CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to com	nplete this form.	1 Filer ID (Ethics Comm 00085727		2 Total pages filed: 46
3 CANDIDATE /	MS / MRS / MR	FIRST	<u>.l.</u>	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mrs.	Janis A.			Date Received ELECTRONICALLY FILED
	NICKNAME	LAST	•••••	SUFFIX	07/15/2024
		Holt			
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AI	PT / SUITE #; CIT	ΓY;	ZIP CODE	Date Hand-delivered or Date Postmarked
MAILING ADDRESS	P.O. Box 1311				Receipt # Amount
Change of Address	Silsbee, TX 77656				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mr.	Kent			
	NICKNAME	LAST		SUFFIX	
		Batman			
6 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	4246 Clearlake Rd.				
(Residence or Business)	Kountze, TX 77625				
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (409) 782-5918	ONE NUMBER	EXTENSION		
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Yea	ır		Month Day	Year
COVERED	02/25/2024	TI	HROUGH	06/30/202	4
10 ELECTION	ELECTION DATE	I		ELECTION TYPE	_
	Month Day Yea	ırF	Primary	Runoff	Other
	11/05/2024	X	General	Special	
11 OFFICE	OFFICE HELD (if any)	L		12 OFFICE SOUGHT	(if known)
				State Representa	ative District HD 18
	1				
		GO 1	TO PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 46

13 C / OH NAME	Holt, Janis A. (Mrs.)		14 Filer ID (00085727	Ethics Commis	ssion Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditure. These expenditures may have been made without to difficeholders are required to report this information.	he candidate's or office	holder's knowl	edge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS								
	SPECIFIC									
		COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS							
				_						
16 CONTRIBUTION TOTALS	OR GUARANTE	IZED POLITICAL CONTRIBUTIONS (OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$	0.00					
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)								
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00					
	4. TOTAL POLITION	AL EXPENDITURES		\$	50,833.29					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LA RIOD	AST DAY OF THE	\$	10,573.43					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$	91,325.00					
17 AFFIDAVIT										
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.								
		Mrs	s. Janis A. Holt							
		Signature of	Candidate or Officehol	der						
AFFIX NO	TARY STAMP / SEAL AB	OVE								
Sworn to and subso	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 office	cer administering	Printed name of officer administering	Title of officer	r administering	oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

CC	OVER SHEET PG 3 3 of 46
18 FILER NAME 19 Filer ID Holt, Janis A. (Mrs.) 00085727	(Ethics Commission Filers)
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 31,687.79
2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,879.89
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 50,833.29
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
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 CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	MONET	ARY POLITICAL (SCHEDULE A1				
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/46	
2	FILER NAME Holt, Janis A	(Mrs.)				3	Filer ID (Ethics Commission 00085727	Filers)
4	Date 02/26/2024	5 Full name of contributor Allen, Jeremy6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	Willis, TX 77318 pation / Job title (See Instructions		۵	Employer (See Instructions	<u>''</u>		
0	Business Ow)	9	Self	·)		
	Date 06/04/2024	Full name of contributor Almaguer, Linda Contributor address; City; St)		Amount of Contribution (\$)	\$50.00
		Coldspring, TX 77331						
	Principal occu Retired	pation / Job title (See Instructions	()		Employer (See Instructions	s)		
	Date 02/26/2024	Full name of contributor Barakat, Edmond Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$50.00
		Marlton, NJ 08053						
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor Biggeid, Brenda Contributor address; City; St)		Amount of Contribution (\$)	\$40.00
	Principal occu Business Ow	Channelview, TX 77530 pation / Job title (See Instructions)		Employer (See Instructions Self	<u> </u> s)		
	Date 03/06/2024	Full name of contributor Billot, Loyd Contributor address; City; St Sour Lake, TX 77659				•	Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		

	MONET	ARY POLITICAL CON	S		SCHEDULE A1		
	The Instruc	ction Guide explains how to c	complete this for	n.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/46	
2	FILER NAME Holt, Janis A	. (Mrs.)			3	Filer ID (Ethics Commission 00085727	n Filers)
4	Date 02/26/2024	Boudreaux, Linwood	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$20.00
_		Liberty, TX 77575					
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions	i)		
	Date 04/13/2024	Brents, Tommy Contributor address; City; State; Z)		Amount of Contribution (\$)	\$104.48
	Liberty, TX 77575 Principal occupation / Job title (See Instructions)			Employer (See Instructions	<u> </u>		
	IT Consultant			Self			
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_24 Chapman, Bill Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
		Cleveland, TX 77327					
	Principal occu Construction	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		
	Date 02/26/2024	Full name of contributor on the contributor of contributor address; City; State; Zumberton, TX 77657	ut-of-state PAC (ID#: Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	()		
	Date 02/26/2024	Cleveland, Sue	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	<u> </u>		
			·				

	MONET	ARY POLITICAL (S		SCHEDULE A1			
	The Instru	ction Guide explains hov	v to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/46	
2	FILER NAME Holt, Janis A	ı. (Mrs.)				3	Filer ID (Ethics Commission 00085727	n Filers)
4	Date 02/26/2024	5 Full name of contributor Coats, Teresa6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$100.00
8		Cleveland, TX 77327 pation / Job title (See Instructions	5)	9	Employer (See Instructions	<u> </u> s)		
	Date 03/26/2024	Full name of contributor Delisi Communications P Contributor address; City; S Austin, TX 78701			Self		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor Desormeaux, Charlene Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
		Cleveland, TX 77327		_	5 1 (0 1 1 1	<u></u>		
	Business Ov	pation / Job title (See Instructions vner	5)		Employer (See Instructions Talents Unlimited	5)		
	Date Full name of contributor out-of-state PAC (ID#:_ 03/04/2024 Domain, Barbara Contributor address; City; State; Zip Code Ames, TX 77575						Amount of Contribution (\$)	\$20.00
	Principal occu Mayor	pation / Job title (See Instruction	5)		Employer (See Instructions City of Ames	<u>I</u> S)		
	Date 02/26/2024	Full name of contributor Drake, Kitty Contributor address; City; S Kountze, TX 77625	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions	s)		
				•				

