

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00090080	2 Total pages filed: 26		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Herman A.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Wittliff	SUFFIX	Date Received ELECTRONICALLY FILED 01/14/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 13502 Briar Falls Ct. Houston, TX 77059			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Alicia L.	MI			
	NICKNAME	LAST Reid	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 620 Canyon Crest League City , TX 77573		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 493-9169					
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 09/20/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 129		

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 26

13 C / OH NAME	Wittliff, Herman A. (Mr.)		14 Filer ID (Ethics Commission Filers) 00090080
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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)		\$ 21,842.48
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 5,287.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 14,526.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

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.

Mr. Herman A. Wittliff

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

Printed name of officer administering

Title of officer administering oath

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

3 of 26

18 FILER NAME	19 Filer ID (Ethics Commission Filers) 00090080
Wittliff, Herman A. (Mr.)	
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,717.21
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,125.27
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,287.05
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 150.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 4/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Sandra 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Retired	9 Employer (See Instructions) Retired
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annen, Candice Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$13.79
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arvedson, M M Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blog, Sarah Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$103.48
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blog, Thomas Contributor address; City; State; Zip Code Santa Fe, NM 87506	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Law	Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/14 Rpt: 5/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Cathy	7 Amount of Contribution (\$) \$30.00
	6 Contributor address; City; State; Zip Code Friendswood, TX 77546	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boykins, Roger	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Kaylynn	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired Educator		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capotorto, Annalisa	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77059	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassady, Leonard	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77059	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/14 Rpt: 6/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Champion, Walter	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Houston, TX 77062	
8 Principal occupation / Job title (See Instructions) Law Professor		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cobarruvias, John	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crain, Tim	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Seabrook, TX 77586	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Intuitive Machines
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Grady	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77058	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domalakes, Christina	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Houston, TX 77059	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 7/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durrant, Lorena	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Houston, TX 77089	
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) PAM Rehab Hospital
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fahrenbruck, Gaye	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flannigan, Roselyn	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code Houston, TX 77059	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fosnight, Shawna	Amount of Contribution (\$) \$103.40
	Contributor address; City; State; Zip Code Houston, TX 77059	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garcia, Adrian	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77009	
Principal occupation / Job title (See Instructions) County Commissioner		Employer (See Instructions) Harris County Precinct 2

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/14 Rpt: 8/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Flora 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$50.00
	8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gill, Flora Houston, TX 77062	Amount of Contribution (\$) \$103.48
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guibal, Cathy Henderson, NV 89011	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halvorson, Jennifer Pasadena, TX 77506	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Analyst ENA	
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Ann Houston, TX 77062	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired NASA Retired	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/14 Rpt: 9/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 10/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Camden 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$5.65
	8 Principal occupation / Job title (See Instructions) Programmer	
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillhouse IV, James Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$650.00
	Principal occupation / Job title (See Instructions) Retired	
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, David Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) Software Engineer	
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khan, Joe Contributor address; City; State; Zip Code Houston, TX 77089	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions) Engineer	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/14 Rpt: 10/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirasich, Mary 6 Contributor address; City; State; Zip Code Houston, TX 77062	7 Amount of Contribution (\$) \$100.00
	8 Principal occupation / Job title (See Instructions) Not Employed	9 Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krist, Kim Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$129.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krist, Kim Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$129.00
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krist, Kim Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$515.38
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krist, Makenna Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$15.95
	Principal occupation / Job title (See Instructions) Not Employed	Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/14 Rpt: 11/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lower-Mckinney, Kayleigh	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Houston, TX 77059	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matula, Michael	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code Houston, TX 77059	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menard, Dianne	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Seabrook, TX 77586	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Arlis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77058	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Arlis	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77058	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 12/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 11/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, James	7 Amount of Contribution (\$) \$5,000.00
	6 Contributor address; City; State; Zip Code Washington, DC 20007	
8 Principal occupation / Job title (See Instructions) Strategy Director		9 Employer (See Instructions) Lonza
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Jerry	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code North Pollok, TX 75969	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan-Dimmick, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions) NASA Flight Controller		Employer (See Instructions) NASA Contractor
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan-Dimmick, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions) NASA Flight Controller		Employer (See Instructions) NASA Contractor
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan-Dimmick, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions) NASA Flight Controller		Employer (See Instructions) NASA Contractor

