.00		908 E. Houston St	·						
			Ste 110							
			Cleveland, TX 77327							
	PURPOSE OF	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) [ 「	Description		de of Toylog, Com	nlata Cabadula T
	EXPENDITURE		Memberships			F			officeholder living	plete Schedule T. g expense
							L Chamber Mei			
	Complete ONLY if direct		andidate/Officeholder name	(	Dffice sou	aht			Office he	eld
	expenditure to benefit C/OI	Н				<b>,</b>				
_	Date		Payee name							
	10/20/2023		Cleveland Chamber of Comm	erce						
					7:0.00	-l -				
	Amount (\$)		Payee address; City;	State	; Zip Co	ue				
	\$17.00		908 E. Houston St							
			Ste 110							
			Cleveland, TX 77327							
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	nedule)	(b) [	Description			
	OF EXPENDITURE		Membership			Ē				plete Schedule T.
						Ļ			officeholder living	) expense
						N	/lembership I	-ee	;	
	0 1 1 0 1 1 1 1				2.45	1.5			~ ~ ~ ·	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght			Office he	eld
		•								

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services The Instruction (	nse Is Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	yment/Reimbursement rhead/Rental Expense pense gense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/36 Rpt: 35/67		Holt, Janis						00085727	
4	Date	5	Payee name	•						
	09/07/2023		Coldspring	Chamber of Co	ommerce					
6	Amount (\$)	7	Payee addre	ess; City;	State;	; Zip Co	de			
	\$20.00		31 Butler S	t.						
			Coldspring	, TX 77331						
8	PURPOSE	(a)	Category (S	See Categories listed a	the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Membershi						de of Texas. Com	•
	-						Chamber me		officeholder living	expense
							Chamber me	un	ersnip	
0	Complete ONLY if direct		Condidate/Off	iceholder name		Office sou	abt.		Office he	bld
9	expenditure to benefit C/OF		Januluale/OII	icenoider name	(	JIICE SOU	JIIL		Office fie	eiù
	Date		Payee name	•						
	10/23/2023		Constant C	ontact						
	Amount (\$)		Payee addre	ess; City;	State;	; Zip Co	de			
	\$79.95		1601 Trape	elo Rd						
			Waltham, N	/A 02451						
	PURPOSE OF	(a)		See Categories listed at	the top of this sch	edule)	(b) Description			
	EXPENDITURE		Web Exper	ise					de of Texas. Com	•
							Email Service		officeholder living	expense
								5		
_	Complete ONLY if direct		Candidato/Off	iceholder name		Office sou	abt		Office he	bld
	expenditure to benefit C/OI		Sanuluale/On		, c		grit.		Onice ne	
_	Data		Device rearra							
	Date 11/21/2023		Payee name Constant C							
_		_			C1-1	710 0-	do			
	Amount (\$)		Payee addre		State;	; Zip Co	ue			
	\$101.27		1601 Trape							
			Waltham ,	MA 02451						
-	PURPOSE	(a)	Category (c	See Categories listed at	the ten of this cab	odulo)	(b) Description			
	OF	()	Web Exper			euule)	•	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE			150			Check if Austin	, тх,	officeholder living	expense
							Email Mainte	nar	nce	
		L								
	Complete <u>ONLY</u> if direct		Candidate/Off	iceholder name		Office sou	ght		Office he	eld
	expenditure to benefit C/OI	1								

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement     Solicitation/Fundraising Expense       Fees     Office Overhead/Rental Expense     Transportation Equipment & Related Expense       Food/Beverage Expense     Polling Expense     Travel in District       y -     Gift/Awards/Memorials Expense     Printing Expense					
<b>1</b> Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
Sch: 5/36 Rpt: 36/67	Holt, Janis A. (Mrs.) 00085727					
4 Date	5 Payee name					
12/21/2023	Constant Contact					
6 Amount (\$)	7 Payee address; City; State; Zip Code					
\$79.95	1601 Trapelo Rd					
	Waltham, MA 02451					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
OF EXPENDITURE	Website Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Email Maintenance					
	EntairMaintenance					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H					
Date	Payee name					
09/22/2023	D & M Diner					
Amount (\$)	Payee address; City; State; Zip Code					
\$24.54	1100 E. Houston St					
φ24.34						
	Cleveland, TX 77327					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
	Meals					
Complete <u>ONLY</u> if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O	5					
Date	Payee name					
10/24/2023	Dayton Chamber of Commerce					
Amount (\$)	Payee address; City; State; Zip Code					
\$25.00	801 South Cleveland St					
	Dayton, TX 77535					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
EXPENDITURE	Memberships Check if travel outside of Texas. Complete Schedule T.					
	Check if Austin, TX, officeholder living expense Chamber Dues					
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
expenditure to benefit C/O						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repaym       Fees     Office Overhe       Food/Beverage Expense     Polling Expens       Gift/Awards/Memorials Expense     Printing Expens	ent/Reimbursement Solicitation/Fundraising Expense ad/Rental Expense Transportation Equipment & Related Expense se Travel in District se Travel Out of District es/Contract Labor OTHER (enter a category not listed above)						
	Total pages Schedule F1:	EILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
ľ	Sch: 6/36 Rpt: 37/67	Holt, Janis A. (Mrs.)	00085727						
4	Date	Payee name							
	11/01/2023	Dayton Chamber of Commerce							
6	Amount (\$)	Payee address; City; State; Zip Code							
	\$20.00	301 South Cleveland St							
		Dayton, TX 77535							
		-							
8	PURPOSE OF		Description						
	EXPENDITURE	Memberships	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
			Chamber Dues						
			Chamber Dues						
	Operation ONITY is also at	official state (Official as shall also as a second	Office held						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	t Office held						
	Date	Payee name							
	11/07/2023	Dayton Chamber of Commerce							
⊢	Amount (\$)	Payee address; City; State; Zip Code							
	\$120.00	301 South Cleveland St							
	\$120.00								
		Dayton, TX 77535							
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description						
	EXPENDITURE	Reimbursement for t-shirts and candy	Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense advertisement							
			parades						
			·						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/15/2023	Dayton Enhancement Committee							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$100.00	117 Cook St							
		Dayton, TX 77535							
	BUBBAAF	- 	N						
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense						
			Sponsorship Fee						
⊢	Complete ONLV if direct	andidate/Officeholder name Office sough	Office held						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office sought	Once neu						
⊢									
1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees         Office Overhead/Rental Expense         Tra           Food/Beverage Expense         Polling Expense         Tra           By -         Gift/Awards/Memorials Expense         Printing Expense         Tra						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)			
	Sch: 7/36 Rpt: 38/67		Holt, Janis A. (Mrs.	)				00085727				
4	Date	5	Payee name									
	08/30/2023		Donut Palace									
6	Amount (\$)	7	Payee address; 0	City; State;	Zip Co	le						
	\$22.25		857 N. 5th St									
			Silsbee, TX 77656									
•	DUDDOSE	(0)										
8	PURPOSE OF	(a)		es listed at the top of this sche	edule)	(b) Description	outei	de of Texas. Com	alete Schedule T			
	EXPENDITURE		Food/Beverage Ex	Jense				officeholder living				
						Donuts for Fi	re a	and Police, L	iberty, TX			
									-			
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder	name O	)ffice sou	ht		Office he	ld			
	Date		Payee name									
	12/21/2023		Donut Palace									
	Amount (\$)		Payee address; 0	City; State;	Zip Co	le						
	\$9.62		857 N. 5th St		•							
			Silsbee, TX 77656									
	PURPOSE	(a)	Category (See Categori	es listed at the top of this sche	edule)	(b) Description						
	OF EXPENDITURE		Food/Beverage Ex					de of Texas. Com				
							ı, TX, officeholder living expense					
						Voter Visit						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder	name O	office sou	lht		Office he	ld			
	Date		Payee name									
	12/19/2023		Dri Printing Service	S								
	Amount (\$)		Payee address; 0	City; State;	Zip Co	le						
	\$130.05											
			тх									
	PURPOSE	(a)	Category (care out)	es listed at the top of this sche	odulo)	(b) Description						
	OF	(~)	Printing Expense	es listed at the top of this sche	edule)		outsi	de of Texas. Com	plete Schedule T.			
	EXPENDITURE					Check if Austin	, тх,	officeholder living	expense			
						Brochures						
	Complete ONLY if direct		Candidate/Officeholder	name O	office sou	ht		Office he	eld			
	expenditure to benefit C/OF	Η										
-												

