

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00062819		2 Total pages filed:  10	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable		FIRST Jay M.	MI	
	NICKNAME		LAST Wright	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE	
		REDACTED PER 254.0313, GOV'T CODE			
		Date Hand-delivered or Date Postmarked			
		Receipt #		Amount	
		Date Processed			
		Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Jay M.	MI	
	NICKNAME		LAST Wright	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
	REDACTED PER 254.0313, GOV'T CODE				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(936)	333-1071			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year
		07/01/2025			12/31/2025
10 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other
11 OFFICE	OFFICE HELD (if any) Court Of Appeals, Justice Place 2 District 9			12 OFFICE SOUGHT (if known)	

GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 10

<b>13 C / OH NAME</b> Wright, Jay M. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00062819
--	---

<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	921.20
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,118.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	10,000.00

## 17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

The Honorable Jay M. Wright

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

3 of 10

<b>18 FILER NAME</b> Wright, Jay M. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00062819	
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$	
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$	
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	500.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	421.20
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 4/10	<b>2</b> FILER NAME Wright, Jay M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062819
<b>4</b> Date 09/14/2025	<b>5</b> Payee name Montgomery County Republican Party	
<b>6</b> Amount (\$) \$500.00	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1648  Conroe, TX 77305	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Montgomery County GOP Fundraiser
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought      Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/6 Rpt: 5/10	<b>2</b> FILER NAME Wright, Jay M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062819				
<b>4</b> Date 07/14/2025	<b>5</b> Payee name Jefferson County Republican Party					
<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1844 I-10 Suite 102 Beaumont, TX 77707					
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly support for headquarters				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH						
<table style="width: 100%;"> <tr> <td style="width: 33%;">Candidate/Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Candidate/Officeholder name	Office sought	Office held	
Candidate/Officeholder name	Office sought	Office held				
<table style="width: 100%;"> <tr> <td style="width: 20%;">Date 08/13/2025</td> <td style="width: 80%;">Payee name Jefferson County Republican Party</td> </tr> </table>			Date 08/13/2025	Payee name Jefferson County Republican Party		
Date 08/13/2025	Payee name Jefferson County Republican Party					
<table style="width: 100%;"> <tr> <td style="width: 20%;">Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended</td> <td style="width: 80%;">Payee address; City; State; Zip Code 1844 I-10 Suite 102 Beaumont, TX 77707</td> </tr> </table>			Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1844 I-10 Suite 102 Beaumont, TX 77707		
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1844 I-10 Suite 102 Beaumont, TX 77707					
<table style="width: 100%;"> <tr> <td style="width: 20%;">PURPOSE OF EXPENDITURE</td> <td style="width: 40%;">Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</td> <td style="width: 40%;">Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support</td> </tr> </table>			PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support				
<table style="width: 100%;"> <tr> <td style="width: 33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 33%;">Candidate/Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			
<table style="width: 100%;"> <tr> <td style="width: 20%;">Date 09/15/2025</td> <td style="width: 80%;">Payee name Jefferson County Republican Party</td> </tr> </table>			Date 09/15/2025	Payee name Jefferson County Republican Party		
Date 09/15/2025	Payee name Jefferson County Republican Party					
<table style="width: 100%;"> <tr> <td style="width: 20%;">Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended</td> <td style="width: 80%;">Payee address; City; State; Zip Code 1844 I-10 Suite 102 Beaumont, TX 77707</td> </tr> </table>			Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1844 I-10 Suite 102 Beaumont, TX 77707		
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1844 I-10 Suite 102 Beaumont, TX 77707					
<table style="width: 100%;"> <tr> <td style="width: 20%;">PURPOSE OF EXPENDITURE</td> <td style="width: 40%;">Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee</td> <td style="width: 40%;">Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support</td> </tr> </table>			PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support				
<table style="width: 100%;"> <tr> <td style="width: 33%;">Complete <u>ONLY</u> if direct expenditure to benefit C/OH</td> <td style="width: 33%;">Candidate/Officeholder name</td> <td style="width: 33%;">Office sought</td> <td style="width: 33%;">Office held</td> </tr> </table>			Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held			

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/6 Rpt: 6/10	<b>2</b> FILER NAME Wright, Jay M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062819
<b>4</b> Date 10/14/2025	<b>5</b> Payee name Jefferson County Republican Party	
<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 1844 I-10 Suite 102 Beaumont, TX 77707	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/13/2025	Candidate/Officeholder name Jefferson County Republican Party	
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1844 I-10 Suite 102 Beaumont, TX 77707	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/15/2025	Candidate/Officeholder name Jefferson County Republican Party	
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1844 I-10 Suite 102 Beaumont, TX 77707	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 3/6 Rpt: 7/10		<b>2</b> FILER NAME Wright, Jay M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062819	
<b>4</b> Date 07/07/2025		<b>5</b> Payee name Montgomery County Republican Party			
<b>6</b> Amount (\$) \$20.20  <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code P.O. Box 1648  Conroe, TX 77305			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution for Headquarters support	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/05/2025		Payee name Montgomery County Republican Party			
Amount (\$) \$20.20  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 1648  Conroe, TX 77305			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contributions for headquarters support	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/05/2025		Payee name Montgomery County Republican Party			
Amount (\$) \$20.20  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. Box 1648  Conroe, TX 77305			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 4/6 Rpt: 8/10	<b>2</b> FILER NAME Wright, Jay M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062819
<b>4</b> Date 10/06/2025	<b>5</b> Payee name Montgomery County Republican Party	
<b>6</b> Amount (\$) \$20.20  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code P.O. Box 1648  Conroe, TX 77305	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/05/2025	Payee name Montgomery County Republican Party	
Amount (\$) \$20.20  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1648  Conroe, TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/05/2025	Payee name Montgomery County Republican Party	
Amount (\$) \$20.20  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 1648  Conroe, TX 77305	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution for headquarters support
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		



# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 5/6 Rpt: 9/10	<b>2</b> FILER NAME Wright, Jay M. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00062819
<b>4</b> Date 07/08/2025	<b>5</b> Payee name Montgomery County Tea Party PAC	
<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 114 North Country Gate Circle  Conroe, TX 77384	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Montgomery County Tea Party PAC		
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 114 North Country Gate Circle  Conroe, TX 77384	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Montgomery County Tea Party PAC		
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 114 North Country Gate Circle  Conroe, TX 77384	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 6/6 Rpt: 10/10		<b>2</b> FILER NAME Wright, Jay M. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00062819	
<b>4</b> Date 10/08/2025		<b>5</b> Payee name Montgomery County Tea Party PAC			
<b>6</b> Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 114 North Country Gate Circle  Conroe, TX 77384			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/10/2025		Payee name Montgomery County Tea Party PAC			
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 114 North Country Gate Circle  Conroe, TX 77384			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/08/2025		Payee name Montgomery County Tea Party PAC			
Amount (\$) \$25.00  <input type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 114 North Country Gate Circle  Conroe, TX 77384			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly contribution	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	