CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to con	nplete this form.	1 Filer ID (Ethics Comm 00085727	,	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	Mrs.	Janis A.			Date Received ELECTRONICA	
	NICKNAME	LAST		SUFFIX	01/05/2025	
		Holt				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; A	PT / SUITE #; CIT	ΓΥ;	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 I	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER ADDRESS	4246 Clearlake Rd.					
(Residence or Business)	Kountze, TX 77625					
7 CAMPAIGN TREASURER PHONE	AREA CODE PH (409) 782-5918	IONE NUMBER I	EXTENSION			
8 REPORT TYPE	X January 15	30th day before	e election	Runoff	15th day after cam appointment (office	
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD COVERED	Month Day Yea			Month Day	Year	
COVERLD	10/27/2024		HROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE	l <u>—</u>	= ·	ELECTION TYPE		
	Month Day Yea 11/05/2024	¹¹ L	Primary	Runoff	Other	
	11/03/2024		General	Special		
11 OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
				State Representa	ative District HD 1	18
	1			_		
		GO -	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Holt, Janis A. (Mrs.)			14 Filer ID 00085727	(Ethics Comr	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	s accepted or political expenditus of may have been made without equired to report this information	the candidate's or offic	eholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	ΛE			
_	GENERAL					
	_	COMMITTEE ADD	DRESS			
	SPECIFIC					
		COMMITTEE CAN	MPAIGN TREASURER NAME			
		COMMITTEE CAN	IPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THA CONTRIBUTIONS MADE ELE		\$	0.00
		CAL CONTRIBUTIO PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS	5)	\$	18,386.14
EXPENDITURE TOTALS	3. TOTAL UNITEM	IIZED POLITICAL E	XPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURE	ES .		\$	14,987.77
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE L	AST DAY OF THE	\$	17,016.53
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR		LL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	84,825.00
17 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 Officeho	older	
AFFIX NO	TARY STAMP / SEAL ABO	OVE				
Sworn to and subs	cribed before me, by the s	said		, this the		_ day
of	, 20, to ce	ertify which, witness	my hand and seal of office.			
Cignoting of eff	oor odminista-i	Drinted	of officer administration	Tible of office	or administrato	ag ooth
Signature of Office	cer administering	Printed name	of officer administering	Tille of office	er administerir	iy oalii

SUBTOTALS - C/OH

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

					3 of 24
	ER NAM	ME S A. (Mrs.)	19 Filer ID 00085727	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	17,386.14
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	1,000.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	14,987.77
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/6 Rpt: 4/24	
2	FILER NAME Holt, Janis A			3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 12/06/2024	Alabama-Coushatta Tribe 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$1,000.00
		Livingston, TX 77351				
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))			
	Date 12/11/2024	Full name of contributor out-of-state PAC (ID#:) Allen Boone Humphries Robinson LLP Contributor address; City; State; Zip Code Houston, TX 77027			Amount of Contribution (\$)	\$1,000.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date 11/06/2024	Full name of contributor			Amount of Contribution (\$)	\$500.00
	Dringing occu	San Ramon, CA 94583	Employer (See Instructions			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/12/2024	Full name of contributor out-of-state PAC (ID#:_ Coats Rose PC PAC Contributor address; City; State; Zip Code Houston, TX 77048)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Conner, Paul Contributor address; City; State; Zip Code Houston, TX 77063			Amount of Contribution (\$)	\$1,000.00
		pation / Job title (See Instructions) Development	Employer (See Instructions Liberty Development Pa		ers	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1		
	The Instru	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 2/6 Rpt: 5/24		
2	FILER NAME Holt, Janis A	(Mrs.)			3	Filer ID (Ethics Commission 00085727	on Filers)	
4	Date 11/04/2024	4/2024 Elder, Darla 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$100.00	
0	Dringing! goog	Dayton, TX 77535	In .	Employer (See Instructions	·/			
0		incipal occupation / Job title (See Instructions) 9 Employer (See Instructions Merendino Law			•)			
	Date 12/14/2024				Amount of Contribution (\$)	\$20.00		
	Dayton, TX 77535			<u></u>				
	Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions Retired	5)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 Goering, Marcus Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,041.98			
		Houston, TX 77339	i	= 1 (0 1 1 1	<u> </u>			
	Manager	pation / Job title (See Instructions)		Employer (See Instructions Liberty Development Pa		ers		
Date Full name of contributor out-of-state PAC (ID#:) 12/12/2024 Hardin County Republican Women PAC Contributor address; City; State; Zip Code Kountze, TX 77625				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#:) 12/02/2024 Holland and Knight Texas PAC Contributor address; City; State; Zip Code Dallas, TX 75201			Amount of Contribution (\$)	\$500.00			
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)			
			L_					

