# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00085727	sion Filers)	2 Total pages	filed: 28
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Janis A.			Date Received	CALLY FILED
						CALLITICED
	NICKNAME	LAST Holt		SUFFIX	07/12/2025	
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered	d or Date Postmarked
OFFICEHOLDER 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 PO	) BOX PLEASE).	ΔΡΤ	/ SUITE #; CITY	/· s	TATE; ZIP CODE
TREASURER ADDRESS	4246 Clearlake Rd.	S BOXT LENGL),	7.1.1	730112 11,	, 3	TATE, ZII GODE
(Residence or Business)	Kountze, TX 77625					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHO (409) 782-5918	NE NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before	election	Runoff	15th day after o	campaign treasurer fficeholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (A	ttach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/20	)25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/03/2026	□G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	·		12 OFFICE SOUGH	IT (if known)	
	State Representative Dis	trict 18				
				ı		
		GO T	O PAGE 2			

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 28

13 C / OH NAME	Holt, Janis A. (The Ho	onorable)	<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 officeholders are required to report this informatio	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	S)	\$ 39,940.02		
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		<b>\$</b> 12,990.15
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	<b>\$</b> 30,817.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	<b>\$</b> 83,908.90
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		The Ho	norable Janis A. Holt	
		Signature of	Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

				3 of 28	
<b>18</b> FILER NAM Holt, Janis	ME s A. (The Honorable)	<b>19</b> Filer ID 00085727	(Ethics Com	nmission Filers)	
20 SCHEDULE NAME OF S			SUBTO	OTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	39,940.02	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS				
4.	SCHEDULE E: LOANS		\$		
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	12,990.15	
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 C	S		SCHEDUI	E A1	
	The Instruc	ction Guide explains how t	to complete this form	n.	1	Total pages Schedule A1: Sch: 1/10 Rpt: 4/28	
2	FILER NAME Holt, Janis A	. (The Honorable)			3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 06/23/2025	<ul><li>5 Full name of contributor</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
8	Principal occu	Richardson, TX 75082 pation / Job title (See Instructions)	ام	Employer (See Instructions			
•	Attorney	pation / Job title (See Instructions)	9	MAS Law	)		
	Date 06/30/2025	Full name of contributor [Arizpe, Charissa Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Kingwood, TX 77339 pation / Job title (See Instructions)		Employer (See Instructions	)		
	Retired	,		Retired	,		
	Date 06/30/2025	Full name of contributor  Batman, Kent  Contributor address; City; Stat	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Kountze, TX 77625					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 06/23/2025	Full name of contributor  Bennett, Montgomery  Contributor address; City; Stat  Dallas, TX 75254		)		Amount of Contribution (\$)	\$2,000.00
	Principal occu Business Ov	pation / Job title (See Instructions) /ner		Employer (See Instructions Self	)		
	Date 06/30/2025	Full name of contributor  Boatman, Vikki  Contributor address; City; Stat  Garrison, TX 75946	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		

