#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 16 00085727 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mrs. Janis A. NAME Date Received **ELECTRONICALLY FILED** 10/28/2024 NICKNAME LAST **SUFFIX** Holt CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 1311 MAILING Amount Receipt # **ADDRESS** Change of Address Silsbee, TX 77656 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Kent NAME NICKNAME LAST **SUFFIX** Batman STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 4246 Clearlake Rd. **ADDRESS** (Residence or Business) Kountze, TX 77625

**EXTENSION** 

**THROUGH** 

Primary

X General

Runoff

Exceeded modified reporting limit

Month

**ELECTION TYPE** 

Runoff

Special

Day

10/26/2024

12 OFFICE SOUGHT (if known)

State Representative District 18

Year

Other

30th day before election

8th day before election

**CAMPAIGN** 

**PHONE** 

REPORT TYPE

**PERIOD** 

10 ELECTION

11 OFFICE

**COVERED** 

**TREASURER** 

AREA CODE

(409) 782-5918

January 15

Day

Day

11/05/2024

OFFICE HELD (if any)

**ELECTION DATE** 

09/27/2024

Year

Year

July 15

Month

Month

PHONE NUMBER

15th day after campaign treasurer appointment (officeholder only)
Final Report (Attach C/OH-FR)

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 16

13 C / OH NAME	Holt, Janis A. (Mrs.)		<b>14</b> Filer ID (00085727	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	<b>\$</b> 13,071.15
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 12,368.58
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 13,827.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 84,825.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mr	s. Janis A. Holt	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
		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

			3 of 16
	s A. (Mrs.)	<b>19</b> Filer ID 00085727	(Ethics Commission Filers)
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		<b>\$</b> 13,071.15
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	<b>\$</b> 12,368.58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$

	MONET	ARY POLITICAL CO		SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 1/4 Rpt: 4/16	
2	FILER NAME Holt, Janis A	. (Mrs.)			3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 09/27/2024  5 Full name of contributor out-of-state PAC (ID#:) Andrews, Stephanie  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
8	Principal occu	Porter, TX 77365 pation / Job title (See Instructions)	9	Employer (See Instructions	)		
	Math Profess			Lone Star College	,		
	Date Full name of contributor out-of-state PAC (ID#:)  O9/27/2024 Chrisco, Roger and Christina  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00		
		Dayton, TX 77535					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Self	)		
Date Full name of contributor out-of-state PAC (ID#:_ 10/04/2024 Cleveland, Sue Contributor address; City; State; Zip Code			)		Amount of Contribution (\$)	\$521.15	
		Kountze, TX 77625					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
Date Full name of contributor out-of-state PAC (ID#:)  09/27/2024 Coats, Teresa  Contributor address; City; State; Zip Code  Cleveland, TX 77327				Amount of Contribution (\$)	\$100.00		
Principal occupation / Job title (See Instructions)  Business Owner  Employer  Self			Employer (See Instructions Self	)			
Date Full name of contributor out-of-state PAC (ID#:)  10/08/2024 ENPAC Texas  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		

	MONET	ARY POLITICAL CO		SCHEDUI	DULE A1		
	The Instru	ction Guide explains how t	n.	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/16		
2	FILER NAME Holt, Janis A	(Mrs.)			3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date  5 Full name of contributor out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,200.00		
_	Deignaignal	Austin, TX 78735	lo.	Francis or (Co. Jackwestiero	<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
Date Full name of contributor out-of-state PAC (ID#:)  09/27/2024 Hoy, Sherisa  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00			
	Dayton, TX 77535  Principal occupation / Job title (See Instructions)  Employer (See Instructions			<u> </u> ;)			
	Business Ov	vner		Self			
Date  O9/27/2024  Full name of contributor out-of-state PAC (ID#:  Merendino, Jared and Michelle  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$200.00		
		Liberty, TX 77575					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Law Office of Michelle N		endino	
	Date Full name of contributor out-of-state PAC (ID#:)  10/04/2024 Moak Casey PAC  Contributor address; City; State; Zip Code  Austin, TX 78701			Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
Date Full name of contributor out-of-state PAC (ID#:)  10/01/2024 Republican Women of Trinity County  Contributor address; City; State; Zip Code  Trinity, TX 75862			Amount of Contribution (\$)	\$100.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			L				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUI	DULE A1	
	The Instru	ction Guide explains how to comple	m.	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/16			
2	FILER NAME Holt, Janis A	. (Mrs.)			3	Filer ID (Ethics Commission 00085727	on Filers)	
4	Date  5 Full name of contributor out-of-state PAC (ID#:)  7 TREPAC-Texas REALTORS PAC  6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00			
_	5	Austin, TX 78768	la la	5 1 (0 1 1 1				
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	;)			
	Date Full name of contributor out-of-state PAC (ID#:)  10/08/2024 Texans for Lawsuit Reform PAC  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$5,000.00			
	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>			
	Date 10/01/2024	Full name of contributor	PAC (ID#:			Amount of Contribution (\$)	\$500.00	
		Austin, TX 78701						
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
	Date Full name of contributor out-of-state PAC (ID#:)  09/27/2024 VanDeventer, Venola  Contributor address; City; State; Zip Code  Liberty, TX 77575			Amount of Contribution (\$)	\$50.00			
	Principal occupation / Job title (See Instructions)  Retired  Employer (See Instructions)				5)			
	Date  Full name of contributor out-of-state PAC (ID#:)  Weekley, Richard  Contributor address; City; State; Zip Code  Houston, TX 77027			Amount of Contribution (\$)	\$1,500.00			
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			•					