	MONET	ARY POLITICAL CONTRIBUTIO		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 3/6 Rpt: 6/24	
2	FILER NAME Holt, Janis A	. (Mrs.)		3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 11/04/2024	 Full name of contributor)	7	Amount of Contribution (\$)	\$500.00
Ω	Dringinal occu	Houston, TX 77064 pation / Job title (See Instructions)	9 Employer (See Instructions	·,		
0	Fillicipal occu	pation / Job title (See Instructions)	e Employer (See instructions)		
	Date 12/10/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions			<u> </u> ;)		
	Date 11/14/2024				Amount of Contribution (\$)	\$500.00
		Houston, TX 77219				
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 12/09/2024 Lee, Jennifer Contributor address; City; State; Zip Code Houston, TX 77057			Amount of Contribution (\$)	\$1,041.98	
	Principal occu Staff	pation / Job title (See Instructions)	Employer (See Instructions Houston San Jacinto Ra		h LLC	
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2024 Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code Austin, TX 78760				Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
		I				

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instru	ction Guide explains hov	v to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 4/6 Rpt: 7/24		
2	FILER NAME Holt, Janis A	(Mrs.)				3	Filer ID (Ethics Commission 00085727	on Filers)	
4	Date 12/14/2024	5 Full name of contributor McCracken, Michael6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$25.00	
_	<u> </u>	Diboll, TX 75941		_	5 1 (0 1 1 1	Ĺ			
8	Consultant	pation / Job title (See Instruction:	5)	9	Employer (See Instructions Self	S) 			
	Date 12/14/2024	Full name of contributor out-of-state PAC (ID#:) Ponce, Kathy Contributor address; City; State; Zip Code			•	Amount of Contribution (\$)	\$26.35		
	Maypearl, TX 76064 Principal occupation / Job title (See Instructions) Employer (See Instruction			 s)					
	Kitchen Manager				City of Midlothian	,			
	Date 12/14/2024)	•	Amount of Contribution (\$)	\$104.48		
	Dringing agg	Newton, TX 75966	-N		Employer (Coo Instruction	<u></u>			
	Retired	pation / Job title (See Instructions	o)		Employer (See Instructions	>)			
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$26.35				
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions	5)			
	Date 10/28/2024				Amount of Contribution (\$)	\$1,000.00			
	Principal occu	pation / Job title (See Instructions	\$)		Employer (See Instructions	5)			