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/14 Rpt: 13/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphey, Leslie	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Seabrook, TX 77586	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Rick	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Houston, TX 77062	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Rick	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77062-3654	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortega, Rick	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77062-3654	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paredes, Andy	Amount of Contribution (\$) \$133.34
	Contributor address; City; State; Zip Code Seabrook, TX 77586	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paredes, Andy 6 Contributor address; City; State; Zip Code Seabrook, TX 77586	7 Amount of Contribution (\$) \$51.99
	8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions) Self
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paredes, Andy Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Self
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Sandra Contributor address; City; State; Zip Code Houston, TX 77058	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Rebecca Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$50.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramirez, Phil Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$129.00
	Principal occupation / Job title (See Instructions) Manager	Employer (See Instructions) S3

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/14 Rpt: 15/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Ethan	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code League City, TX 77573	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russo, Greg	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Houston, TX 77058	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Robert	Amount of Contribution (\$) \$103.48
	Contributor address; City; State; Zip Code Houston, TX 77024	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singh, Sarita	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Houston, TX 77059	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions)
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smyrl, Jeremy	Amount of Contribution (\$) \$515.38
	Contributor address; City; State; Zip Code Coppell, TX 75019	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 16/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smyrl, Jeremy	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Coppell, TX 75019	
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Self
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, Michael	Amount of Contribution (\$) \$133.34
	Contributor address; City; State; Zip Code Ridgewood, NY 11385	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tomlinson, Robert	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trushenski, Pam	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trushenski, Todd	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Friendswood, TX 77546	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 14/14 Rpt: 17/26
2 FILER NAME Wittliff, Herman A. (Mr.)			3 Filer ID (Ethics Commission Filers) 00090080
4 Date 10/17/2025	5 Full name of contributor Viviano, Thomas 6 Contributor address; City; State; Zip Code Houston, TX 77059	7 Amount of Contribution (\$) \$50.00	
8 Principal occupation / Job title (See Instructions) Candidate for CCISD District 1		9 Employer (See Instructions) Self	
Date 10/29/2025	Full name of contributor Wittliff School Board Candidate, Herman "Albert" IV Contributor address; City; State; Zip Code Houston, TX 77059	Amount of Contribution (\$) \$751.55	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: Sch: 1/2 Rpt: 18/26</p>
<p>2 FILER NAME Wittliff, Herman A. (Mr.)</p>				<p>3 Filer ID (Ethics Commission Filers) 00090080</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p>5 Date 09/23/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krist, Kim</p> <p>7 Contributor address; City; State; Zip Code Houston, TX 77062</p>			<p>8 Amount of contribution (\$) \$500.00</p> <p>9 In-kind contribution description Venue Rental for meeting with constituents.</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not Employed</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Not Employed</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 10/16/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krist, Kim</p> <p>Contributor address; City; State; Zip Code Houston, TX 77062</p>			<p>Amount of contribution (\$) \$902.29</p> <p>In-kind contribution description Food Purchase for meeting with constituents.</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not Employed</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Not Employed</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 10/16/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krist, Kim</p> <p>Contributor address; City; State; Zip Code Houston, TX 77062</p>			<p>Amount of contribution (\$) \$635.43</p> <p>In-kind contribution description Drinks purchased for meeting with constituents.</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Not Employed</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions) Not Employed</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 19/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 10/09/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Reid, Alicia 7 Contributor address; City; State; Zip Code League City, TX 77573	8 Amount of contribution (\$) 9 In-kind contribution description \$87.55 Amazon purchase of Lanyards, Flags, Sharpies, and Name Tags <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Assistant Manager		11 Employer (FOR NON-JUDICIAL) (See instructions) Dashiell
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 1/6 Rpt: 20/26	2 FILER NAME Wittliff, Herman A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00090080