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment			Fees         Office Overhead/Re           Food/Beverage Expense         Polling Expense           By -         Gift/Awards/Memorials Expense         Printing Expense			nent/Reimbursement ead/Rental Expense ise nse es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 8/36 Rpt: 39/67		Holt, Janis A. (Mrs.)					00085727		
4	Date	5	Payee name							
	08/24/2023		East Montgomery County Republi	can Womer	n					
6	Amount (\$)	7	Payee address; City;	State; Zip C	Code	!				
	\$25.00		PO Box 292							
			Now Coppy TX 77257							
			New Caney, TX 77357							
8	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(b	) Description				
	EXPENDITURE		Membership					de of Texas. Complete Schedule T. officeholder living expense		
						Club Membe				
						Club Weinbe	1311	ιμ		
	Complete ONIL V if direct		Condidate (Office helder perce	04500.00		4				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	bugn	t		Office held		
	•									
	Date		Payee name							
	10/05/2023		East Montgomery County Republi	can Womer	n					
	Amount (\$)		Payee address; City;	State; Zip C	Code	!				
	\$100.00		PO Box 292							
			New Caney, TX 77357							
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b	) Description				
	OF EXPENDITURE		Event Expense	e				de of Texas. Complete Schedule T.		
	-							TX, officeholder living expense		
						Sponsorsnip	TOP	Chili Cookoff		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ough	t		Office held		
	Date		Payee name							
	11/30/2023		East Montgomery County Republi	can Womeı	n					
	Amount (\$)		Payee address; City;	State; Zip C	Code					
	\$25.00		PO Box 292							
			New Caney, TX 77357							
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(b	) Description				
	OF EXPENDITURE		Contributions/Donations Made By					de of Texas. Complete Schedule T.		
			Candidate/Officeholder/Political C	ommittee			ı, ТХ,	officeholder living expense		
						Dues				
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ough	t		Office held		
	expenditure to benefit C/OF	1								

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Office Overhead/Rental Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 9/36 Rpt: 40/67	Holt, Janis A. (Mrs.)	00085727					
4	Date 11/01/2023	Payee name Facebook						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$10.00	1 Hacker Way Menlo Park, CA 94025						
8       PURPOSE OF EXPENDITURE       (a) Category (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T Image: Check if Austin, TX, officeholder living expense Facebook Ads       Check if travel outside of Texas. Complete Schedule T Image: Check if Austin, TX, officeholder living expense Facebook Ads								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/01/2023	Facebook						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$25.54	1 Hacker Way Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
-	Date	Payee name						
	11/22/2023	Facebook						
	Amount (\$) \$70.00	Payee address;City;State; Zip Code1 Hacker Way						
		Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense dS					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)					
	Sch: 10/36 Rpt: 41/67	Holt, Janis A. (Mrs.)	00085727					
4	Date 11/27/2023	Payee name Facebook						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$48.10	1 Hacker Way Menlo Park, CA 94025						
8       PURPOSE OF EXPENDITURE       (a) Category       (See Categories listed at the top of this schedule) Advertising Expense       (b) Description         Image: Check if travel outside of Texas. Complete Schedule T.       Image: Check if Austin, TX, officeholder living expense         Facebook Ads								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/28/2023	Facebook						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$37.79	1 Hacker Way Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense S					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	12/01/2023	Facebook						
	Amount (\$) \$18.46	Payee address; City; State; Zip Code 1 Hacker Way						
		Menlo Park, CA 94025						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense  S					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees         Office Overhead/Rental Expense         Tr           Food/Beverage Expense         Polling Expense         Tr           y -         Gift/Awards/Memorials Expense         Printing Expense         Tr						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 11/36 Rpt: 42/67		Holt, Janis A	. (Mrs.)					00085727			
4	Date	5	Payee name									
	12/04/2023		Facebook									
6	Amount (\$)	7	Payee address	s; City;	State;	; Zip Co	de					
	\$57.31		1 Hacker Wa									
			Menlo Park,	CA 94025								
8	PURPOSE	(a)	Category (See	Categories liste	d at the top of this sch	(alubo	(b) Description					
			Advertising E		u at the top of this con	leune)		el outs	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE		-	•					, officeholder living	) expense		
							Facebook A	٨d				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder nam	e C	Office sou	ght		Office he	eld		
	Date		Payee name									
	09/20/2023		Friends of Si	lsbee Publi	c Library							
	Amount (\$)	$\square$	Payee address	s; City;	State;	; Zip Co	de					
	\$50.00		295 N. 4th St	t								
			Silsbee, TX 7	7656								
	PURPOSE OF				d at the top of this sch	nedule)	(b) Description	L - uto		L. O.L. J.J. T		
	EXPENDITURE		Event Expen	se				Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
					Homecomi							
								•				
	Complete ONLY if direct	<u> </u>	Candidate/Office	eholder nam	e C	Office sou	ght		Office he	eld		
	expenditure to benefit C/OF	н										
	Date	Γ	Payee name									
	12/18/2023		GOP Store									
	Amount (\$)		Payee address	s; City;	State;	; Zip Co	de					
	\$3,759.12		404 I-45									
			Huntsville, T	X 77488								
	PURPOSE OF				d at the top of this sch	nedule)	(b) Description	1 euto	ide of Texas. Com	L. Orbertals T		
	EXPENDITURE		Advertising E	xpense					, officeholder living			
							Campaign			, expense		
							1 0	0				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Office	eholder nam	e C	Dffice sou	ght		Office he	eld		