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1		
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 5/6 Rpt: 8/24	
2	FILER NAME Holt, Janis A			3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 12/11/2024	6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$500.00
_		Austin, TX 78741				
8	Principal occupation / Job title (See Instructions) 9 Employer (See Instructions))			
	Date 12/02/2024	Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$1,000.00
	Austin, TX 78701 Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	Date Full name of contributor out-of-state PAC (ID#:) 11/19/2024 Texas Dental Association PAC Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
	· ····o.pa. oooa	panon, cos uno (cos menusuone)		,		
	Date 12/13/2024	Full name of contributor out-of-state PAC (ID#:_ Texas Optometric PAC Contributor address; City; State; Zip Code Austin, TX 78705)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 11/08/2024	Full name of contributor out-of-state PAC (ID#:_ Texas State University System PAC Contributor address; City; State; Zip Code Austin, TX 78701)		Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instru	ction Guide explains how to		ges Schedule A1: 6 Rpt: 9/24			
2	FILER NAME Holt, Janis A				3 Filer ID 000857	(Ethics Commission 727	on Filers)
4	Date 11/06/2024	5 Full name of contributor Valero PAC 6 Contributor address; City; State	out-of-state PAC (ID#:)	7 Amount	of Contribution (\$)	\$500.00
		San Antonio, TX 78269					
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions	5)		
	Date 12/10/2024	Full name of contributor Wine and Spirits Wholesaler Contributor address; City; State)	Amount	of Contribution (\$)	\$2,000.00
		Austin, TX 78701 upation / Job title (See Instructions)					
	- Intelpar occu	pation, cos tito (cos monactions)		Employer (See Instructions	·)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/24 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Holt, Janis A. (Mrs.) 00085727 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution **6** Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description 12/12/2024 Picard, Monty \$1,000.00 i Gift card 7 Contributor address; City; State; Zip Code Sour Lake, TX 77659 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) (See instructions) 11 Employer (FOR NON-JUDICIAL) **Gulf Coast Electric** Owner 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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		Travel Out of District OTHER (enter a category not listed above)
┰	Total pages Schedule F1:	<u> </u>	3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 11/24	Holt, Janis A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00085727
4	Date	5 Payee name	
ľ	11/25/2024	Amazon Shopping	
L			
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$31.17	440 Terry Ave.	
		North Seattle, WA 98109	
8	PURPOSE	<u> </u>	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel of	outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	TX, officeholder living expense
		Plasticware	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
"	expenditure to benefit C/O		Office field
L			
	Date	Payee name	
	12/05/2024	Amazon Shopping	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$300.37	440 Terry Ave.	
		•	
		North Coattle MA 00100	
L		North Seattle, WA 98109	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	''3	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Two TVs for C	
		100 1 03 101 0	Since
⊢	Operation ONE V if alice of	On did to 10 ff and believe and	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	11/23/2024	Amazon Shopping	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.33	440 Terry Ave.	
	400.00		
		North Occurt MA 00400	
		North Seattle, WA 98109	
1	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
			TX, officeholder living expense
		Liberty Office	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
L	expenditure to benefit C/Ol	1	
1			

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 Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 2/14 Rpt: 12/24	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	11/26/2024	Amazon Shopping
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$191.59	440 Terry Ave.
		North Seattle, WA 98109
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Desk Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Liberty Office
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	-
	Date	Payee name
	12/26/2024	Amazon Shopping
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.13	440 Terry Ave.
		North Seattle, WA 98109
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Decor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Texas Flag
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	12/13/2024	Amazon Shopping
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.90	440 Terry Ave.
	, , , ,	
		North Seattle, WA 98109
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Binders
		Billueis
	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 Salarice Magnet/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet 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: 3/14 Rpt: 13/24	Holt, Janis A. (Mrs.) 00085727	
4	Date	5 Payee name	
	12/31/2024	Anedot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$83.00	1920 McKinney Ave	
		7th Floor	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Donation Processing Fees	
		Donation Processing rees	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4
ľ	expenditure to benefit C/O		
_	Date	Payros namo	=
	11/11/2024	Payee name Canva	
	Amount (\$)	Payee address; City; State; Zip Code	4
	\$60.00	3212 E. Cesar Chavez St	
	φ00.00	3212 L. Cesai Chavez St	
		Auston, TX 78702	
	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	
		Invitations	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	٦
	expenditure to benefit C/OF	-	
	Date	Payee name	=
	10/30/2024	Cleveland Chamber of Commerce	
	Amount (\$)	Payee address; City; State; Zip Code	-
	\$100.00	908 E. Houston St	
		Ste 110	
		Cleveland, TX 77327	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	-
	OF	Membership Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Chamber Membership	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	onponditure to beliefft C/Of	,	