	MONET	ARY POLITICAL	IS	SCHEDULE A1				
	The Instru	ction Guide explains hov	v to complete this fo	orı	m.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/46	
2	FILER NAME Holt, Janis A	ı. (Mrs.)				3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 02/26/2024	5 Full name of contributor Fordyce, Tom6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$500.00
	Dringing aggr	Huntsville, TX 77320	o) I	_	Employer (See Instructions	<u>''</u>		
8	Rancher	pation / Job title (See Instruction	5)	9	Employer (See Instructions Salt Creek Ranch	s)		
	Date 06/04/2024	Full name of contributor Galando, Dianna Contributor address; City; S)	•	Amount of Contribution (\$)	\$25.00
		Coldspring, TX 77331						
	Principal occu Retired	pation / Job title (See Instruction	s)		Employer (See Instructions	s)		
	Date 03/19/2024	Full name of contributor Gary Gates for Texas Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$2,500.00
		Rosenberg, TX 77471						
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	s)		
	Date 02/28/2024	Full name of contributor Gilhousen, James Contributor address; City; S Huntsville, TX 77320					Amount of Contribution (\$)	\$500.00
	Principal occu Business Ov	pation / Job title (See Instruction vner	s)		Employer (See Instructions	5)		
	Date 02/29/2024	Full name of contributor Gonzales, Patrick Contributor address; City; S Lumberton, TX 77657	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$52.40
	Principal occu Engineering	pation / Job title (See Instruction	s)		Employer (See Instructions Arkema	5)		

	MONET	ARY POLITICAL C	S		SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/46	
2	FILER NAME Holt, Janis A	. (Mrs.)				3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 03/18/2024	5 Full name of contributor Harris, Eriic6 Contributor address; City; Sta	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Lumberton, TX 77627 pation / Job title (See Instructions	· · · · · · · · · · · · · · · · · · ·	9	Employer (See Instructions	 ;)		
	Business Ow	vner			ITS			
	Date 05/29/2024	Full name of contributor HillCo PAC Contributor address; City; Sta)		Amount of Contribution (\$)	\$2,500.00
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)			Employer (See Instructions	5)		
	Date 02/26/2024	Full name of contributor Holt, Doris Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$55.00
		Lumberton, TX 77657	<u>,</u>					
	Principal occu Homemaker	pation / Job title (See Instructions)			Employer (See Instructions	s)		
	Date 02/26/2024	Full name of contributor Ingram, Laurie Contributor address; City; Sta)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions	5)		
	Date 04/10/2024	Full name of contributor Johnson, Billy Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$5.52
	Principal occu Retired	pation / Job title (See Instructions)			Employer (See Instructions Retired	5)		

	MONET	ARY POLITICAL (S	SCHEDULE A1				
	The Instruc	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/46	
2	FILER NAME Holt, Janis A	(Mrs.)				3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 06/02/2024	5 Full name of contributor Jones, Neal Thomas6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$1,000.00
_	5	Austin, TX 78735				<u></u>		
8	Attorney	pation / Job title (See Instructions	S) S		Employer (See Instructions HillCo Partners, Austin			
	Date 02/26/2024	Full name of contributor Kyzyzanowski, Scott Contributor address; City; S)		Amount of Contribution (\$)	\$200.00
	Principal occu	Dayton, TX 77535 pation / Job title (See Instructions	3)		Employer (See Instructions	;) 		
		Maintenance			Self	,,		
	Date 03/04/2024	Full name of contributor McAdams, Patrick Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Cleveland, TX 77328						
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
	Date 03/18/2024	Full name of contributor McMahon, Kimberly Contributor address; City; S Thicket, TX 77374					Amount of Contribution (\$)	\$100.00
	Principal occu Homemaker	pation / Job title (See Instructions	s)		Employer (See Instructions	<u>l </u>		
	Date 05/14/2024	Full name of contributor Montgomery County Rep Contributor address; City; S Conroe, TX 77305)		Amount of Contribution (\$)	\$150.00
	Principal occu	pation / Job title (See Instructions	3)		Employer (See Instructions	<u>(</u>		
			l					

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/46		
2	FILER NAME Holt, Janis A			3	Filer ID (Ethics Commission 00085727	on Filers)	
4	Date 03/04/2024	Full name of contributor)	7	Amount of Contribution (\$)	\$26.35	
0	Dringinal occu	Spring, TX 77386 pation / Job title (See Instructions)	9 Employer (See Instructions				
8	Business Ov		Traust Logistics)			
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_ Pelt, Kenneth Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00	
	Deinsinal assu	Sour Lake, TX 77659	Franks von (Cook both vot in no				
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/13/2024	Full name of contributor out-of-state PAC (ID#:_ Pierce, Michael Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$104.48	
		Sour Lake, TX 77659					
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 04/10/2024	Full name of contributor out-of-state PAC (ID#:_ Price, Paul Contributor address; City; State; Zip Code Newton, TX 75966			Amount of Contribution (\$)	\$52.40	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions)			
	Date 02/27/2024	Full name of contributor out-of-state PAC (ID#:_Roper, Lisa Contributor address; City; State; Zip Code Key West, FL 33040			Amount of Contribution (\$)	\$1,041.98	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions Retired)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this	form.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/46	
2	FILER NAME Holt, Janis A	. (Mrs.)		3	Filer ID (Ethics Commission 00085727	n Filers)
4	Date 03/03/2024	 Full name of contributor		7	Amount of Contribution (\$)	\$26.35
		Georgetown, TX 78633	1			
8	Principal occu Retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#: Smith, Christine Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Cleveland, TX 77327 pation / Job title (See Instructions)	Employer (See Instructions	z)		
	Homemaker	oduon / Job title (See matuctions)	Employer (See Instructions	۰)		
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:) Smith, Cindy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
		Silsbee, TX 77656	,			
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 06/04/2024	Full name of contributor out-of-state PAC (ID#: Snider, Marilyn Contributor address; City; State; Zip Code Point Blank, TX 77364)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 03/07/2024	Full name of contributor out-of-state PAC (ID#: Sprigg, Steve Contributor address; City; State; Zip Code New Braunfels, TX 78132			Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions	5)		
			1			