	MONET	ARY POLITICAL CON	TRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how to co	omplete this form	n.	1	Total pages Schedule A1: Sch: 2/10 Rpt: 5/28	
2	FILER NAME Holt, Janis A	. (The Honorable)			3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 06/26/2025	Bottoms, Clifford	-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$104.48
8	Principal occur	Fulshear, TX 77441 pation / Job title (See Instructions)	l g	Employer (See Instructions	) ()		
Ü	Retired	sation, our title (Occ manacions)	ľ	Retired	')		
	Date 06/26/2025	Full name of contributor out- Bottoms, Dale  Contributor address; City; State; Zip		)		Amount of Contribution (\$)	\$104.48
	D: : 1	Monroe, OH 45050	1		_		
	Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/28/2025	Full name of contributor out- Brents, Tommy  Contributor address; City; State; Zip	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$104.48
		Liberty, TX 77575					
	Principal occu IT Consultan	pation / Job title (See Instructions) t		Employer (See Instructions Self	5)		
	Date 06/23/2025	Bruce, Robert		)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Business Ow	oation / Job title (See Instructions) vner		Employer (See Instructions Self	)		
	Date 06/27/2025	Butchko, Kay	of-state PAC (ID#:	)		Amount of Contribution (\$)	\$104.48
	Principal occu Retired	oation / Job title (See Instructions)		Employer (See Instructions Retired	i)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	NC	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete this	for	m.	1	Total pages Schedule A1: Sch: 3/10 Rpt: 6/28	
2	FILER NAME Holt, Janis A	. (The Honorable)			3	Filer ID (Ethics Commission 00085727	n Filers)
4		<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$500.00
_	Dringing Lagor	Streetman, TX 75859	٦	Frankrije (Cook kostrustions			
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Self	5)		
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Chalaki, Shahed Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
		Carrollton, TX 75006					
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Chalaki Law	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#: Cheshire, Cary  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
		Beenbrook, TX 76116					
	Principal occu Self	pation / Job title (See Instructions)		Employer (See Instructions Cheshire Industries	s)		
	Date 06/29/2025	Full name of contributor out-of-state PAC (ID#: Cleveland, Sue Contributor address; City; State; Zip Code  Kountze, TX 77625		)		Amount of Contribution (\$)	\$521.15
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 06/26/2025	Full name of contributor out-of-state PAC (ID#: Coats, Teresa Contributor address; City; State; Zip Code Cleveland, TX 77327				Amount of Contribution (\$)	\$260.73
	Principal occu Business Ow	pation / Job title (See Instructions) /ner		Employer (See Instructions Self	s)		
			•				

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete t	this for	m.	1	Total pages Schedule A1: Sch: 4/10 Rpt: 7/28	
2	FILER NAME Holt, Janis A	. (The Honorable)			3	Filer ID (Ethics Commission 00085727	n Filers)
4	Date 06/26/2025	<ul> <li>Full name of contributor  out-of-state PAC Cook, Emily</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$52.40
		Liberty, TX 77575					
8	Principal occu Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Chandler, Cook & Fitzgo		ld PLLC	
	Date 06/30/2025	Full name of contributor out-of-state PAC Covey, Kathy Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$25.00
		Orange, TX 77632					
	Principal occu Homemaker	pation / Job title (See Instructions)		Employer (See Instructions Homemaker	S)		
	Date 06/27/2025	Full name of contributor out-of-state PAC  Dunkin, Mack  Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$52.40
		Huntington, TX 75949					
	Principal occu Minister	pation / Job title (See Instructions)		Employer (See Instructions Church of Christ	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAC Fordyce, Tom Contributor address; City; State; Zip Code Huntsville, TX 77320		)		Amount of Contribution (\$)	\$260.73
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	<u>                                      </u>		
	Date 06/27/2025	Full name of contributor out-of-state PAG Galando, Diane Contributor address; City; State; Zip Code Coldspring, TX 77331				Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			ı				

	MONET	ARY POLITICAL CO	S	SCHEDULE A1			
	The Instruc	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 5/10 Rpt: 8/28	
2	FILER NAME Holt, Janis A	(The Honorable)			3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 06/23/2025	<ul><li>5 Full name of contributor</li><li>Gore, Rex</li><li>6 Contributor address; City; State;</li></ul>	out-of-state PAC (ID#:;	)	7	Amount of Contribution (\$)	\$2,000.00
8	Principal occu	Austin, TX 78704 pation / Job title (See Instructions)	l <sub>9</sub>	Employer (See Instructions			
Ū	Retired	pation / vob title (occ manualions)		Retired	,		
	Date 06/23/2025	Full name of contributor Gravely, Marc  Contributor address; City; State;	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$2,500.00
		Frisco, TX 75033					
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions Gravely Attorneys PC	)		
	Date 06/26/2025	Full name of contributor  Guthrie, Dianne  Contributor address; City; State	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$100.00
		Troup, TX 75789					
	Principal occu Educator	pation / Job title (See Instructions)		Employer (See Instructions Carlisle ISD	)		
	Date 06/26/2025	Full name of contributor Hayter, Russell Contributor address; City; State;  Mountain City, TX 78610	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$26.35
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
	Date 06/30/2025	Full name of contributor Hootman, Joseph Contributor address; City; State; Austin, TX 78758	out-of-state PAC (ID#:;	)		Amount of Contribution (\$)	\$25.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	)		
			•				