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services The Instruction Co	S		ages	/Contract Labor		OTHER (enter a	a category not listed abov	e)
Ļ		-		The Instruction G	uiue expiairis riov	w to con	ipie	te this form.	-			
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 4/14 Rpt: 14/24		Holt, Janis A	A. (Mrs.)						00085727		
4	Date	5	Payee name									
	10/31/2024		Cleveland C	hamber of Con	nmerce							
6	Amount (\$)	7	Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$17.00		908 E. Hous	-								
	,		Ste 110									
				EV 77007								
		L	Cleveland, 7	1 × 11321								
8	PURPOSE OF	(a)	Category (Se	e Categories listed at t	he top of this schedul	ile)	(b)	Description				
	EXPENDITURE		Food/Bevera	age Expense				브		de of Texas. Con officeholder livin	nplete Schedule T.	
								Chamber Me		onicendider livin	g expense	
								Chamber we	ui			
_	Operation ONLY if allowed	L_	0		04:		.l. a			O#: I-	-1-1	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Jandidate/Offic	ceholder name	Onio	ce soug	jnt			Office h	eia	
	Date		Payee name									
	11/20/2024		Constant Co	ontact								
	Amount (\$)		Payee addres	ss; City;	State; Z	Zip Cod	de					
	\$101.27		1601 Trapel	o Rd								
			Waltham, M	A 02451								
	PURPOSE	(a)				1	(h)	Description				
	OF	اس	EMail	e Categories listed at t	the top of this schedul	ile)	(1)		outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							=		officeholder livin		
								Email Service	Э			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Offic	ce soug	jht			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	12/24/2024		Constant Co	ontact								
	Amount (\$)		Payee addres		State; Z	Zin Cod	10					
	\$210.00		1601 Trapel	, ,,	State, 2	_ip	ic					
	Ψ210.00		1001 Hapei	o itu								
			Waltham, M	A 02451								
	PURPOSE OF	(a)		e Categories listed at t	he top of this schedul	ile)	(b)	Description				
	EXPENDITURE		Web hosting	9				_		de of Texas. Con officeholder livin	nplete Schedule T.	
								email hosting		onicenoider livin	g expense	
								Sinan nosung	,			
_	Complete ONLY if direct	Ц,	Candidate/Offi	ceholder name	O#:	ce soug	ıht			Office h	eld	
	expenditure to benefit C/OI		Januale/OIII	Choidel Hallie	OIII	ce soug	jill			Onice II	Ciu	

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 Salarice Magnes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·
	Sch: 5/14 Rpt: 15/24	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	11/20/2024	Dayton Rotary Club
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.30	801 S. Cleveland
		Dayton, TX 77535
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Membership
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2024	Dollar General
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.85	9293 FM 418
		Silsbee, TX 77656
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Candy Donation
	Complete ONLY if direct	Candidata/Officeholder name Office county Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/06/2024	Donut Palace
	Amount (\$)	Payee address; City; State; Zip Code
	\$7.35	857 N. 5th St
		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.
		Check if Austin, TX, officeholder living expense Meal
		Wicai
	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 C

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	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/14 Rpt: 16/24	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	11/29/2024	GoDaddy
6	Amount (\$) \$35.16	7 Payee address; City; State; Zip Code 2155 E GoDaddy Way
		Tempe, AZ 85280
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) domain (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Website expense
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/21/2024	Greater East Montgomery Chamber
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 21575 US 59 Suite 100 New Caney, TX 77357
	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 Meal Chamber Luncheon
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/27/2024	Greater East Montgomery Chamber
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 21575 US 59 Suite 100 New Caney, TX 77357
	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 2025 Membership
	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 Committe 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: 7/14 Rpt: 17/24	Holt, Janis A. (Mrs.) Curics Commission Files) 00085727
4	Date	5 Payee name
	10/31/2024	Hardin County Republican Women PAC
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code PO Box 1681
		Kountze, TX 77625
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
		2025 Membership
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/24/2024	Hobby Lobby
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.96	3990 Dowlen
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Beaumont, TX 77706
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Framing Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office Decor
		Office Decoi
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/30/2024	Holt, Janis
	Amount (\$)	Payee address; City; State; Zip Code
	\$800.00	105 Magnolia Trl
		Silsbee, TX 77656
	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 Reimbursement for Celebration Event Rental
		Reimbursement for Celebration Event Rental
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	CAPCHURUIC TO DEFICIR C/OI	
l		