	MONET	ARY POLITICAL (S	SCHEDULE A1				
	The Instru	ction Guide explains how	to complete this fo	rr	m.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/46	_
2	FILER NAME Holt, Janis A	(Mrs.)				3	Filer ID (Ethics Commission Filers) 00085727	
4	Date 02/26/2024	5 Full name of contributor Staples, Robert6 Contributor address; City; S	out-of-state PAC (ID#:			7	Amount of Contribution (\$) \$26.3	5
_	Dringing! aggs	Cleveland, TX 77328		_	Employer (See Instructions	<u></u>		_
8	Principal occu Project Mana	pation / Job title (See Instructions ager	5)	9	Employer (See Instructions SRT Transportation Sol		ons	
	Date 02/26/2024	Full name of contributor Steyko, Regina Contributor address; City; S)		Amount of Contribution (\$) \$8.0	0
	Principal occu	Cleveland, TX 77327 pation / Job title (See Instructions	s)		Employer (See Instructions	<u> </u> 5)		_
	Date 06/04/2024	Full name of contributor Sweeney, Luke Contributor address; City; S)		Amount of Contribution (\$) \$250.0	0
	Detectional	Coldspring, TX 77331	<u>, </u>		Fourtheast (Contraction of	<u></u>		
	Business Ow	pation / Job title (See Instructions vner	S)		Employer (See Instructions Cowboy Concrete	5)		
	Date 02/28/2024	Full name of contributor Taft, Frank Contributor address; City; S Votaw, TX 77376	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$104.4	8
	Principal occu Retired	pation / Job title (See Instructions	(3)		Employer (See Instructions	5)		
	Date 03/21/2024	Full name of contributor Texans for Lawsuit Refor Contributor address; City; S Austin, TX 78701					Amount of Contribution (\$) \$10,000.0	0
	Principal occu	pation / Job title (See Instructions	(3)		Employer (See Instructions	<u>.</u> s)		
								_

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: Sch: 10/10 Rpt: 13/46	
2	FILER NAME Holt, Janis A			3 Filer ID (Ethics Commission Filers) 00085727	
4	Date 06/27/2024 5 Full name of contributor out-of-state PAC (ID#:) Texas United for a Conservative Majority 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$) \$10,000.00		
_		Victoria, TX 77901			
8	Principal occu	ipation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date Full name of contributor out-of-state PAC (ID#:) 03/18/2024 Thrasher, Peggy Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$15.00	
	Principal occu	Liberty, TX 77575 upation / Job title (See Instructions)	Employer (See Instructions)	
	Certified Ct I		75th District Judge, Libe		
Date 02/26/2024		Full name of contributor out-of-state PAC (ID#:) Wedward, Charlotte Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$100.00	
	Deinsinal assu	Cleveland, TX 77328	Frankrija (Caalinatuustiana		
	Retired	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 02/26/2024	Full name of contributor out-of-state PAC (ID#:_Williams, Connie Contributor address; City; State; Zip Code Cleveland, TX 77327)	Amount of Contribution (\$) \$50.00	
	Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructions		
	Date Full name of contributor out-of-state PAC (ID#:) 02/26/2024 Wilmoth, Carolyn Contributor address; City; State; Zip Code Cleveland, TX 77328		Amount of Contribution (\$) \$200.00		
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instru	ection Guide explains how to complete this f	form.	1 Total pages Schedule A2: Sch: 1/1 Rpt: 14/46				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Holt, Janis A	A. (Mrs.)		00085727				
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$				
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 9 In-kind contribution				
03/25/2024	Gary Gates for Texas		contribution (\$) description				
	7 Contributor address; City; State; Zip Code		\$500.001 Airplane Trip to Arlington				
			_				
	Rosenberg, TX 77471	•	Check if travel outside of Texas. Complete Schedule T.				
10 Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	I-JUDICIAL) (See instructions)				
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contributor's job title	(FOR JUDICIAL) (See instructions)				
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	•					
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution				
02/27/2024	Greg Abbott Campaign		contribution (\$) description				
	Contributor address; City; State; Zip Code		\$1,082.50 Digital				
			į į				
			į				
	Austin, TX 78767		Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of In-kind contribution				
02/28/2024	Texans for Dan Patrick		contribution (\$) description				
	Contributor address; City; State; Zip Code		\$1,297.39 Campaign Endorsement Text Message				
			I Text Message				
			į į				
Houston, TX 77046			Check if travel outside of Texas. Complete Schedule T.				
Principal occu	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)				
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title	(FOR JUDICIAL) (See instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)				
If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
		<u> </u>					