EXPENDITURE CATEGORIES FOR BOX 8(a)									
Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense	Transportation Equipment & Related Expense Travel in District Travel Out of District								
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)								
Sch: 12/36 Rpt:         43/67         Holt, Janis A. (Mrs.)         00085727									
4 Date 5 Payee name									
11/30/2023 Generations Coffee									
6 Amount (\$) 7 Payee address; City; State; Zip Code									
\$13.78 1806 Sam Houston St									
Liberty, TX 77575									
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description									
OF Travel In District									
Check if Austin, TX, officeholder living expense									
Meal									
9 Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
Date Payee name									
12/05/2023 Go Fund Me									
Amount (\$) Payee address; City; State; Zip Code									
\$52.50 PO Box 1329									
Redwood City , CA 94063									
PURPOSE     (a) Category     (See Categories listed at the top of this schedule)     (b) Description									
OF Contributions/Donations Made By									
Candidate/Officeholder/Political Committee									
Family in Need in District									
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH									
Date Payee name									
08/28/2023 GoDaddy									
Amount (\$) Payee address; City; State; Zip Code									
\$127.79 2155 E GoDaddy Way									
Tempe, AZ 85280									
PURPOSE     (a) Category     (See Categories listed at the top of this schedule)     (b) Description									
OF Advertising Expense Check if travel outside of Texas. Complete Schedule T.									
Check if Austin, 1X, officenoider living expense									
Website Host									
Complete ONLY if direct         Candidate/Officeholder name         Office sought         Office held           expenditure to benefit C/OH         Office name         Office sought         Office held									

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)											
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         T           Food/Beverage Expense         Polling Expense         T           By -         Gift/Awards/Memorials Expense         Printing Expense         T						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FIL	ER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 13/36 Rpt: 44/67	Но	lt, Janis A. (Mrs.)					00085727			
4	Date	5 Pa	/ee name								
	09/11/2023	Go	Daddy								
6	Amount (\$)	<b>7</b> Pa	vee address; City;	State;	Zip Coo	e					
	\$51.83	21	55 E GoDaddy Way								
		Те	mpe, AZ 85280								
8	PURPOSE		-		L	<b>b)</b> Description					
0	OF		egory (See Categories listed at the t	op of this sche	dule)	b) Description Check if travel	outsi	ide of Texas. Com	plete Schedule T.		
	EXPENDITURE	~~~	.05110					, officeholder living			
						Website and	Em	nail Maintena	ance		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		didate/Officeholder name	O	ffice soug	ht		Office he	eld		
	Date	Pa	/ee name								
	11/28/2023	Go	Daddy								
	Amount (\$)	Pa	/ee address; City;	State;	Zip Coo	e					
	\$22.16	21	55 E GoDaddy Way								
		Те	mpe, AZ 85280								
	PURPOSE OF EXPENDITURE		egory (See Categories listed at the t	op of this sche	dule)		, TX,	ide of Texas. Com			
	Complete ONLY if direct	Can	didate/Officeholder name	0	ffice soug	ht		Office he	eld		
	expenditure to benefit C/OI	1									
	Date	Pa	/ee name								
	12/12/2023		Daddy								
	Amount (\$)		vee address; City;	State <sup>.</sup>	Zip Coo	e					
	\$127.79		55 E GoDaddy Way	<b>,</b>	1						
		Те	mpe, AZ 85280								
	PURPOSE OF		egory (See Categories listed at the t	op of this sche	dule)	b) Description					
	EXPENDITURE	We	ebsite					ide of Texas. Com , officeholder living			
						Website mai			experise		
						website mail	nel				
	Complete ONLY if direct	Car	didate/Officeholder name	<u> </u>	ffice soug	bt		Office he	ald		
	expenditure to benefit C/OF			0	nice soug			Onice He			

	EXPENDITURE CATEGORIES FOR BOX 8(a)											
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment			Fees         Office Overhead/Rental Expense         Tr.           Food/Beverage Expense         Polling Expense         Tr.           By -         Gift/Awards/Memorials Expense         Printing Expense         Tr.						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)		
	Sch: 14/36 Rpt: 45/67		Holt, Janis A. (Mrs.)						00085727			
4	Date	5	Payee name									
	11/08/2023		Hobby Lobby									
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de						
	\$60.02		3990 Dowlen Beaumont, TX 77706									
0	DUDDOSE	<u> </u>				(h)	De continenti e co					
8	PURPOSE OF		Category (See Categories listed at		edule)	(a) 1	Description Check if travel of	outsio	de of Texas. Com	plete Schedule T.		
	OF       Contributions/Donations Made By       Check if travel outside of Texas. Complete Schedule T.         EXPENDITURE       Candidate/Officeholder/Political Committee       Check if Austin, TX, officeholder living expense         Auction Item for Saratoga VFD											
_												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght			Office he	eld		
	Date		Payee name									
	11/28/2023		Holt, Isaiah									
	Amount (\$)		Payee address; City; State; Zip Code									
	\$100.00		7708 Rosewood Drive		· •							
			Lumberton, TX 77657									
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Salaries/Wages/Contract I		iedule)	[		, TX,	officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought H							Office he	eld		
	Date		Payee name									
	11/30/2023		Holt, Janis									
	Amount (\$)		Payee address; City;	State:	; Zip Co	de						
	\$1,310.00		105 Magnolia Trail	,	,							
			Silsbee, TX 77656		i							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at Travel In District	the top of this sch	edule)	[		, TX,	de of Texas. Com officeholder living	plete Schedule T. I expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	С	Office sou	ght			Office he	eld		