	MONET	ARY POLITICAL CONTRIBU	UTION	IS .		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 6/10 Rpt: 9/28	
2	FILER NAME Holt, Janis A	. (The Honorable)			3	Filer ID (Ethics Commission 00085727	n Filers)
4	Date 06/26/2025	<ul> <li>Full name of contributor  out-of-state PA Hunt, Daniel</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$104.48
_	<u> </u>	Athens, TX 75752	- 10	5 1 (0 1 1 1	Ĺ		
8	Attorney	pation / Job title (See Instructions)	9	Employer (See Instructions Daniel Hunt, Attorney P		С	
	Date 06/26/2025	Full name of contributor		)	•	Amount of Contribution (\$)	\$26.35
	Principal occu	Lufkin, TX 75904 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired	(555)		Retired	,		
	Date 06/26/2025	Full name of contributor out-of-state PA Jones, Neal "Buddy"  Contributor address; City; State; Zip Code	AC (ID#:	)		Amount of Contribution (\$)	\$500.00
		Austin, TX 78735					
	Principal occup Attorney	pation / Job title (See Instructions)		Employer (See Instructions HillCo	5)		
	Date 06/29/2025	Full name of contributor out-of-state PA King, Larry Contributor address; City; State; Zip Code Nacogdoches, TX 75965		)	•	Amount of Contribution (\$)	\$104.48
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Stephen F Austin State		iversity	
	Date 06/25/2025	Full name of contributor out-of-state PA Kirkland, Mandy Contributor address; City; State; Zip Code Tennessee Colony, TX 75861			-	Amount of Contribution (\$)	\$52.40
	Principal occup Auctions	pation / Job title (See Instructions)		Employer (See Instructions SAS Auctions	5)		
			•				

	MONET	ARY POLITICAL CO	IS	SCHEDULE A1			
	The Instruc	ction Guide explains how t	o complete this for	n.	1	Total pages Schedule A1: Sch: 7/10 Rpt: 10/28	
2	FILER NAME Holt, Janis A	(The Honorable)			3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 06/27/2025	5 Full name of contributor Kowis, Julian	out-of-state PAC (ID#:e; Zip Code	)	7	Amount of Contribution (\$)	\$52.40
		Willis, TX 77378	į				
8	Principal occu Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date 06/27/2025	Full name of contributor  Kyle, Edith  Contributor address; City; Stat		)		Amount of Contribution (\$)	\$26.35
	Principal occu	Cleveland, TX 77328 pation / Job title (See Instructions)		Employer (See Instructions	) 		
	Retired	pation / too the (eee mendenone)		Retired	''		
	Date 06/23/2025	Full name of contributor Loewy, Adam  Contributor address; City; Stat	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$5,000.00
		Austin, TX 78731					
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Loewy Law Firm	5)		
	Date 06/23/2025	Full name of contributor Mark A. Anderson Law Firm Contributor address; City; Stat				Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/29/2025	Full name of contributor  McCarty, Julie  Contributor address; City; Stat  Grapevine, TX 76051	out-of-state PAC (ID#: e; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu RE	pation / Job title (See Instructions)		Employer (See Instructions Self	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	Ν	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains hov	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 8/10 Rpt: 11/28	
2	FILER NAME Holt Janis A	(The Honorable)				3	Filer ID (Ethics Commission 00085727	n Filers)
4	Date	5 Full name of contributor			)	-		
4	06/26/2025	Morrison, Peter  6 Contributor address; City; S	out-of-state PAC (ID#:_ tate; Zip Code			' 	Amount of Contribution (\$)	\$100.00
		Lumberton, TX 77657						
8	Principal occu Businessma	pation / Job title (See Instructions n	s)	9	Employer (See Instructions Self	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	06/29/2025	Price, Paul						\$104.48
		Contributor address; City; S	tate; Zip Code					
		Newton, TX 75966						
	Principal occu	pation / Job title (See Instructions	s)		Employer (See Instructions	5)		
	Retired				Retired			
	Date	Full name of contributor	out-of-state PAC (ID#:_				Amount of Contribution (\$)	
	06/30/2025	Rhodes, Fran						\$25.00
		Contributor address; City; S	tate; Zip Code					
		Keller, TX 76244						
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	President, N	on Profit			True Texas Project			
	Date	Full name of contributor	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	06/23/2025	Rodriguez, Mario Contributor address; City; S	tate; Zip Code					\$500.00
		Cedar Hill, TX 75104						
	Principal occu Physician	pation / Job title (See Instructions	5)		Employer (See Instructions Texas Pain & Injury	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	06/27/2025	Russo, Christopher						\$52.40
		Contributor address; City; S	tate; Zip Code					
		El Lago, TX 77586		_				
		pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	President, N	on-Profit			Strong Borders Founda	tior	<u> </u>	