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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)	\dashv
•	Sch: 1/32 Rpt: 15/46	Holt, Janis A. (Mrs.) O0085727	
4	Date	5 Payee name	
	05/06/2024	Alma's Design Florist	
6	Amount (\$) \$72.82	7 Payee address; City; State; Zip Code 2206 N. Main	
		Liberty, TX 77575	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Constituent Funeral	
		Sonsulatin Fancial	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
⊨	Date	Dove nome	=
	03/14/2024	Payee name Amazon Shopping	
		, , , , , , , , , , , , , , , , , , ,	_
	Amount (\$) \$17.30		
	Φ17.50	440 Terry Ave.	
		North Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Book Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		State Rep Book	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	=
	03/22/2024	Amazon Shopping	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.64	440 Terry Ave.	
		North Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		stationary Expense	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
			_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Salaries	Expens s/Wages	se s/Contract Labor		Travel in District Travel Out of Di OTHER (enter a	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
L	Sch: 2/32 Rpt: 16/46	Holt, Janis						00085727	
4	Date	5 Payee name							
L	04/10/2024	Amazon Sh		<u> </u>					
6	Amount (\$)	7 Payee addre		State; Zip (Code				
	\$32.41	440 Terry <i>A</i>	1 ∨€.						
		North Seat	tle, WA 98109						
8	PURPOSE OF		see Categories listed at the to		(b)	Description			
	EXPENDITURE	Office Over	head/Rental Expen	se				de of Texas. Com officeholder living	plete Schedule T. g expense
						Office Supplie		·	
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ought			Office h	eld
	Date	Payee name	·						
	02/28/2024	Bluestone	Creatives						
	Amount (\$)	Payee addre	ess; City;	State; Zip (Code				
	\$1,090.00	605 Steepl	echase Dr						
		Bedford, T	X 76021						
	PURPOSE OF		see Categories listed at the to	p of this schedule)	(b)	Description			
	EXPENDITURE	Advertising	Expense					de of Texas. Com officeholder living	plete Schedule T. g expense
						Facebook ad			
L									
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office so	ought			Office h	eld
	Date	Payee name	1						
	02/26/2024	Brookshire	Brothers						
	Amount (\$)	Payee addre	ess; City;	State; Zip (Code				
	\$27.48	333 Hwy 9	6 S						
		Silsbee, TX	(77656						
	PURPOSE		see Categories listed at the to	n of this schodule)	(b)	Description			
	OF EXPENDITURE		rage Expense	p or una somedule)	()	Check if travel			plete Schedule T.
	LAFENDITUKÉ		-			_		officeholder living	
						Snacks/Wate	1 10	ı campaigh	eveni
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	nuaht			Office h	<u> </u>
	expenditure to benefit C/O		ioonoidoi name	Office 30	Jugiit			Onice III	oia.

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Office Credit Card Paymer		The Instruction Guide ex		es/Contract Labor	OTHER (enter a	category not listed above)
1 Total pages Sch	edule F1:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 3/32 Rpt	: 17/46	Holt, Janis A. (Mrs.)			00085727	
4 Date		5 Payee name				
03/04/2024		CVS				
6 Amount (\$)	\$4.00	7 Payee address; City; 2005 Hwy 90	State; Zip Code			
		Liberty, TX 77575				
8 PURPOSE OF EXPENDITURE	E	(a) Category (See Categories listed at the top of Event Expense	of this schedule) (b		outside of Texas. Com TX, officeholder living	
Complete ONLY expenditure to b		Candidate/Officeholder name	Office sough	t	Office he	eld
Date		Payee name				
03/05/2024		Catfish Cabin				
Amount (\$)	\$366.94	Payee address; City; 192 S. Hwy 69	State; Zip Code			
		Lumberton, TX 77657				
PURPOSE OF EXPENDITURE	E	(a) Category (See Categories listed at the top of Event Expense	of this schedule) (b		outside of Texas. Com TX, officeholder living ch Party	
Complete ONLY expenditure to b		Candidate/Officeholder name H	Office sough	t	Office he	eld
Date		Payee name				
04/05/2024		Cleveland 100 Club				
Amount (\$)	\$100.00	Payee address; City; PO Box 697	State; Zip Code			
		Cleveland, TX 77328				
PURPOSE OF EXPENDITURE	E	(a) Category (See Categories listed at the top of Contributions/Donations Made B Candidate/Officeholder/Political	sy	<u> </u>	outside of Texas. Com TX, officeholder living	
Complete ONLY expenditure to b		Candidate/Officeholder name	Office sough	t	Office he	eld

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/32 Rpt: 18/46	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	04/05/2024	Cleveland Livestock Show
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	PO Box 697
		Cleveland, TX 77328
8	PURPOSE	(a) 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.
	EXPENDITURE	Candidate/Officeholder/Political Committee
		Sponsorship
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
L	D-4-	
	Date	Payee name
	03/21/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.27	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Email storage
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/22/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$101.27	1601 Trapelo Rd
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LXI LINDITORE	Check if Austin, TX, officeholder living expense
	EXI ENDITORE	Email Service
		Email Service
	Complete ONLY if direct expenditure to benefit C/OI	Email Service Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Email Service Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct	Email Service Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

l	Credit Card Payment	The Instruction Guide explains how to co	ompl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
l	Sch: 5/32 Rpt: 19/46	Holt, Janis A. (Mrs.)		00085727
4	Date	5 Payee name		<u> </u>
	05/21/2024	Constant Contact		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
l	\$101.27	1601 Trapelo Rd		
		Waltham, MA 02451		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Email Subscription
				Linaii Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
ľ	expenditure to benefit C/O		agiit	Cince Hold
H	Date	Payee name		
	06/21/2024	Constant Contact		
┝	Amount (\$)	Payee address; City; State; Zip Co	ahe	
l	\$101.27	1601 Trapelo Rd	Jue	
	ΨΙΟ1.2 <i>1</i>	1001 Hapelo Na		
		Waltham, MA 02451		
┝	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(0)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficad/Nertial Experise		Check if Austin, TX, officeholder living expense
				Email Service
L				
l	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught	Office held
L				
l	Date	Payee name		
	03/29/2024	Dallas Morning News		
l	Amount (\$)	Payee address; City; State; Zip Co	ode	
l	\$1.08	Dallas		
l				
		Dallas, TX 75205		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	subscription		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l				Paper Subscription
				·
Г	Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
	expenditure to benefit C/O	1		
Г				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Con

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 6/32 Rpt: 20/46	2 FILER NAME Holt, Janis A. (Mrs.) 3 Filer ID (Ethics Commission Filers) 00085727	1
4	Date 04/29/2024	5 Payee name Dallas Morning News	
6	Amount (\$) \$32.51	7 Payee address; City; State; Zip Code Dallas Dallas, TX 75205	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Subscription	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date 06/04/2024	Payee name Dallas Morning News	
	Amount (\$) \$32.51	Payee address; City; State; Zip Code Dallas Dallas, TX 75205	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Subscription	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	Date 03/12/2024	Payee name Dayton Chamber of Commerce	
	Amount (\$) \$20.00	Payee address; City; State; Zip Code 801 South Cleveland St Dayton, TX 77535	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Meal (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Chamber meal	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comn