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Loan Repaymer Office Overhead Polling Expense Printing Expens Salaries/Wages	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	LER NAME		:	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 15/36 Rpt: 46/67	olt, Janis A. (Mrs.)			00085727				
4	Date	ayee name		I					
	12/20/2023	olt, Janis							
6	Amount (\$) \$500.00	<ul> <li>7 Payee address; City; State; Zip Code</li> <li>105 Magnolia Trl</li> <li>Silsbee, TX 77656</li> </ul>							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mileage 746.3 miles X \$.67							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held				
	Date	ayee name							
	12/11/2023	IOP							
	Amount (\$) \$31.07	ayee address; City; S D100 US 59 S hepherd, TX 77371	State; Zip Code						
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of t ravel In District	his schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held				
	Date	ayee name							
	12/12/2023	ats Korner							
	Amount (\$) \$45.32	ayee address; City; S 30 E. Ave H	State; Zip Code						
		ilsbee, TX 77656							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of t bod/Beverage Expense	his schedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense tmas Party				
	Complete ONLY if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought		Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense         Loan Repayment/Reinbursement         Solicitation/Fundraising Exp           Fees         Office Overhead/Rental Expense         Transportation Equipment & Travel in District           Food/Beverage Expense         Polling Expense         Travel in District           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of District					quipment & Related Expense	
	Total pages Schedule F1:	2				-	2	Filer ID	(Ethics Commission Filers)
ľ	Sch: 16/36 Rpt: 47/67	ľ	Holt, Janis A. (Mrs.)					00085727	
4	Date	5	Payee name						
	09/05/2023		Kountze Chamber of Commer	се					
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	le			
	\$20.00		800 Redwood Ave						
			Kountze, TX 77625						
8	PURPOSE	(2)				(b) Decerimtics			
°	OF	[(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Description	outs	ide of Texas. Com	nlete Schedule T
	EXPENDITURE		Memberships					, officeholder living	•
						Chamber Me			
								•	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	(	Dffice sou	Jht		Office he	eld
		<u> </u>							
	Date		Payee name						
	09/06/2023		Kountze Chamber of Commer	се					
	Amount (\$)		Payee address; City;	State	; Zip Co	le			
	\$15.92	\$15.92 800 Redwood Ave							
			Kountze, TX 77625						
_	PURPOSE	(a)	Category (See Categories listed at the to	n of this och	adula)	(b) Description			
	OF	<b>[</b> <sup>(-)</sup>	Sponsorship	p of this sen	iedule)		outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Sponsorship			Check if Austir	n, TX	, officeholder living	expense
						Sponsorship	Do	onation	
⊢	Complete ONLY if direct	I(	Candidate/Officeholder name	(	Office sou	ıht		Office he	eld
	expenditure to benefit C/OI					,			
	Data	1							
	Date		Payee name						
	12/04/2023		Kountze Chamber of Commer						
	Amount (\$)		Payee address; City;	State	; Zip Co	le			
	\$100.00		800 Redwood Ave						
			Kountze, TX 77625						
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	iedule)	(b) Description			
			Contributions/Donations Made		ŕ	Check if travel	outs	ide of Texas. Com	plete Schedule T.
	EXPENDITURE		Candidate/Officeholder/Politica	al Comm	nittee	Check if Austir	n, TX	, officeholder living	expense
						Donation for	Fir	eworks	
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	Jht		Office he	eld
	expenditure to benefit C/OI	Н							
-									