	MONET	ARY POLITICAL CO	S		SCHEDU	LE <b>A1</b>	
	The Instruc	ction Guide explains how to	complete this form	1.	1	Total pages Schedule A1: Sch: 9/10 Rpt: 12/28	
2	FILER NAME Holt, Janis A	(The Honorable)			3	Filer ID (Ethics Commission 00085727	ion Filers)
4	Date 06/23/2025	<ul><li>5 Full name of contributor Safdarian, Nastaran</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#:; Zip Code		7	Amount of Contribution (\$)	\$500.00
_		Dallas, TX 75230	l-				
8	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions) North Texas Allergy & As		ma	
	Date 06/23/2025	Full name of contributor Shields, Robert Contributor address; City; State	out-of-state PAC (ID#:;			Amount of Contribution (\$)	\$1,000.00
	Principal occu	Heath, TX 75032 pation / Job title (See Instructions)		Employer (See Instructions)	<u> </u>		
	Business Ow			Self	,		
	Date 06/23/2025	Full name of contributor  Stanton, James  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$1,000.00
		Dallas, TX 75225					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions) Stanton LLP	)		
	Date 06/23/2025	Full name of contributor  Texans United for a Conserv  Contributor address; City; State  Victoria , TX 77901				Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
	Date 06/24/2025	Full name of contributor  Texans for Truth & Liberty Pa  Contributor address; City; State  Austin, TX 78701		)		Amount of Contribution (\$)	\$10,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)	)		
			l				

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this fo	1	Total pages Schedule A1: Sch: 10/10 Rpt: 13/28		
2	FILER NAME Holt, Janis A	a. (The Honorable)		3	Filer ID (Ethics Commission 00085727	on Filers)
4	Date 06/23/2025	<ul> <li>Full name of contributor</li></ul>		7	Amount of Contribution (\$)	\$250.00
		Weatherford, TX 76086				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date 06/27/2025	Full name of contributor	)		Amount of Contribution (\$)	\$3,000.00
		Livingston, TX 77351				
	Principal occu Rancher/De	pation / Job title (See Instructions) veloper	Employer (See Instructions  Von Schmidt Land and		tle	
	Date 06/23/2025	Full name of contributor out-of-state PAC (ID#: Yarbrough, Jace Contributor address; City; State; Zip Code Sanger, TX 76266			Amount of Contribution (\$)	\$50.00
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions J. Yarbrough PLLC	s)		