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/32 Rpt: 21/46	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	03/12/2024	Dayton Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$350.00	801 South Cleveland St
		Dayton, TX 77535
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Laules Might Event Sponsorship
<u>_</u>	Complete CNU V 'C "	Condidate/Officeholder name
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/29/2024	Dayton Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	801 South Cleveland St
		Dayton, TX 77535
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Lunch at Chamber
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiantare to benefit of er	
	Date	Payee name
	03/04/2024	Dollar General
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.74	9293 FM 418
		Silsbee, TX 77656
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Supplies Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		2)
_	Sch: 8/32 Rpt: 22/46	Holt, Janis A. (Mrs.)	>)
4	Date	5 Payee name	
	04/10/2024	El Taquito	
6	Amount (\$) \$62.27	7 Payee address; City; State; Zip Code 90 Patrick St Coldspring, TX 77331	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with JPs	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	02/28/2024	Expedia	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$771.36	1111 Expedia Group Way W	
		Seattle, WA 98119	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Taylor Complete Schedule T	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Hotel in Austin for TPPF	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	03/01/2024	Facebook	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$199.05	1 Hacker Way	
		Menlo Park, CA 94025	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Facebook Ads	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/32 Rpt: 23/46	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	03/05/2024	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$400.00	1 Hacker Way
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Facebook Ads
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	04/01/2024	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$213.19	1 Hacker Way
		Menlo Park, CA 94025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		facebook ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	02/26/2024	Fuentes, Esmeralda
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.00	140 Center St
		Liberty, TX 77575
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Decorations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	-

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 10/32 Rpt: 24/46	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	03/27/2024	Fuentes, Esmeralda
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	140 Center St
		Liberty, TX 77575
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Decorations
		2333.44.0.10
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	02/26/2024	Gesend
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,104.72	2100 Hollywood Blvd
		Hollywood, FL 33021
	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
		Mass Text
	Commiste ONLY if dispet	Condidate/Office helder notes Office accords
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	02/28/2024	Gesend
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,875.35	2100 Hollywood Blvd
		Hollywood, FL 33021
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Texting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	'

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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)

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 11/32 Rpt: 25/46	Holt, Janis A. (Mrs.) 00085727							
4	Date	5 Payee name							
	03/06/2024	Gesend							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,599.16	2100 Hollywood Blvd							
		Hollywood, FL 33021							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense							
	LXI ENDITORE	Check if Austin, TX, officeholder living expense							
		Texting							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
9	Complete ONLY if direct expenditure to benefit C/Ol								
_									
	Date	Payee name							
	03/22/2024	Hilton Garden Inn							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$1,014.16	301 West 17th St							
		Austin, TX 78701							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		TPPF Summit							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							
	Date	Payee name							
	02/29/2024	Holt, Timothy							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$50.00	7708 Rosewood Drive							
		Lumberton, TX 77657							
	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.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Sign Placement							
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held							
	experientare to benefit 6/01	•							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

eimbursement Solicitation/Fundraising Expense
rital Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 12/32 Rpt: 26/46	Holt, Janis A. (Mrs.) 00085727							
4	Date	5 Payee name							
	03/11/2024	Holt, Timothy							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$84.00	7708 Rosewood Drive							
		Lumberton, TX 77657							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Sign Pick up Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Sign Retrieval							
		Sign retrieval							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
ľ	expenditure to benefit C/O								
F	Date	Payee name							
	03/15/2024	Holt, Timothy							
┝	Amount (\$)	Payee address; City; State; Zip Code							
	\$36.00	7708 Rosewood Drive							
	Ψ30.00	7700 Nosewood Blive							
		Lumberton, TX 77657							
	PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Pick up Signs Check if travel outside of Texas. Complete Schedule T.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
		Sign Retreival							
┡	Commists ONII V if direct	ONLY if the standard Office helders and the standard office helders and the standard office helders and the standard office helders are standard office helders and the standard office helders are standard office helders and the standard office helders are standard office helders and the standard office helders are standard office helder							
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
┡									
	Date	Payee name							
	04/16/2024	Hull-Daisetta Mayhaw Festival							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$500.00	PO Box 576							
		Daisetta, TX 77533							
	PURPOSE	(a) 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.							
		Candidate/Officeholder/Political Committee							
		Sponsorship Donation							
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
1	expenditure to benefit C/Ol								
\vdash									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
rtising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 13/32 Rpt: 27/46	Holt, Janis A. (Mrs.)
4	Date	5 Payee name
	03/01/2024	Kady and Ivy Designs
6	Amount (\$) \$900.00	7 Payee address; City; State; Zip Code 108 Cook St Dayton, TX 77535
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense Tshirts and Koozies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2024	Kady and Ivy Designs
	Amount (\$)	Payee address; City; State; Zip Code
	\$400.00	108 Cook St
		Dayton, TX 77535
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Tshirts
		TSIIIIIS
	0 1: 0.11.7.7.1.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/26/2024	Kats Korner
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.55	130 E. Ave H
		Silsbee, TX 77656
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		Event Expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 14/32 Rpt: 28/46	Holt, Janis A. (Mrs.) 00085727								
4	Date	5 Payee name								
	03/07/2024	Kats Korner								
6	Amount (\$) \$33.67	7 Payee address; City; State; Zip Code 130 E. Ave H								
		Silsbee, TX 77656								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Food/Beverage Expense								
		Check if Austin, TX, officeholder living expense								
		Meal in District								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	04/17/2024	Kingwood Tea Party								
	Amount (\$)	Payee address; City; State; Zip Code	-							
	\$100.00	2261 Northpark Dr								
	Ψ100.00	2201 Northpark Di								
		Houston, TX 77339								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Contributions/Donations Made By								
Candidate/Officeholder/Political Committee Central Committee Candidate/Officeholder (Viving expense)										
		Sponsorship Donation								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	02/26/2024	La Costa Seafood								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$214.35	1002 S. Washington								
										