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)						
1	Total pages Schedule F1:	EILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 17/36 Rpt: 48/67	Holt, Janis A. (Mrs.)	00085727						
4	Date 11/02/2023	Payee name     LAZ Parking							
6	Amount (\$)	' Payee address; City; State; Zip Code							
	\$14.00	Congress Austin, TX 78701							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking Fee							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	10/03/2023	Liberty Cafe							
	Amount (\$) \$16.55	Payee address; City; State; Zip Code 1012 Main St							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	11/22/2023	Liberty Cafe							
	Amount (\$) \$17.05	Payee address; City; State; Zip Code 1012 Main St							
		Liberty, TX 77575							
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursen Fees Office Overhead/Rental Expen Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	se Transportation Equipment & Related Expense Travel in District Travel Out of District r OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)						
	Sch: 18/36 Rpt: 49/67	Holt, Janis A. (Mrs.)	00085727						
4	Date 12/21/2023	Payee name Liberty Gazette							
6	Amount (\$) \$462.02	Payee address; City; State; Zip Code 314 Main St Liberty, TX 77575							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Christmas Ad							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/13/2023	Luby's							
	Amount (\$) \$9.61	Payee address; City; State; Zip Code 300 East Crockett Cleveland, TX 77327							
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) (b) Description	n ravel outside of Texas. Complete Schedule T. Austin, TX, officeholder living expense Ieveland Chamber Meeting						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/24/2023	Lumberton Chamber of Commerce							
	Amount (\$) \$25.00	Payee address; City; State; Zip Code 826 N Main St							
		Lumberton, TX 77657							
	PURPOSE OF EXPENDITURE		ravel outside of Texas. Complete Schedule T. austin, TX, officeholder living expense						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Mem nmittee Legal Services	xpense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense pense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 19/36 Rpt: 50/67		Holt, Janis A. (Mrs.)					00085727	
4	Date	5	Payee name						
	12/20/2023		Main Street Nutrition						
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$9.00		2333 N. Main						
			Liberty, TX 77575						
8	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Travel In District					ide of Texas. Com	
						Meal	I, TX	, officeholder living	expense
						INICAI			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder nam	e C	) Office sou	ht		Office he	eld
	Date		Payee name						
	08/28/2023		Nexus Strategies						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$1,000.00		100 S. Magnolia Dr		•				
	+_,								
			Cleveland, TX 77328						
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Salaries/Wages/Contra	ct Labor				ide of Texas. Com	
	-					Contract Pay		, officeholder living	expense
						Contract Pay	me	111	
	Complete ONLY if direct		Candidate/Officeholder nam	e C	Office sout	iht		Office he	eld
	expenditure to benefit C/OI			• •				0	
	Date		Payee name						
	09/15/2023		Nexus Strategies						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$750.00		100 S, Magnolia Dr		-				
			Cleveland, TX 77328						
	PURPOSE	(a)	Category (See Categories liste	d at the top of this sche	edule)	(b) Description			
	OF EXPENDITURE		Consulting Expense					ide of Texas. Com	
	-							, officeholder living	expense
						Contract Pay	me		
-	Complete ONLY if direct		Candidate/Officeholder nam	e C	Office soug	iht		Office he	eld
	expenditure to benefit C/OI			- 0		,			
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Ti           Food/Beverage Expense         Polling Expense         Ti           y -         Gift/Awards/Memorials Expense         Printing Expense         Ti						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 20/36 Rpt: 51/67	1	Holt, Janis A. (Mrs.)					00085727	
4	Date	5	Payee name						
	10/13/2023		Nexus Strategies						
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le			
	\$800.00		100 S. Magnolia Dr						
			Cleveland, TX 77328						
8	PURPOSE	<u> </u>				(b) Decoription			
0	OF		Category (See Categories listed at the to Consulting Expense	op of this sche	edule)	b) Description	outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE							, officeholder living expense	
						Contract Pay	me	ent	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office soug	ht		Office held	
	Date		Payee name						
	10/20/2023		Nexus Strategies						
	Amount (\$)		Payee address; City;	State;	Zip Coo	le			
	\$3,000.00		100 S. Magnolia Dr						
			Ū						
			Cleveland, TX 77328						
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sche	edule)	<b>b)</b> Description			
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T.	
								, officeholder living expense	
						Contract Pay	me		
						L-1			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	C	Office soug	nt		Office held	
	•								
	Date		Payee name						
	11/08/2023		Nexus Strategies						
	Amount (\$)		Payee address; City;	State;	Zip Coo	le			
	\$1,450.00		100 S. Magnolia Dr						
			Cleveland, TX 77328						
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	edule)	<b>b)</b> Description			
	OF		Consulting Expense		,		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE		0					, officeholder living expense	
						Contract Pay	,		
	Complete ONLY if direct		Candidate/Officeholder name	C	Office soug	ht		Office held	
L	expenditure to benefit C/OI	Н							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	
	Sch: 21/36 Rpt: 52/67		Holt, Janis A. (Mrs.)					00085727	
4	Date	5	Payee name						
	11/25/2023		Nexus Strategies						
6	Amount (\$)	7	Payee address; City; Sta	ate; Zip C	ode				
	\$10,000.00		100 S. Magnolia Dr						
			Cleveland, TX 77328						
8	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Consulting Expense					de of Texas. Complete Schedule T.	
								officeholder living expense	
						Contract Pay	me	nt	
_	Complete ONIL V if direct		Condidate/Officebolder.neme	Office so				Office hold	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	Office Sol	ugni			Office held	
	Date		Payee name						
	07/31/2023		Oriental Trading						
	Amount (\$)		Payee address; City; Sta	ate; Zip C	ode				
	\$388.78		5455 S 90th St						
			Omaha, NE 68127						
	PURPOSE	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	OF EXPENDITURE		Event Expense					de of Texas. Complete Schedule T.	
								officeholder living expense	
						Candy for Pa	irao	les	
	Complete ONL V if direct		Candidate/Officeholder name	Office co				Office held	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officenoider hame	Office so	ugni			Office field	
	Dete	_							
	Date 08/25/2023		Payee name Oriental Trading						
			Oriental Trading						
	Amount (\$)			ate; Zip C	ode				
	\$291.58		5455 S 90th St						
			Omaha, NE 68127						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	schedule)	(b)	Description			
	EXPENDITURE		Event Expense					de of Texas. Complete Schedule T. officeholder living expense	
						Candy for Pa			
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office so	L uaht			Office held	
	expenditure to benefit C/OI			2					
-									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Overhead/Rental Expense         Transp           Food/Beverage Expense         Polling Expense         Travel           y -         Gift/Awards/Memorials Expense         Printing Expense         Travel					Travel in District Travel Out of Dis	quipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 22/36 Rpt: 53/67		Holt, Janis A	. (Mrs.)					00085727	
4	Date	5	Payee name							
	11/02/2023		Oriental Tra	ding						
6	Amount (\$)	7	Payee addres	s; City;	State;	; Zip Co	de			
	\$205.16		5455 S 90th	St						
			Omaha, NE	68127						
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Event Exper			,		l outs	ide of Texas. Com	plete Schedule T.
	EXPENDITORE								, officeholder living	l expense
							Candy for Pa	arac	les	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Offic	eholder name	C	Office sou	jht		Office he	eld
	Date		Payee name							
	10/10/2023		P Terrys							
	Amount (\$)		Payee addres	s; City;	State:	Zip Co	de			
	\$7.85		3303 N. Lan							
	<b>+</b> 1100									
			Austin, TX 7	8705						
	PURPOSE OF	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b) Description			
	EXPENDITURE		Travel Out o	f District					ide of Texas. Com	
							Meal in Aust		, officeholder living	) expense
							Wear In Ausi			
	Complete ONLY if direct		`andidate/Offic	eholder name		Office sou	ht		Office he	ald
	expenditure to benefit C/Oł		andidate/Onic			Shiee Sou	jiit		Office fic	
╞	Date		Payee name							
	08/02/2023		Parco Printir	ng						
	Amount (\$)		Payee addres	•	State	; Zip Co	10			
	\$109.80		123 N. 5th S		Olule,	, 20 000				
	\$100.00		120 14. 001 0							
			Silsbee, TX	77656						
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b) Description			
	OF EXPENDITURE		Printing Exp						ide of Texas. Com	
									, officeholder living -	) expense
							Thank you c	ards	5.	
	Complete ONUX Science	L	Demeliale to 101						0.411	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Offic	eholder name	C	Office sou	jrit		Office he	eiu