	MONET	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/16	
2	FILER NAME			3 Filer ID (Ethics Commission Filers) 00085727
4	Holt, Janis A. (Mrs.)  1 Date		7 Amount of Contribution (\$) \$100.00	
8	Principal occu	Dayton, TX 77535 spation / Job title (See Instructions)	Employer (See Instructions     Self	<b>(</b> )

### 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

	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: 1/9 Rpt: 8/16	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	09/27/2024	Amazon Shopping
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.47	440 Terry Ave.
		North Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Cards Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Thank you cards
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/10/2024	Amazon Shopping
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.89	440 Terry Ave.
		North Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Microwave for Office
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Pouso namo
	10/18/2024	Payee name Amazon Shopping
	Amount (\$)	Payee address; City; State; Zip Code
	\$91.08	440 Terry Ave.
	Ψ31.00	440 Tony / We.
		North Seattle, WA 98109
	PURPOSE	In.
	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	Check if Austin, TX, officeholder living expense
		Rolling Desk
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	oxperialitate to beliefit G/OI	<u> </u>

#### 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) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/9 Rpt: 9/16 Holt, Janis A. (Mrs.) 00085727 4 Date Payee name 09/27/2024 Carolyn Harris Campaign 6 Amount (\$) Payee address; City; State; Zip Code \$104.10 PO Box 700 Round Rock, TX 78760 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Campaign Donations Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/23/2024 Cracker Barrell Amount (\$) Payee address; City; State; Zip Code \$16.54 24400 Eastex Freeway Kingwood, TX 77339 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Travel Out of District **EXPENDITURE** Theck if Austin, TX, officeholder living expense Meal Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/30/2024 **Dallas Morning News** Amount (\$) Payee address: City: State; Zip Code \$32.51 Dallas Dallas, TX 75205 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Newpaper **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 comp	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 3/9 Rpt: 10/16	Holt, Janis A. (Mrs.)		00085727
4	Date	5 Payee name		•
	10/15/2024	Don for Texas		
6	Amount (\$)	7 Payee address; City; State; Zip Code	Э	
	\$100.00	PO Box 1707		
		Uvalde, TX 78802		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	o)	Description
	OF EXPENDITURE	Contributions/Donations Made By	[	Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee	L	Check if Austin, TX, officeholder living expense  Campaign Donation
			•	Campaign Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI			Office field
	Date	Davisa nama		
	09/27/2024	Payee name Donut Palace		
	Amount (\$) \$3.57	Payee address; City; State; Zip Code 857 N. 5th St	3	
	φ3.37	657 N. 5til St		
		Cilebra TV 770FC		
		Silsbee, TX 77656	_	
	PURPOSE OF	,	] (c ]	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	ļ	Check if Austin, TX, officeholder living expense
			Ī	Meal in District
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI	1		
	Date	Payee name		
	10/25/2024	GoDaddy		
	Amount (\$)	Payee address; City; State; Zip Code	9	
	\$102.21	2155 E GoDaddy Way		
		Tempe, AZ 85280		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b	o)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	[	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Email service
				and solvice
	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt	Office held
	expenditure to benefit C/OI		•	eee nou

### 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)

Credit Card Payment		The Instruction Guide expla	ains how to com	olete this form.		
1 Total pages Sche	dule F1:	2 FILER NAME		;	3 Filer ID	(Ethics Commission Filers)
Sch: 4/9 Rpt:	11/16	Holt, Janis A. (Mrs.)			00085727	
4 Date		5 Payee name		<u>'</u>		
10/08/2024		Holt, Janis				
6 Amount (\$)		7 Payee address; City; S	tate; Zip Code	9		
\$	475.00	105 Magnolia Trl				
		Silsbee, TX 77656				
8 PURPOSE		(a) Category (See Categories listed at the top of the	is schodulo) (I	D) Description		
OF		Travel In District	is scriedule)		utside of Texas. Com	plete Schedule T.
EXPENDITURE				ш	TX, officeholder living	expense
				Mileage		
9 Complete ONLY is expenditure to be		Candidate/Officeholder name	Office sough	IT	Office he	eia
Date		Payee name				
10/15/2024		Holt, Janis				
Amount (\$)		•	tate; Zip Code	9		
:	\$60.00	105 Magnolia Trl				
		Silsbee, TX 77656				
PURPOSE		(a) Category (See Categories listed at the top of thi	is schedule) (I	Description		
OF EXPENDITURE		Contributions/Donations Made By		ш	utside of Texas. Com	
		Candidate/Officeholder/Political Co	mmittee	ш	TX, officeholder living nt for Candy fo	or Trunk or Treat
				rtombarcomo	in for Garay is	or reality of trock
Complete ONLY is	f direct	Candidate/Officeholder name	Office sough	nt	Office he	eld
expenditure to be	nefit C/OH	l	· ·			
 Date	T	Payee name				
10/23/2024		Holt, Janis				
Amount (\$)			tate; Zip Code	<i>j</i>		
	500.00	105 Magnolia Trl	iato, Lip Cou	•		
+ - ,						
		Silsbee, TX 77656				
PURPOSE	+		10	N Description		
OF		(a) Category (See Categories listed at the top of the Loan Repayment/Reimbursement	is schedule)	<ul><li>Description</li><li>Check if travel or</li></ul>	utside of Texas. Com	plete Schedule T.
EXPENDITURE		Loan Repayment Rembarsement		Check if Austin,	TX, officeholder living	expense
				Partial Loan R	epayment	
Complete <u>ONLY</u> in expenditure to be		Candidate/Officeholder name	Office sough	nt	Office he	eld
CAPETIGITUTE TO DEL	HOIR C/OF	•				