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 8/14 Rpt: 18/24	Holt, Janis A. (Mrs.)
4	Date	5 Payee name
	11/25/2024	Home Depot.com
6	Amount (\$) \$43.28	7 Payee address; City; State; Zip Code 2455 Paces Ferry Rd Atlanta, GA 30339
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 Splendora Christmas display
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/26/2024	JCP Portraits
	Amount (\$)	Payee address; City; State; Zip Code
	\$135.28	6455 Eastex Fwy
	PUPPOSE	Beaumont, TX 77706
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (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 Headshots
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/13/2024	Kats Korner
	Amount (\$) \$74.05	Payee address; City; State; Zip Code 130 E. Ave H
		Silsbee, TX 77656
	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 Teas and Lunch
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

Vertising 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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services			ages	Contract Labor		OTHER (enter a	strict a category not listed ab	ove)
				The Instruction G	uide explains ho	w to cor	nple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 9/14 Rpt: 19/24		Holt, Janis A	A. (Mrs.)						00085727		
4	Date	5	Payee name									
	11/21/2024		Liberty Cent	ral								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Cod	de					
	\$550.00		1021 North I	Main St								
			Liberty, TX 7	77575								
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	ule)	(b)	Description				
	OF EXPENDITURE			nead/Rental Ex		,		Check if travel of	outsi	de of Texas. Con	plete Schedule T.	
	LAFENDITORE							—		officeholder livin	g expense	
								Liberty District December-Ja				
								December-3a	ıııu	aıy		
9	Complete ONLY if direct expenditure to benefit C/OI		andidate/Offic	eholder name	Off	ice soug	ght			Office h	eld	
	experialitate to beliefit eroi											
	Date		Payee name									
	11/21/2024		Loews of Arl	lington								
	Amount (\$)		Payee addres	s; City;	State;	Zip Cod	de					
	\$96.35		1600 E. Ran	ıdol Mill Rd								
			Arlington, TX	K 76011								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	ule)	(b)	Description				
	OF EXPENDITURE		Travel Out o		•			Check if travel of	outsi	de of Texas. Con	plete Schedule T.	
	LXI LINDITORL							_	, TX,	officeholder living	g expense	
								Tour of DFW				
	Opening the ONLY if allowed	<u> </u>	2		0,11					O#: I-	-1-1	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	cenoider name	Off	ice souç	gnt			Office h	eia	
		_										
	Date	ı	Payee name	_								
	11/08/2024		McDonald's	Restaurant								
	Amount (\$)	ı	Payee addres	•	State;	Zip Coo	de					
	\$7.00		441 W. Sout	hland								
			Cleveland, T	X 77327								
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sched	ule)	(b)	Description				
	OF EXPENDITURE		Travel In Dis	strict				므			plete Schedule T.	
								_	, TX,	officeholder living	g expense	
								Meal				
	Complete ONLY if direct	Щ	Pandidato/Offic	ceholder name	O#	ice soug	thr			Office h	old.	
	Complete ONLY if direct expenditure to benefit C/OI		zai iuiuale/UIII(choluel Hallle	Oll	เคย 200(JIIL			Onice N	ciu	