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)						
1	Total pages Schedule F1:	P FILER NAME	3 Filer ID (Ethics Commission Filers)						
	Sch: 23/36 Rpt: 54/67	Holt, Janis A. (Mrs.)	00085727						
4	Date 10/26/2023	Payee name     Darce Drinting							
		Parco Printing							
6	Amount (\$) \$79.21	Payee address; City; State; Zip Code 123 N. 5th St. Silsbee, TX 77656							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Cards							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	09/18/2023	Parker Lumber							
	Amount (\$) \$51.76	Payee address; City; State; Zip Code 1145 S. Hwy 96							
		Silsbee, TX 77656							
	PURPOSE OF EXPENDITURE		uutside of Texas. Complete Schedule T. TX, officeholder living expense Parade						
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	08/01/2023	Post Mart							
	Amount (\$) \$102.84	Payee address;City;State; Zip Code335 Hwy 327 W							
		Silsbe, TX 77656							
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense dS						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITU	JRE CATEGO	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services The Instruction	als Expense	Office Ove Polling Exp Printing Ex Salaries/W			Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 24/36 Rpt: 55/67		Janis A. (Mrs.)					00085727	
4	Date 09/01/2023	Payee Post I							
6	Amount (\$) \$250.06	335 H	address; City; Iwy 327 W e, TX 77656	State;	; Zip Co	le			
8	PURPOSE OF EXPENDITURE		Dry (See Categories listed and ang Expense	at the top of this sch	edule)			ide of Texas. Com , officeholder livinç	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	C	Office sou	ht		Office he	əld
	Date	Payee	name						
	09/26/2023	Post I	Mart						
	Amount (\$) \$102.84	335 H	address; City; Iwy 327 W e, TX 77656	State;	; Zip Co	le			
	PURPOSE OF EXPENDITURE		Dry (See Categories listed and Expense	at the top of this sch	edule)		n, TX	ide of Texas. Com , officeholder livinç	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	(	Dffice sou	ht		Office he	eld
	Date	Payee	name						
	11/20/2023	Repu	blican Party of Texa	S					
	Amount (\$) \$750.00	211 E #915	address; City; 7th St n, TX 78701	State;	; Zip Co	le			
	PURPOSE OF EXPENDITURE	<b>a)</b> Categ Fees	DTY (See Categories listed a	at the top of this sch	edule)			ide of Texas. Com , officeholder livinç	
	Complete ONLY if direct expenditure to benefit C/OF	Candida	ate/Officeholder name	C	Office sou	ht		Office he	eld

			EXPENDITURE C	ATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp nmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 25/36 Rpt: 56/67		Holt, Janis A. (Mrs.)					00085727	
4	Date	5	Payee name						
	12/11/2023		San Jacinto County Republica	n Party					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le			
	\$20.00		PO Box 370						
			Coldspring, TX 77331						
8	PURPOSE	(a)	Category (See Categories listed at the to	on of this sche	edule)	(b) Description			
			Event Expense		suulo)		outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE						I, TX,	, officeholder living	expense
						Parade Fee			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office sou	ht		Office he	eld
	Date		Payee name						
	12/06/2023		San Jacinto News						
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$559.25		11010 Hwy 150						
			Shepherd, TX 77371						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to Advertising Expense	op of this sche	edule)	(b) Description	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITORE							, officeholder living	expense
						Christmas Ad	b		
			Development of the state of the					0.000	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	0	office sou	Int		Office he	210
_	Data								
	Date 12/22/2023		Payee name Silsbee Bee						
				Chatta	7:	1-			
	Amount (\$)		Payee address; City;	State;	Zip Co	le			
	\$500.00		404 US 96 S						
			Silsbee, TX 77656						
_	DUDDOCE	(-)	-						
	PURPOSE OF	(a)	Category (See Categories listed at the to	p of this sche	edule)	(b) Description	outei	ide of Texas. Com	nlete Schedule T
	EXPENDITURE		Advertising Expense					, officeholder living	
						Christmas Ad		-	
-	Complete ONLY if direct	L(	Candidate/Officeholder name	0	office sou	Iht		Office he	eld
	expenditure to benefit C/OI								
-									

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

			EXPENDITURE C	ATEGO	RIES FOF	R BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expo Imittee Legal Services The Instruction Guide		Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 26/36 Rpt: 57/67		Holt, Janis A. (Mrs.)					00085727
4	Date	5	Payee name				I	
	09/05/2023		Silsbee Chamber of Commerce	е				
6	Amount (\$)	7	Payee address; City;	State;	; Zip Co	de		
	\$13.81		545 N 5th St					
			Silsbee, TX 77656					
8	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Membership					side of Texas. Complete Schedule T.
						Chamber me		x, officeholder living expense
						Chamber me		beranip
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name	(	Office sou	ght		Office held
	Date		Payee name					
	09/12/2023		Silsbee Chamber of Commerce	е				
	Amount (\$)		Payee address; City;	State;	; Zip Co	de		
	\$103.50		545 N 5th St					
			Silsbee, TX 77656					
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Event Expense					side of Texas. Complete Schedule T.
								a, officeholder living expense bration Sponsorship
						Chinstinas Ce	SIG	bration Sponsorship
_	Complete ONLY if direct		andidate/Officeholder name	(	Office sou	aht		Office held
	expenditure to benefit C/OI					9		0
-	Date		Payee name					
	08/31/2023		Smart, Allie					
	Amount (\$)		Payee address; City;	State	; Zip Co	de		
	\$63.87		301 Smart Dr.	Olule,	, 20 00			
	400.01		oor omat bit					
			Liberty, TX 77575					
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.
								c, officeholder living expense
						Reimbursem	ent	
_	Complete ONILV if direct	Ļ	andidate/Officeholder name		Office sou	aht		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			(	50U	ym		
-								