### 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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
⊢		
1	Total pages Schedule F1: Sch: 5/9 Rpt: 12/16	2 FILER NAME  Holt, Janis A. (Mrs.)  3 Filer ID (Ethics Commission Filers) 00085727
4	Date	5 Payee name
	10/15/2024	Marc LaHood Campaign
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	4014 McCullough Ave
		Can Antonia TV 70212
L		San Antonio, TX 78212
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
		Campaign Donation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	n
Г	Date	Payee name
	10/24/2024	Market 535
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	111 N. Church St
	φ250.00	TIT N. Chardi St
		Dayton, TX 77535
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign Advertising
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H .
F	Date	Payee name
	10/22/2024	Nancy Hart Republican Women
H	Amount (\$)	Payee address; City; State; Zip Code
	\$25.00	PO Box 597
	\$25.00	PO BOX 597
		Cleveland, TX 77328
	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
		Donation/Assoc. Membership
L		
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	H
Г		
l		

### SCHEDULE F1

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/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: 6/9 Rpt: 13/16	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	10/01/2024	Nexus Strategies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3,500.00	100 S. Magnolia Dr
		Cleveland, TX 77328
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Consultant Fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/17/2024	Nice Guy Ricky's Grill
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.23	192 S. LHS Dr.
		Lumberton, TX 77657
	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  Meal at HCRW
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/24/2024	Silsbee Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$82.40	545 N 5th St
		Silsbee, TX 77656
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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/Political Committee

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

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	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: 7/9 Rpt: 14/16	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	10/01/2024	Smart, Allie
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 301 Smart Dr.
	\$500.00	301 Siliait Di.
		Liberty, TX 77575
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Scheduler
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/08/2024	The Crossing Coffee Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.01	125 N. San Jacinto Ave
	72.02	
		Cleveland, TX 77327
	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
		Meal with constituents.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/11/2024	Trinity Valley Exposition
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	321 Wallisville Rd
	φ100.00	321 Wallisville Nu
		Liberty, TX 77575
	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
		I VE NOGEO
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	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/Political Committee

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

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

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

	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: 8/9 Rpt: 15/16	Holt, Janis A. (Mrs.)  O0085727								
4	Date	5 Payee name								
	10/23/2024	Walgreen's								
6	Amount (\$) \$77.78	7 Payee address; City; State; Zip Code 496 Hwy 96 S								
	Ψ11.10	430 Tilly 30 3								
		Silsbee, TX 77656								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Contributions/Donations Made By								
		Candidate/Officeholder/Political Committee								
		Candy for Trunk or Treat								
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	09/27/2024	Walmart.com								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$40.64	2121 St. Hwy146								
		Liberty, TX 77575								
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  Ink								
		ШК								
_	Complete ONLY if direct	Candidate/Officeholder some								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	Date	Payee name								
	10/18/2024	Whataburger								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$8.39	1921 Hwy 90								
		Liberty, TX 77575								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Food/Beverage Expense								
		Check if Austin, TX, officeholder living expense  Meal in District								
		Medi III District								
_	0 1: 0:::::::::::::::::::::::::::::::::									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held								
	- p									

### 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	al Committee Legal Services			Polling Expense Printing Expense Salaries/Wages/Contract Labor			Travel in District Travel Out of District OTHER (enter a category not listed above)					
The Instruction Guide explains how to complete this form.													
1	Total pages Schedule F1: Sch: 9/9 Rpt: 16/16	ı	FILER NAME Holt, Janis					3	Filer ID 00085727	(Ethics Commission Fi	lers)		
4	Date	5	Payee name										
•	10/25/2024		Whataburg										
6	Amount (\$) \$10.76		Payee addre 806 US 59 Clevland, T	N	State;	Zip Code							
8	PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel out  Check if Austin, To										
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offi	iceholder name	C	Office sought			Office h	eld			