		Cleveland, TX 77327								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Food/Beverage Expense								
		Check if Austin, TX, officeholder living expense								
		Meal for Supporters								
			_							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
L		1								
l										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/32 Rpt: 29/46	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	02/26/2024	La Costa Seafood
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$787.80	1002 S. Washington
		Cleveland, TX 77327
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Food for Campaign
		Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	04/12/2024	Leadership East Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	908 East Houston St
	Ψ130.00	900 East Houston St
	!	Cleveland, TX 77327
_	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF		Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE		Candidate/Officeholder/Political Committee
	!	Sponsorship
	!	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experialiture to benefit 6/01	
	Date	Payee name
	04/02/2024	Liberty Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.59	1012 Main St
		Liberty, TX 77575
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense staff meeting
		Stall Heeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 16/32 Rpt: 30/46	Holt, Janis A. (Mrs.) 00085727							
4	Date	5 Payee name							
	03/28/2024	Liberty County Republican Party							
6	Amount (\$) \$100.00	7 Payee address; City; State; Zip Code PO Box 367							
		Liberty, TX 77575							
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donation for food for Meeting							
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	03/13/2024	Mama Jacks							
	Amount (\$) \$23.14	Payee address; City; State; Zip Code 215 S. Pine St							
		Kountze, TX 77625							
	PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting with County Judge Hardin County								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date 03/06/2024	Payee name McDonald's Restaurant							
	Amount (\$) \$9.00	Payee address; City; State; Zip Code 210 Hwy 96.							
		Dayton, TX 77535							
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meal in District							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment										
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·									
			'								
L	Sch: 17/32 Rpt: 31/46	Holt, Janis A. (Mrs.) 00085727									
4	Date	5 Payee name									
	03/04/2024	Mollineaux, Molly									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$75.00	100 Mockingbird Lane									
	,										
		Liberty, TV 77575									
		Liberty, TX 77575									
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.									
		Check if Austin, TX, officeholder living expense									
		Light up Letters for event rally									
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
L	experiorare to belieff C/OI										
	Date	Payee name									
	03/04/2024	Myers, Landon									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$72.00	7708 Rosewood Drive									
	Ψ12.00	Troo Resolved Bille									
		Lumberton, TX 77657									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.									
Check if Austin, 1X, officenoider living expense											
	Sign Distribution										
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
	experience to benefit eyer										
	Date	Payee name									
	02/28/2024	Next Day Flyers									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$975.49	10930 Santa Monica Blvd									
		Los Angeles, CA 90025									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.									
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
		Campaign Materials									
		Campaign Materials									
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held									
	Complete ONLY if direct expenditure to benefit C/OI										
_											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	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: 18/32 Rpt: 32/46	Holt, Janis A. (Mrs.) 00085727
4	Date 03/05/2024	5 Payee name Nexus Strategies
6	Amount (\$) \$3,500.00	7 Payee address; City; State; Zip Code 100 S. Magnolia Dr Cleveland, TX 77328
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Monthly Rate
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/26/2024	Nexus Strategies
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,500.00	100 S. Magnolia Dr
		Cleveland, TX 77328
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign Consultant
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date 04/02/2024	Payee name Nexus Strategies
	Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 100 S. Magnolia Dr
		Cleveland, TX 77328
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Consulting salary
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment									
1	Total pages Schedule F1:									
1										
	Sch: 19/32 Rpt: 33/46	Holt, Janis A. (Mrs.) 00085727								
4	Date	5 Payee name								
	05/09/2024	Nexus Strategies								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$900.00	100 S. Magnolia Dr								
	4000.00	200 Of Mag. 10.102								
		Observational TV 77000								
		Cleveland, TX 77328								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Consulting Expense								
		Check if Austin, TX, officeholder living expense Consultant Fee								
		Consultant Fee								
Ļ										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	experientere to benefit over	'								
	Date	Payee name								
	06/03/2024	Nexus Strategies								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$1,800.00	100 S. Magnolia Dr								
	, , ,									
		Claveland TV 77220								
		Cleveland, TX 77328								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.								
	Check if Austin, TX, officeholder living expense Consultant Fee									
		Consultant 1 cc								
_	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold								
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	06/11/2024	Nexus Strategies								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$700.00	100 S. Magnolia Dr								
		Cleveland, TX 77328								
_	PURPOSE	1								
	OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
		Fee								
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O	y								