			EXPENDITURE	CATEGOR	RIES FOR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Ex Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Transportation E Travel in District Travel Out of Di	
1	Total pages Schedule F1:	FILER NAME	Ξ				3	Filer ID	(Ethics Commission Filers)
	Sch: 27/36 Rpt: 58/67	Holt, Janis	A. (Mrs.)					00085727	
4	Date	Payee name							
	08/31/2023	Smart, Allie	9						
6	Amount (\$)	Payee addre	ss; City;	State;	Zip Co	le			
	\$500.00	301 Smart	Dr.						
		Liberty, TX	77575						
8	PURPOSE	Category (S	ee Categories listed at the	top of this sche	edule)	(b) Description			
	OF EXPENDITURE		ages/Contract Lab		,		outsi	ide of Texas. Com	nplete Schedule T.
	EXPENDITORE						ı, ТХ,	, officeholder living	g expense
						Scheduler			
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	0	office sou	ht		Office h	eld
	Date	Payee name							
	09/14/2023	Smart, Allie	!						
	Amount (\$)	Payee addre	ss; City;	State;	Zip Co	le			
	\$550.00	301 Smart	Dr.						
		Liberty, TX	77575						
	PURPOSE	Category (S	ee Categories listed at the	top of this sche	edule)	(b) Description			
	OF EXPENDITURE		ages/Contract Lab		,	Check if travel	outsi	ide of Texas. Com	nplete Schedule T.
	EXPENDITORE		0				ı, ТХ,	, officeholder living	g expense
						Scheduler			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	0	office sou	ht		Office h	eld
	expenditure to benefit or of								
	Date	Payee name							
	09/28/2023	Smart, Allie	9						
	Amount (\$)	Payee addre	ss; City;	State;	Zip Co	le			
	\$550.00	301 Smart	Dr.						
		Liberty, TX	77575						
	PURPOSE	Category (S	ee Categories listed at the	top of this sche	edule)	(b) Description			
	OF EXPENDITURE		ages/Contract Lab		,	Check if travel	outsi	ide of Texas. Com	nplete Schedule T.
	EXPENDITORE						ι, TΧ,	, officeholder living	g expense
						Scheduler			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	0	office sou	ht		Office h	eld
1									

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 28/36 Rpt: 59/67	Holt, Janis A. (Mrs.)	00085727
4	Date 10/12/2023	5 Payee name Smart, Allie	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$550.00	301 Smart Dr. Liberty, TX 77575	
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/24/2023	Smart, Allie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$550.00	301 Smart Dr. Liberty, TX 77575	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/07/2023	Smart, Allie	
	Amount (\$) \$550.00	Payee address;City;State;Zip Code301 Smart Dr.	
		Liberty, TX 77575	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. , TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
	Sch: 29/36 Rpt: 60/67	Holt, Janis A. (Mrs.)	00085727
4	Date 11/27/2023	<ul> <li>Payee name</li> <li>Smart, Allie</li> </ul>	
6	Amount (\$) \$550.00	Payee address; City; State; Zip Code 301 Smart Dr. Liberty, TX 77575	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	12/07/2023	Smart, Allie	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,100.00	301 Smart Dr. Liberty, TX 77575	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/16/2023	Studio One Three	
	Amount (\$) \$300.00	Payee address; City; State; Zip Code 27384 Wagon Wheel	
		Splendora, TX 77372	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

			EXPENDITURE CAT	EGORIES F	OR	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide exp	Office Polling Printing Salarie	Overh Expe g Exp s/Wa	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)	)
	Sch: 30/36 Rpt: 61/67		Holt, Janis A. (Mrs.)					00085727	
4	Date	5	Payee name				1		
	12/29/2023		Studio One Three						
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e			
	\$250.00		27384 Wagon Wheel						
			Splendora, TX 77372						
8	PURPOSE	(a)	Category (See Categories listed at the top of	this schodulo)	(	b) Description			
		ľ	Event Expense	unis schedule)	ľ		outsi	side of Texas. Complete Schedule T.	
	EXPENDITURE		·					K, officeholder living expense	
						Symposium	Spc	onsorship	
_									
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office s	ougl	ht		Office held	
	Date		Payee name						
	08/03/2023		TFRW Convention PAC						
	Amount (\$)		Payee address; City;	State; Zip	Cod	e			
	\$250.00		13740 Hwy. 183						
			J4						
			Austin, TX 78750						
	PURPOSE	(a)	Category (See Categories listed at the top of	this schedule)	(	b) Description			
	OF EXPENDITURE		Event Expense	,				side of Texas. Complete Schedule T.	
								c, officeholder living expense	
						Meet and Gr	eet	Fee	
	Complete ONLY if direct	Ľ	Candidate/Officeholder name	Office		bt.		Office held	
	expenditure to benefit C/OI			Office s	ouyi	in t		Once neu	
_	Date								_
	12/04/2023		Payee name Taco Ranch						
	Amount (\$)			State; Zip	Cod	9			
	\$11.42		5033 US 290	Siale, Zip	Cou	e			
	Ψ11.42		3033 03 230						
			Austin, TX 78735						
	PURPOSE OF	(a)	Category (See Categories listed at the top of	this schedule)	(	b) Description			
	EXPENDITURE		Travel Out of District					side of Texas. Complete Schedule T. K, officeholder living expense	
						Meal	1, 17,	, oncenduer living expense	
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office s	ougl	ht		Office held	
	expenditure to benefit C/OI				5				
									_