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide (	Salaries/	Expens Wages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:						3	Filer ID	(Ethics Commission Filers)
Ļ	Sch: 1/15 Rpt: 14/28		A. (The Honorable)					00085727	
4	Date	5 Payee name	onning						
_	01/10/2025	Amazon Sh		Ot-/ =: -					
6	Amount (\$) \$85.43	<ul><li>7 Payee addres</li><li>440 Terry A</li></ul>		State; Zip C	ode				
	Ф05.43	440 ICIIY A	.v.c.						
		North Seattl	le, WA 98109						
8	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description			
	EXPENDITURE	supplies						de of Texas. Com officeholder living	plete Schedule T. g expense
						Office Supplie			
9	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
	Date	Payee name							
	04/23/2025	Amazon Sh	opping						
	Amount (\$)	Payee addres	ss; City;	State; Zip C	ode				
	\$27.05	440 Terry A	ve.						
		North Seattl	le, WA 98109						
	PURPOSE	(a) Category (Se	ee Categories listed at the top	of this schedule)	(b)	Description			
	OF EXPENDITURE	frame						de of Texas. Com officeholder living	plete Schedule T.
						Coffey Certific			y experise
						<b>,</b>			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offi	ceholder name	Office so	ught			Office he	eld
_	Date	Dayco nama							
	05/05/2025	Payee name Amazon Sh	oppina						
	Amount (\$)	Payee addres		State; Zip C	ode				
	\$22.70	440 Terry A		State, Zip C	Juc				
	422.10								
		North Seattl	le, WA 98109						
	PURPOSE OF		ee Categories listed at the top	of this schedule)	(b)	Description	a ·	do of T	wlote Colordul - T
	EXPENDITURE	frames						de of Texas. Com officeholder living	plete Schedule T. g expense
						Office frames			
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Offi	ceholder name	Office so	ught			Office he	eld

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi 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	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: 2/15 Rpt: 15/28	Holt, Janis A. (The Honorable) 00085727
4	Date	5 Payee name
	06/30/2025	Anedot
6	Amount (\$)	7 Payee address; City; State; Zip Code
Ü	\$413.20	1920 McKinney Ave
	Φ413.20	,
		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.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Processing Fees from January through June, 2025
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiulture to benefit C/Oi	1
	Date	Payee name
	04/01/2025	Cleveland Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.00	908 E. Houston St
		Ste 110
		Cleveland, TX 77327
		To the second se
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Luncheon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	05/09/2025	Cleveland Senior Citizen Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	220 Peach Ave
		Cleveland, TX 77327
	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
		Sponsorship
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

#### SCHEDULE F1

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

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

Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee 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: 3/15 Rpt: 16/28 Holt, Janis A. (The Honorable) 00085727 4 Date Payee name 05/21/2025 **Constant Contact** 6 Amount (\$) Payee address; City; State; Zip Code \$101.27 1601 Trapelo Rd Waltham, MA 02451 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. mail **EXPENDITURE** Check if Austin, TX, officeholder living expense **EMail listing** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/05/2025 **Dayton Chamber of Commerce** Amount (\$) Payee address; City; State; Zip Code \$80.00 801 South Cleveland St Dayton, TX 77535 **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 Chamber Banquet Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/18/2025 **Dayton Chamber of Commerce** Amount (\$) Payee address: City: State; Zip Code \$120.00 801 South Cleveland St Dayton, TX 77535 **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 Donation Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH

#### 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

	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: 4/15 Rpt: 17/28	Holt, Janis A. (The Honorable) 00085727
4	Date	5 Payee name
	05/08/2025	Dayton Chamber of Commerce
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	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  Candidate/Officeholder/Political Committee  Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Chamber Editoriosit 716
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	02/04/2025	Devers ISD
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.17	201 Chism St
		Devers , TX 77538
	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.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Bondaon
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	01/16/2025	DoubleTree
	Amount (\$) \$197.73	Payee address; City; State; Zip Code 303 W 15th St
	Ф191.13	303 W 13(11 St
		Austin, TX 78701
	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
		Constituent Event
		33.13.11.2.1.1.1
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commi Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense Pr Sa	-	nse es/Contract Labor	-	Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1: Sch: 5/15 Rpt: 18/28		IE A. (The Honorable)				ı	Filer ID 00085727	(Ethics Commission Filers)
4		_					<u> </u>		
Ĭ	01/13/2025	5 Payee name Etsy	C						
6	Amount (\$)	7 Payee addr	ess; City;	State; Z	Zip Code				
	\$35.72	117 Adam	s St						
		Brooklyn, I	NY 11201						
8	PURPOSE	(a) Category (	See Categories listed at the top	o of this schedul	le) (b)	<b>)</b> Description			
	OF EXPENDITURE		s/Memorials Expens			=		e of Texas. Com officeholder living	nplete Schedule T. g expense
9	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Offic	ce sought			Office he	eld
	Date	Payee name	e						
L	03/20/2025	Etsy							
	Amount (\$)	Payee addr		State; Z	Zip Code				
	\$14.49	117 Adam	s St						
		Brooklyn, i							
	PURPOSE OF		See Categories listed at the top	p of this schedul	le) (b)	Description	Outeid	a of Teves Com	nlete Schedule T
	EXPENDITURE	nametag						e of Texas. Com officeholder living	nplete Schedule T. g expense
						Nametag for	DH		
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Offic	ce sought			Office he	eld
	Date	Payee name	9						
	02/26/2025	Etsy							
	Amount (\$)	Payee addr		State; Z	Zip Code				
	\$32.88	117 Adam	s St						
		Brooklyn, I	NY 11201						
	PURPOSE OF		See Categories listed at the top	p of this schedul	le) (b)	Description	outoid:	a of Toyon Com	nplete Schedule T.
	EXPENDITURE	Nametags				ш		e of Texas. Com officeholder living	•
						Field Staff Na			
	Complete ONLY if direct expenditure to benefit C/Oh		fficeholder name	Offic	ce sought			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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