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment										
1	Total pages Schedule F1:										
•	Sch: 20/32 Rpt: 34/46										
L	•										
4	Date	5 Payee name									
	03/04/2024	Parker Lumber									
6	Amount (\$)	7 Payee address; City; State; Zip Code									
	\$380.92	1145 S. Hwy 96									
		Silsbee, TX 77656									
Ļ											
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
		Metal Stakes for signs									
		Wetar Startes for Signs									
<u>_</u>	Complete CNUV'', "	Condidate/Officeholder nome									
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held H									
L											
	Date	Payee name									
	03/11/2024	Photologo									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$49.99	33 Wyndham St									
		19th Floor									
		Hong Kong Hong Kong									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.									
Check if Austin, 1X, officenoider living expense											
	Cards Signature										
	0 1: 01 1/4 1										
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held									
L											
	Date	Payee name									
	02/26/2024	Post Mart									
	Amount (\$)	Payee address; City; State; Zip Code									
	\$2,489.75	335 Hwy 327 W									
	. ,										
		Silsho TV 77656									
		Silsbe, TX 77656									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description									
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense									
		Campaign Signs									
		Campaign Signs									
_	0 1. 0										
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held									
	Superiorde to belieff 6/01	··									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 21/32 Rpt: 35/46	Holt, Janis A. (Mrs.) 00085727							
4	Date	5 Payee name							
	02/28/2024	Post Mart							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,489.75	335 Hwy 327 W							
		Silsbe, TX 77656							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
		Campaign Signs							
		Campaigh Signs							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
١	expenditure to benefit C/O								
-	Date	Dougo nomo							
	03/20/2024	Payee name Post Mart							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$70.36	335 Hwy 327 W							
		Silsbe, TX 77656							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
Check if Austin, TX, officeholder living expense New Cards									
	ivew Calus								
Complete ONLY if direct Candidate/Officeholder name Office sought Office held									
	expenditure to benefit C/O	y							
	Data								
	Date	Payee name							
	04/23/2024	Post Mart							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$70.36	335 Hwy 327 W							
		Silsbe, TX 77656							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense cards							
		Cardo							
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee I	Gift/Awards/Memo Legal Services The Instructio		Printing Salaries lains how to c	/Wages	s/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commis	ssion Filers)
	Sch: 22/32 Rpt: 36/46	ı	Holt, Janis A	(Mrs.)					ľ	00085727	•	-,
Ļ	•	╙							<u> </u>	3000121		
4	Date		Payee name	_								
L	03/05/2024	L	Pueblo Tex I	Mex								
6	Amount (\$)	7	Payee addres	s; City;	5	State; Zip C	ode					
	\$190.14		906 Main St									
			Liberty, TX 7	7575								
_	DUDD005	⊢	-				100					
8	PURPOSE OF		Category (See			his schedule)	(a)	Description	otoi	de of Toyon Com	anlata Cabadula T	
	EXPENDITURE		Food/Bevera	ige Expens	е			=		officeholder livin	nplete Schedule T.	
								Team Meal	, 17	, omeendaer niving	g expense	
								· Jan moal				
_	Complete ONLY if direct		Candidata/O#:-	obolder no	^	Office	uabt.			Office	old	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enoluer nam	E	Office so	ugnt			Office h	eiu	
L												
	Date		Payee name									
	03/19/2024		Pueblo Tex I	Mex								
	Amount (\$)		Payee addres	s; City;	5	State; Zip C	ode					
	\$1,306.39		906 Main St									
	·											
			Liborty TV 7	7575								
		├	Liberty, TX 7									
	PURPOSE OF	(a)	Category (See	e Categories liste	d at the top of th	his schedule)	(b)	Description				
	EXPENDITURE		Event Exper	ise				=			nplete Schedule T.	
	Check if Austin, TX, officeholder living expense Food for Rally											
								Food for Rail	у			
	0 1: 0 1 1 1 1 1	<u> </u>				0.00	<u> </u>			0,5		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder nam	е	Office so	ught			Office h	eid	
L		_										
	Date		Payee name									
	05/08/2024		Republican I	Party of Tex	as							
	Amount (\$)		Payee addres	s; City;	5	State; Zip C	ode					
	\$79.00		211 E. 7th S	t								
			#915									
		l		0701								
			Austin, TX 7	0101			1					
	PURPOSE OF		•	e Categories liste	d at the top of th	his schedule)	(b)	Description		d4.T C		
	EXPENDITURE		Fees								nplete Schedule T.	
								Convention F		officeholder living	у ехрепѕе	
								CONVENIUM	CC			
	Operation ONE VIII II	<u> </u>	Name all all at 1000	-11-1-		04"				O''' :	-1-1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	enolder nam	е	Office so	ught			Office h	eid	
	onponditure to beliefit 6/01	•										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/32 Rpt: 37/46	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	06/28/2024	Ruth's Chris
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$170.00	107 W, 6th
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Consulting meal
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/04/2024	Silsbee Bee
H	Amount (\$)	Payee address; City; State; Zip Code
	\$538.80	404 US 96 S
		Silsbee, TX 77656
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newspaper Ad
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	03/06/2024	Silsbee Bee
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,017.60	404 US 96 S
		Silsbee, TX 77656
T	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Newspaper Ad
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
\vdash		
ı		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing 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: 24/32 Rpt: 38/46	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
-	04/10/2024	Silsbee Chamber of Commerce
	04/10/2024	Suspee Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	545 N 5th St
		Silsbee, TX 77656
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		Event Sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	04/15/2024	Silsbee Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.20	545 N 5th St
		Silsbee, TX 77656
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	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
		Meeting expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	02/27/2024	Smart, Allie
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	301 Smart Dr.
		Liberty, TX 77575
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Event Set up
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.					OTHER (enter a category not listed above)		
_	T-t-1 O-bd-1- E1.	_						_	Eilen ID	(Ethias Campaianian Filam	->
1	Total pages Schedule F1:	2						3	Filer ID	(Ethics Commission Filer	S)
	Sch: 25/32 Rpt: 39/46		Holt, Janis A	A. (Mrs.)					00085727		
4	Date	5	Payee name								
	03/13/2024		Smart, Allie								
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip (aho^					
ľ	` '	ľ	301 Smart D		State, Zip C	Joue					
	\$1,100.00		301 Siliait L	л.							
			Liberty, TX	77575							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	e ton of this schedule)	(b)) Description				
	OF	` `		ges/Contract La		` '	_ `	outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		00	.900,001			Check if Austin	, TX	, officeholder living	g expense	
							Scheduler				
9	Complete ONLY if direct			ceholder name	Office so	nuaht	 †		Office h	eld	
ľ	expenditure to benefit C/OI		Janaraato, o m	oriolaer name	011100 00	Jugin	•		01110011	ord .	
<u> </u>		_									
	Date		Payee name								
	03/18/2024		Smart, Allie								
	Amount (\$)		Payee addres	ss; City;	State; Zip (Code					
	\$100.00		301 Smart D	Dr.							
			Liborty TV	77575							
		L	Liberty, TX	(1515							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)) Description				
	OF EXPENDITURE		Reimbursen	nent for Donation	า		<u> </u>			nplete Schedule T.	
							ш	Check if Austin, TX, officeholder living expense Coastal Conservation Association			
							Coastal Cons	serv	vation Assoc	ciation	
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ought	t		Office h	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	04/02/2024		Smart, Allie								
		H		City	State: 7in (- Codo					
	Amount (\$)		Payee address		State; Zip (Joue					
	\$1,500.00		301 Smart D	or.							
			Liberty, TX	77575							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e ton of this schedule)	(b)) Description				
	OF	 `´		ges/Contract La		`		outsi	ide of Texas. Con	nplete Schedule T.	
	EXPENDITURE		- Collect 100, 110	.900,001			Check if Austin	, TX	, officeholder livin	g expense	
							Scheduler				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office so	ought	t		Office h	eld	
	expenditure to benefit C/OI				, S.	J					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/32 Rpt: 40/46	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	04/30/2024	Smart, Allie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	301 Smart Dr.
		Liberty, TX 77575
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor
		scheduler
		Sollodaio!
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Dete	<u> </u>
	Date	Payee name
	06/11/2024	Smart, Allie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	301 Smart Dr.
		Liberty, TX 77575
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense Scheduler
		Scriedulei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	y
_		
	Date	Payee name
	06/27/2024	Stellar Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.00	645 North 5th St
		Silsbee, TX 77656
	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.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Wiring Fee
_	Operation ONE V. C. P.	Ora didata (Office hadden grown
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political C Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (pertor a category pat listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)		
	Credit Gard F dyment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
	Sch: 27/32 Rpt: 41/46	Holt, Janis A. (Mrs.)	00085727		
4	Date	5 Payee name			
	04/08/2024	TFRW PAC			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$104.17	13740 Hwy. 183			
		J4			
		Austin, TX 78750			
8	PURPOSE				
0	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	outside of Texas. Complete Schedule T.		
	EXPENDITURE	Contributions/Donations Made By	TX, officeholder living expense		
		TFRW Board	Meeting		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
	Date	Payee name			
	04/08/2024	TFRW PAC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$253.75	13740 Hwy. 183			
		J4			
		Austin, TX 78750			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		outside of Texas. Complete Schedule T.		
	EXPENDITURE	Candidate/Officeholder/Political Committee	TX, officeholder living expense		
		Donation for F	Patron Program		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit eroi	'			
	Date	Payee name			
	04/02/2024	Tarkington M Club			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	Hwy 163			
		Cleveland, TX 77328			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Continuations/Donations Made By	outside of Texas. Complete Schedule T.		
	EXI ENDITORE		TX, officeholder living expense		
		Sponsorship			
	Commission ONE V. C. P.	Condidate/Officeholder por -	Office hald		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 28/32 Rpt: 42/46	Holt, Janis A. (Mrs.) 000857	27
4	Date	Payee name	
	05/13/2024	Texans for Greg Abbott	
6	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	PO Box 308	
		Austin, TX 78767	
8	PURPOSE	(b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	·
	-	Candidate/Officeholder/Political Committee Campaign Donation	living expense
		Campaign Donation	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	ce held
ľ	expenditure to benefit C/OI	Sandidate/Sinceriolate Harrie Since Sought Since	oc nota
	Date	Payee name	
	02/26/2024	Texas Alliance for Life	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	8000 Centre Park Dr.	
		Ste 380	
		Austin, TX 78754	
	PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	·
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder Donation	living expense
		Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	ce held
	expenditure to benefit C/O	•	
	Date	Payee name	
	03/25/2024	Texas Alliance for Life	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.00	8000 Centre Park Dr.	
		Ste 380	
		Austin, TX 78754	
	PURPOSE	(b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	· ·
	_/	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder Donation	living expense
		Donation	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office	ce held
	expenditure to benefit C/OI		
For	rms provided by Tayas F	ce Commission www athics state ty us	Version V4.1.0 d278aba0