4 Date 11/09/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$54.25	7 Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 Processing Fees - Check # 401764152
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/16/2025	Payee name ActBlue Technical Services	
Amount (\$) \$4.52	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Processing Fees Check # 401771851
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 11/23/2025	Payee name ActBlue Technical Services	
Amount (\$) \$0.70	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 Processing Fees Check # 401776590
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 2/6 Rpt: 21/26	2 FILER NAME Wittliff, Herman A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00090080
4 Date 11/30/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$1.75	7 Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 Processing Fees Check # 401771851
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/14/2025	Payee name ActBlue Technical Services	
Amount (\$) \$6.97	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 Processing Fees Check # 401796024
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held
Date 12/21/2025	Payee name ActBlue Technical Services	
Amount (\$) \$4.20	Payee address; City; P.O. Box 962017 Boston, MA 02196	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 Processing Fees Check # 401802488
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name ActBlue Technical Services	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 3/6 Rpt: 22/26	2 FILER NAME Wittliff, Herman A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00090080
4 Date 12/28/2025	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$62.27	7 Payee address; City; P.O. Box 962017 Boston, MA 02196	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(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 Processing Fees Check # 401809702
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name ExtraSpace Storage	
Amount (\$) \$164.64	Payee address; City; 235 Kirby Rd. Seabrook, TX 77586	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 12-15-25 to 3-14-26 Rental Space for storage.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 11/17/2025	Payee name Go Union Printing	
Amount (\$) \$65.37	Payee address; City; 2600 9th St N #501 St. Petersburg, FL 33704	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Business Cards
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 4/6 Rpt: 23/26	2 FILER NAME Wittliff, Herman A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00090080
4 Date 11/13/2025	5 Payee name Harris County Democratic Party	
6 Amount (\$) \$750.00	7 Payee address; City; 3302 Canal St. Suite 62 Houston, TX 77003	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/09/2025	Payee name PayPal	
Amount (\$) \$285.94	Payee address; City; 2211 N 1st St. San Jose, CA 95131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PayPal fees from transactions spanning 10/9/2025 to 12/21/2025
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/11/2025	Payee name TGM Printing	
Amount (\$) \$2,675.94	Payee address; City; 13910 Murphy Rd. Stafford, TX 77477	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 24 - 4x4 signs 300 - 18x24 yard signs
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 5/6 Rpt: 24/26	2 FILER NAME Wittliff, Herman A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00090080	
4 Date 11/05/2025	5 Payee name Texas Democratic Party		
6 Amount (\$) \$715.00	7 Payee address; City; 314 Highland Blvd. Austin, TX 78752	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Van access	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/30/2025	Payee name USPS		
Amount (\$) \$192.00	Payee address; City; 475 L'Enfant Plaza SW Washington, DC 20260	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 12 months PO box rental	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/09/2025	Payee name Weebly		
Amount (\$) \$153.50	Payee address; City; 1955 Broadway Suite 600 Oakland, CA 94612	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional Site Plan account upgrade 1yr exp. 10/9/2026	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	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: Sch: 6/6 Rpt: 25/26	2 FILER NAME Wittliff, Herman A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00090080
4 Date 11/12/2025	5 Payee name b1Bank	
6 Amount (\$) \$50.00	7 Payee address; City; 1800 NASA Parkway Houston, TX 77058	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service charge for expediting delivery of bank card.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/13/2025	Payee name b1Bank	
Amount (\$) \$50.00	Payee address; City; 1800 NASA Parkway Houston, TX 77058	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service charge for expediting delivery of bank card.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought
Date 11/13/2025	Payee name b1Bank	
Amount (\$) \$50.00	Payee address; City; 1800 NASA Parkway Houston, TX 77058	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service charge for expediting delivery of bank card.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 26/26
2 FILER NAME Wittliff, Herman A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090080
4 Date 11/13/2025	5 Name of person from whom amount is received b1Bank	8 Amount (\$) \$50.00
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77058	
	7 Purpose for which amount is received Refund service charge for expediting delivery of bank card.	<input type="checkbox"/> Check if political contribution returned to filer
Date 11/19/2025	5 Name of person from whom amount is received b1Bank	Amount (\$) \$100.00
	6 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77058	
	7 Purpose for which amount is received Refunds service charge for expediting delivery of bank card.	<input type="checkbox"/> Check if political contribution returned to filer