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 (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: 6/15 Rpt: 19/28	Holt, Janis A. (The Honorable) 00085727
4	Date	5 Payee name
	01/13/2025	GoDaddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$217.34	2155 E GoDaddy Way
		Tempe, AZ 85280
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  Website/Email Fees
		Website/Efficient ees
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
$\vdash$	Date	Dougo nama
		Payee name
	01/13/2025	GoDaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$217.34	2155 E GoDaddy Way
		Tempe, AZ 85280
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Internet Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Domains
		Domains
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
-	Data	D
	Date 04/16/2025	Payee name Greater East Montgomery Chamber
		· ,
	Amount (\$)	Payee address; City; State; Zip Code
	\$45.00	21575 US 59
		Suite 100
		New Caney, TX 77357
	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
		Lundieon - A3
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	By - Gift/Awards/Memorials Expense Printing Expense Tra	vel in District vel Out of District HER (enter a category not listed above)
1	Total pages Schedule F1:		er ID (Ethics Commission Filers)
	Sch: 7/15 Rpt: 20/28	Holt, Janis A. (The Honorable) 00	085727
4	Date	5 Payee name	
	02/25/2025	Greater East Montgomery Chamber	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$35.00		
		Suite 100	
L		New Caney, TX 77357	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Contributions / Depositions Alloyde Butter of the contributions / Deposition of the contributions / Deposition of the contributions / Deposition of the contribution of the contributio	f Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee	
		Luncheon	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
	Date	Payee name	
	04/18/2025	Hancock, Dana	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$80.00	230 Hartman	
		Silsbee, TX 77656	
	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 Check if Austin, TX, offic	f Texas. Complete Schedule T.
		March Hours	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held
_	Date	Payon nama	
	02/14/2025	Payee name Hardin Sign Co.	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$92.01		
	402.01		
		Liberty, TX 77575	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	STavas Consulate Calculat T
	EXPENDITURE	Sign Check if travel outside of	f Texas. Complete Schedule T. eholder living expense
		Sign for Office	•
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought OH	Office held

#### 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		strict a category not listed above)
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID	(Ethics Commission Filers)
	Sch: 8/15 Rpt: 21/28	Holt, Janis A. (The Honorable) 00085727	. ,
4	Date	5 Payee name	
	05/20/2025	Hardin Sign Co.	
6	Amount (\$) \$146.14		
		Liberty, TX 77575	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	sign Check if travel outside of Texas. Con	
	<del></del>	Check if Austin, TX, officeholder livin	
		Sign for Office Door - Hardii	i County
Ļ			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office h DH	eld
	Date	Payee name	
	06/30/2025	Holt, Janis	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$612.29	105 Magnolia Trl	
		Silsbee, TX 77656	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	andata Cabadula T
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Con	
		Repayment of Personal Loa	
		Tropaymont of Foroital Loc	
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office h OH	eld
	Date	Payee name	
	05/05/2025	Hull-Daisetta Mayhaw Festival	
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00		
	Ψ000.00		
		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. Con	
	<del></del>	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder livin	g expense
		Sponsorship	
	Complete ONII V If allows	Condidate/Officeholder name	ald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office h OH	eiu

#### SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to com	ense Travel Out of District ges/Contract Labor OTHER (enter a category not listed abo	ve)
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission	on Filers)
L	Sch: 9/15 Rpt: 22/28	Holt, Janis A. (The Honorable)	00085727	
4	Date	Payee name	·	
	01/07/2025	Kountze Chamber of Commerce		
6	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$25.00	800 Redwood Ave		
		Kountze, TX 77625		
8	PURPOSE	Category (See Categories listed at the top of this schedule)	b) Description	
	OF EXPENDITURE	Dues	Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE		Check if Austin, TX, officeholder living expense	
			Membership	
_	Complete ONE V. St. alian	Condidate/Officeholder neuro	06 1-14	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held	
	Date	Payee name		
	04/22/2025	Kountze Chamber of Commerce		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$30.75	800 Redwood Ave		
		Kountze, TX 77625		
	PURPOSE	Category (See Categories listed at the top of this schedule)	b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITORE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense	
			Chamber banquet	
_	Complete ONII V if direct	Condidate/Officeholder name	office held	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office soug	ht Office held	
L				
	Date	Payee name		
	02/24/2025	Liberty ISD Foundation		
	Amount (\$)	Payee address; City; State; Zip Cod	e	
	\$250.00	1517 Trinity St		
L		Liberty, TX 77575		
	PURPOSE OF	,	b) Description	
	EXPENDITURE	Contributions/Donations Made By	Check if Auctin TV officeholder living expense	
		Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense  Sponsorship	
			-F-::00:0::::P	
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht Office held	
	expenditure to benefit C/O	55 50dg	22	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gitt/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. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 10/15 Rpt: 23/28 Holt, Janis A. (The Honorable) 00085727 4 Date Payee name 04/18/2025 M Club 6 Amount (\$) Payee address; City; State; Zip Code \$250.00 Hwy 163 Cleveland, TX 77328 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 Donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/11/2025 Montgomery County Chamber Amount (\$) Payee address; City; State; Zip Code \$300.00 PO Box 2347 Conroe, TX 77305 **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 MoCo Day at the Capitol Sponsorship Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/01/2025 **Nexus Strategies** Amount (\$) Payee address: City; State; Zip Code \$3,000.00 100 S. Magnolia Dr Cleveland, TX 77328 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description

Consulting Expense

Candidate/Officeholder name

OF

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense

Consultant Fee

#### SCHEDULE F1

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

Event Expense Loan Repay
Fees Office Over
Food/Beverage Expense Polling Exp
Gift/Awards/Memorials Expense Printing Exp
Lenal Services Salaries/W/s