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Cabadula F1:		2 Filer ID (Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 29/32 Rpt: 43/46	Holt, Janis A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00085727
4	Date	5 Payee name	
	04/24/2024	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	,	outside of Texas. Complete Schedule T.
	EXPENDITORE	Carrandate/ Ciricornolaci/i Ciricoar Committee	TX, officeholder living expense
		subscription	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/24/2024	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	outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee	TX, officeholder living expense
		World by Borid	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/14/2024	Texas Policy Foundation	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$395.00	901 Congress	
	4000.00	002 00.1g. 000	
		Austin, TX 78701	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Training	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Policy Training	
		Toney Hamily	y
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

l	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 30/32 Rpt: 44/46	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	02/28/2024	Twin County Baseball & Softball
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	1200 Mitchell Rd
		Sour Lake, TX 77659
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Entry Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	06/14/2024	USPS
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$72.00	111 W. Ave. P
		Silsbee, TX 77656
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense PO Box Rental
		TO BOX Neman
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	02/27/2024	VistaPrint
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$1,033.77	275 Wyman St
		Waltham, MA 02451
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAFLINDITORL	Check if Austin, TX, officeholder living expense Stickers for Pushcards
		Suckers for Pushcards
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 31/32 Rpt: 45/46	Holt, Janis A. (Mrs.) 00085727
4 Date	5 Payee name
05/10/2024	Walgreen's
6 Amount (\$) \$8.61	7 Payee address; City; State; Zip Code 101 S. Washington St. Cleveland, TX 77327
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/26/2024	Whataburger
Amount (\$) \$17.31	Payee address; City; State; Zip Code 806 Hwy 59 N
	Cleveland, TX 77327
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Staff meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
Date 03/04/2024	Payee name Whataburger
Amount (\$) \$22.06	Payee address; City; State; Zip Code 806 Hwy 59 N
	Cleveland, TX 77327
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Team Meeting
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		/ - al Coi	Gift mmittee Leg	od/Beverage Expense t/Awards/Memorials Expense gal Services	 	Polling Exper Printing Expe Salaries/Wag	ense ges/Contract Labor		Travel in District Travel Out of Dis	
	orean out a tyment		Th	ne Instruction Guide expla	ains ho	ow to comp	plete this form.			
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 32/32 Rpt: 46/46		Holt, Janis A.	(Mrs.)					00085727	
4	Date	5	Payee name					_		
l	03/04/2024		Wright, Dwayr	ne						
<u>_</u>	Amount (\$)	7	Payee address;		State:	Zip Code				
ľ	\$1,000.00	ľ	100 S. Magno	•	naic,	Zip Couc	•			
l	Ψ1,000.00		100 S. Magrio	iia Di						
l										
			Cleveland, TX	77328						
8	PURPOSE	(a)	Category (See C	Categories listed at the top of th	nis sched	lule) (b) Description			
	OF EXPENDITURE		Event Expense				<u> </u>		ide of Texas. Com	
	LXI LINDITORL								, officeholder living	expense
							AV Work for	ΕV	ents	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officel	holder name	Off	fice sough	nt		Office he	eld
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