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 Salaries (Contract Labor

t 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.	ve)					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Fil						
	Sch: 10/14 Rpt: 20/24							
4	Date	5 Payee name						
	11/18/2024	McDonald's Restaurant						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$7.00	1100 S. Magnolia						
		Woodville, TX 75979						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITORE	Check if Austin, TX, officeholder living expense						
		Meal						
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
		···						
	Date	Payee name						
	11/04/2024	Nexus Strategies						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,500.00	100 S. Magnolia Dr						
		Cleveland, TX 77328						
	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.						
	EXI ENDITORE	Check if Austin, TX, officeholder living expense						
		Consulting						
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold						
	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH						
	Date	Payee name						
	11/27/2024	Nexus Strategies						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$3,500.00	100 S. Magnolia Dr						
		Cleveland, TX 77328						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Consultant						
		Consultant						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							

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 com	plete	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 11/14 Rpt: 21/24	Holt, Janis A. (Mrs.)		00085727
4	Date	5 Payee name		
	12/23/2024	O'Neil Visionary		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$887.50	3821 Juniper Trace		
		Suite 106		
		Austin, TX 78728		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
	OF EXPENDITURE	Rent		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
			Α	Apartment Rental - January
Ļ	2 2			200
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ht	Office held
	Date	Payee name		
	12/16/2024	RA Designs		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$129.90	142 Bob White Lane		
		Liberty, TX 77575		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
	OF EXPENDITURE	Seals	Ę	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense
				state Seals for office
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			Since had
	Date	Payee name		
	12/23/2024	Simply Country Cafe		
			1-	
	Amount (\$)	Payee address; City; State; Zip Cod	ie	
	\$44.25	17174 Hwy 146 N		
		Liberty, TX 77575		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) D	Description
	EXPENDITURE	meal	F	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			_ T	Team Planning Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O			Cines nou

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 12/14 Rpt: 22/24	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	11/05/2024	Smart, Allie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,500.00	301 Smart Dr.
		Liberty, TX 77575
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Scheduler
		Scriedulei
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Date	Payee name
	11/27/2024	Smart, Allie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	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 travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Scheduler
		Scriedulei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 12/13/2024	Payee name
		Smart, Allie
	Amount (\$)	Payee address; City; State; Zip Code
	\$96.94	301 Smart Dr.
		Liberty, TX 77575
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimbursement for office expenses
		Reinibulsement for onice expenses
	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 C

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: 13/14 Rpt: 23/24	Holt, Janis A. (Mrs.) 00085727
4	Date	5 Payee name
	11/06/2024	Sonic
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.75	370 Hwy 105 E
		Sour Lake, TX 77659
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meal
		Meta
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	
	Date	Payee name
	11/21/2024	Splendora Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$72.62	23085 Speed St
		New Caney, TX 77357
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Team Meeting Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense Meal and planning meeting
		Medianu planning meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	D :	
	Date	Payee name
	12/30/2024	Total Wine and More
	Amount (\$)	Payee address; City; State; Zip Code
	\$114.92	9805 FM 1960 Bypass Rd W
		Humble, TX 77338
	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.
	-	Champagno
		Champagne
\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 -Candidate/Officeholder/Political Cor

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		Legal Services The Instruction Guide 6	Salaries/V	/ages/	Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 14/14 Rpt: 24/24	Holt, Janis						00085727	
4	Date	5 Payee name							
	12/09/2024	Walmart							
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip Co	de				
	\$44.68	1100 Hwy 9	96						
		Silsbee, TX	77656						
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	<u>De</u> scription			
	EXPENDITURE	Supplies						de of Texas. Com	
						Austin office s		officeholder living	expense
						Austin office s	sup	plics	
_									
9	Complete ONLY if direct expenditure to benefit C/OI		ceholder name	Office sou	ght			Office he	eld
	Date	Payee name							
	11/01/2024	Whataburg	er						
	Amount (\$)	Payee addre	ss; City;	State; Zip Co	de				
	\$8.87	421 N. Tim	•						
	,								
		Lufkin, TX	77327						
	PURPOSE	(a) Category (S	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	Food/Bever	age Expense			—		de of Texas. Com	
						ш .	, TX,	officeholder living	expense
						Meal			
	Complete ONLY if direct expenditure to benefit C/OH		ceholder name	Office sou	ght			Office he	eld
\vdash									