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarise Wagnes/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	•		/ages	/Contract Labor		OTHER (enter a	a category not listed above)	
		_		The Instruction (	Juiue expia	ins now to co	mpie	ete this form.	_			
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	s)
	Sch: 11/15 Rpt: 24/28		Holt, Janis A	A. (The Honora	able)					00085727		
4	Date	5	Payee name									
	01/09/2025		O'Neil Vision	nary								
6	Amount (\$)	7	Payee addres	ss; City;	St	ate; Zip Co	de					
ľ	\$2,000.00		3821 Junipe		٥.	u,p						
	Ψ2,000.00		Suite 106	11400								
				vo700								
			Austin, TX 7	8728								
8	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental E	xpense			<b>=</b>			nplete Schedule T.	
								_		officeholder livin	g expense	
								Apartment Re	51 IL			
L		L										
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Office	ceholder name		Office sou	ght			Office h	eld	
	Date		Payee name									
	01/13/2025		Silsbee Cha	mber of Comr	nerce							
	Amount (\$)		Payee addres	ss; City;	St	ate; Zip Co	de					
	\$104.00		545 N 5th S	t								
			Silsbee, TX	77656								
	DUDDOCE	(-)					(1-)					
	PURPOSE OF	(a) 		e Categories listed a	t the top of this	s schedule)	(a)	Description  Check if travel of	outci	do of Toyas Con	nplete Schedule T.	
	EXPENDITURE		Fees					<b>=</b>		officeholder livin		
								Chamber Due				
	Complete ONLY if direct		 Candidate/Offic	ceholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/O						5					
_	Dete	_										
	Date		Payee name	b f O								
	02/10/2025		Silsbee Cha	mber of Comr	nerce							
	Amount (\$)		Payee addres		St	ate; Zip Co	de					
	\$41.60		545 N 5th S	t								
			Silsbee, TX	77656								
	PURPOSE	(a)	Category (Se	e Categories listed a	t the top of this	schedule)	(b)	Description				
	OF EXPENDITURE	` `		s/Donations N		, 551154415)			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Po		mmittee		Check if Austin,	, TX,	officeholder livin	g expense	
								Chamber Mei	mb	ership		
L												
	Complete ONLY if direct		Candidate/Offic	ceholder name		Office sou	ght			Office h	eld	
	expenditure to benefit C/OI	Η										
l												

#### 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	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 12/15 Rpt: 25/28	2 FILER NAME Holt, Janis A. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085727
4	Date	5 Payee name
	01/21/2025	Smart, Allie
6	Amount (\$) \$545.40	7 Payee address; City; State; Zip Code 301 Smart Dr.  Liberty, TX 77575
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Reimbursement for Travel  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel for Staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/04/2025	Smart, Allie
	Amount (\$) \$750.00	Payee address; City; State; Zip Code 301 Smart Dr.
		Liberty, TX 77575
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign Postings January through March
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/11/2025	Smart, Allie
	Amount (\$) \$318.37	Payee address; City; State; Zip Code 301 Smart Dr.
		Liberty, TX 77575
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign work for April
	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 Commit

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: 13/15 Rpt: 26/28	Holt, Janis A. (The Honorable) 00085727
4	Date	5 Payee name
	05/06/2025	Smart, Allie
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	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 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		May Campaign Work
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	05/07/2025	Smart, Allie
	Amount (\$)	Payee address; City; State; Zip Code
	\$63.50	301 Smart Dr.
		Liberty, TX 77575
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense 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
		Reimbursement for High School Certificates
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	05/09/2025	Sour Lake Chamber of Commerce
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.27	250 N. Ann St
		Sour Lake , TX 77659
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Banquet Ticket - DH
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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	ll 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: 14/15 Rpt: 27/28	Holt, Janis A. (The Honorable) 00085727
4	Date	5 Payee name
	02/18/2025	TFRW PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$94.06	13740 Hwy. 183
		J4
		Austin, TX 78750
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.
		Candidate/Officeholder/Political Committee
		Legislative Day
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	01/31/2025	Texas Republican House Caucus
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 13305
		Austin, TX 78711
	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.  Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		- Bucs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	06/05/2025	USPS
	Amount (\$)	Payee address; City; State; Zip Code
	\$78.58	111 W. Ave. P
		Silsbee, TX 77656
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Postage Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Stamps
	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

	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: 15/15 Rpt: 28/28	Holt, Janis A. (The Honorable) 00085727	
4	Date	5 Payee name	_
	01/09/2025	Walmart	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$285.73	1100 Hwy 96	
		Silsbee, TX 77656	
8	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.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Office Supplies Austin	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/O		
⊨	Date		_
	01/14/2025	Payee name  Walmart	
L			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.32	1100 Hwy 96	
		011 - 74 77070	
		Silsbee, TX 77656	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Pens and Pencils	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI	1	
	Date	Payee name	_
	02/25/2025	Wright, Dwayne	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$303.81	100 S. Magnolia Dr	
		Cleveland, TX 77328	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Reimbursement Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Reimbursement for Constant Contact (which had accidentally been drawn from his account)	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
$\vdash$			