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 31/36 Rpt: 62/67	
	-	
4	Date	5 Payee name
	09/25/2023	Texas Alliance for Life
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	8000 Centre Park Dr.
		Ste 380
		Austin, TX 78754
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Monthly Membership
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/24/2023	Texas Alliance for Life
_	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	8000 Centre Park Dr.
		Ste 380
		Austin, TX 78754
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Contributions/Donations Made By
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Monthly Donation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	4
_	Data	
	Date	Payee name
	11/24/2023	Texas Alliance for Life
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	8000 Centre Park Dr.
		Ste 380
		Austin, TX 78754
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee Monthly Donation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
		1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Exp Gift/Awards/Memori mmittee Legal Services	als Expense	Loan Repa Office Over Polling Exp Printing Ex Salaries/W	yment/Reimbursement head/Rental Expense ense		Transportation E Travel in Distric Travel Out of Di		
1	Total pages Schedule F1:	2					12	Filer ID	(Ethics Commission	a Eilore)
	Sch: 32/36 Rpt: 63/67		Holt, Janis A. (Mrs.)					00085727		I Fileis)
4	Date	5	Payee name							
	12/26/2023		Texas Alliance for Life							
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	le				
	\$50.00		8000 Centre Park Dr.							
			Ste 380							
			Austin, TX 78754							
8	PURPOSE	(a)	Category (See Categories listed a	at the ton of this sch	edule)	(b) Description				
	OF		Contributions/Donations		ouuloy		l outs	side of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Candidate/Officeholder/P		nittee	Check if Austi	n, TX	K, officeholder living	g expense	
						Monthly Don	natio	on		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice soug	Jht		Office h	eld	
	Date		Payee name							
	12/01/2023		The Vindicator							
		-		Ctata	710 000	10				
	Amount (\$)		Payee address; City;	State	; Zip Coo	le				
	\$573.05		1939 Trinity							
	DUDDOSE	(-)	Liberty, TX 77575							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed a Advertising Expense	at the top of this sch	iedule)		n, TX	side of Texas. Con K, officeholder livin	nplete Schedule T. g expense	
	Complete ONILV if direct		Candidate/Officeholder name			.ht		Office h		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Landidate/Officenoider name	(	Office souç	ini		Office h	eid	
		_								
	Date		Payee name							
	10/06/2023		Trinity Valley Exposition							
	Amount (\$)		Payee address; City;	State	; Zip Coo	10				
	( )			Olute,	, zip 000					
	\$2,500.00		321 Wallisville Rd							
			Liberty, TX 77575							
-	PURPOSE	(a)	Category (See Categories listed a	the ter -fill	adule)	(b) Description				
	OF	(~,		at the top of this sch	iedule)	•	l outs	side of Texas. Com	nplete Schedule T.	
	EXPENDITURE		Advertising Expense					K, officeholder living		
						TVE Sponso			U 11	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	(	Office soug	Int		Office h	eld	
	CAPENUILUIE IO DENEIII C/OF									

POLITICAL EXPENDITURES FROM POLITICAL
CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Event Expense L Fees C Food/Beverage Expense F y - Gift/Awards/Memorials Expense F		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)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 33/36 Rpt: 64/67		Holt, Janis A. (Mrs.)					00085727
4	Date	5	Payee name					
	07/31/2023		VistaPrint					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	е		
	\$39.50		275 Wyman St					
			Waltham, MA 02451					
8	PURPOSE	(a)	Category (See Categories listed at the top	of this scho	dulo)	b) Description		
	OF		Printing Expense		uule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						I, TX,	, officeholder living expense
						Cards		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	O	ffice souç	ht		Office held
	Date		Payee name					
	10/10/2023		VistaPrint					
	Amount (\$)		Payee address; City;	State;	Zip Co	е		
	\$370.41		275 Wyman St					
			Waltham, MA 02451					
	PURPOSE OF	(a)	Category (See Categories listed at the top	o of this sche	edule)	b) Description		
EXPENDITURE			Printing Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						Push Cards	I, I.A.	, oncentider hving expense
	Complete ONLY if direct		Candidate/Officeholder name	0	ffice souce	ht		Office held
	expenditure to benefit C/OI	Н						
	Date	<u> </u>	Payee name					
	11/10/2023		VistaPrint					
	Amount (\$)		Payee address; City;	State:	Zip Co	e		
	\$327.99		275 Wyman St		·			
			2					
			Waltham, MA 02451					
	PURPOSE OF		Category (See Categories listed at the top	o of this sche	edule)	b) Description		
	EXPENDITURE		Printing Expense					ide of Texas. Complete Schedule T. , officeholder living expense
						Pushcards	, IA,	, סוונכרוטועבו וועווע בגעברושל
-	Complete ONLY if direct		Candidate/Officeholder name	0	ffice soug	ht		Office held
expenditure to benefit C/OH								

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense     Loan Repayment/Reimbursement       Fees     Office Overhead/Rental Expense       Food/Beverage Expense     Polling Expense       Gift/Awards/Memorials Expense     Printing Expense       Legal Services     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)					
1	Total pages Schedule F1:		<b>3</b> Filer ID (Ethics Commission Filers)					
-	Sch: 34/36 Rpt: 65/67	Holt, Janis A. (Mrs.)	00085727					
4	Date 07/13/2023	Payee name Walmart						
6	Amount (\$)	Payee address; City; State; Zip Code						
-	\$12.32	1100 Hwy 96 N Silsbee, TX 77656						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Notebook and paper						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	10/03/2023	Walmart						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$35.13	1100 Hwy 96 N Silsbee, TX 77656						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense rades					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	11/06/2023	Walmart						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$113.59	Hwy 96						
		Silsbee, TX 77656						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense rades					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment Fees Office Overheal/I Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/C The Instruction Guide explains how to complete	Rental Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Contract Labor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 35/36 Rpt: 66/67	Holt, Janis A. (Mrs.)	00085727				
4	Date	Payee name					
	11/21/2023	Walmart					
6	Amount (\$)	Payee address; City; State; Zip Code					
	\$47.02	1100 US 96					
		Silsbee, TX 77656					
8	PURPOSE	Category (See Categories listed at the top of this schedule) (b) [	Description				
	OF EXPENDITURE	General	Check if travel outside of Texas. Complete Schedule T.				
			Check if Austin, TX, officeholder living expense				
			General Supplies				
0	Complete ONIL V if direct	condidets/Office.belder.nome	Office held				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	12/05/2023	Walmart					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$153.91	Hwy 96					
		Silsbee, TX 77656					
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) [	Description				
OF EXPENDITURE		Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.				
EXFENDITORE		Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense				
			Toy Donations for Toy Drives around the District				
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held				
	expenditure to benefit C/OF		Once neu				
	Date						
	12/11/2023	Payee name Walmart					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$42.09	Hwy 96					
		Silsbee, TX 77656					
	DUDDOSE		Description				
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense				
			Parade Expense				
	Complete ONLY if direct	candidate/Officeholder name Office sought	Office held				
expenditure to benefit C/OH							

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment		
1 Total pages Schedule F1:		)
Sch: 36/36 Rpt: 67/67	Holt, Janis A. (Mrs.) 00085727	
4 Date	5 Payee name	
10/13/2023	Whataburger	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
\$8.32		
8 PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule) Travel In District</li> <li>(b) Description         Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense         Meal     </li> </ul>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held DH	
Date	Payee name	
11/01/2023	Whataburger	
Amount (\$)	Payee address; City; State; Zip Code	
\$21.22	Liberty, TX 77575	
PURPOSE OF EXPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Travel In District</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Meal</li> </ul>	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held DH	