

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00085950	<b>2</b> Total pages filed: 25									
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR The Honorable</td> <td style="width: 30%;">FIRST Mark E.</td> <td style="width: 40%;">MI </td> </tr> <tr> <td colspan="3"> <hr/> </td> </tr> <tr> <td>NICKNAME</td> <td>LAST Dorazio</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR The Honorable	FIRST Mark E.	MI 	<hr/>			NICKNAME	LAST Dorazio	SUFFIX	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 01/14/2026
	MS / MRS / MR The Honorable	FIRST Mark E.	MI 									
<hr/>												
NICKNAME	LAST Dorazio	SUFFIX										
ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 461341  San Antonio, TX 78246												
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE PO Box 461341  San Antonio, TX 78246		Date Hand-delivered or Date Postmarked									
			Receipt #	Amount								
			Date Processed									
			Date Imaged									
<b>5</b> CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR Mrs.</td> <td style="width: 30%;">FIRST Monica A.</td> <td style="width: 40%;">MI </td> </tr> <tr> <td colspan="3"> <hr/> </td> </tr> <tr> <td>NICKNAME</td> <td>LAST Dorazio</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR Mrs.	FIRST Monica A.	MI 	<hr/>			NICKNAME	LAST Dorazio	SUFFIX	
	MS / MRS / MR Mrs.	FIRST Monica A.	MI 									
<hr/>												
NICKNAME	LAST Dorazio	SUFFIX										
NICKNAME LAST SUFFIX												
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 143 N. Tower  San Antonio, TX 78232											
	(Residence or Business)											
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 495-3944											
	(210) 495-3944											
<b>8</b> REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<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)	
	<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)									
(Residence or Business)												
<b>9</b> PERIOD COVERED	Month Day Year 07/01/2025											
	THROUGH Month Day Year 12/31/2025											
<b>10</b> 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									
	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									
<b>11</b> OFFICE	OFFICE HELD (if any) State Representative District 122		<b>12</b> OFFICE SOUGHT (if known) State Representative District 122									
	OFFICE HELD (if any) State Representative District 122											

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Dorazio, Mark E. (The Honorable)	<b>14 Filer ID</b> (Ethics Commission Filers) 00085950
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<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.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>	

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)	\$ 106,298.75
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 24,538.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 404,315.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 550,000.00

<b>17 AFFIDAVIT</b>		
<p>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.</p>  <div style="display: flex; justify-content: center; align-items: center;"><div style="border-bottom: 1px solid black; width: 200px; margin-right: 10px;"></div><div style="text-align: center;"><p>The Honorable Mark E. Dorazio</p><p>Signature of Candidate or Officeholder</p></div></div>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>		
<p>_____ Signature of officer administering</p>	<p>_____ Printed name of officer administering</p>	<p>_____ Title of officer administering oath</p>

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

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<b>18 FILER NAME</b> Dorazio, Mark E. (The Honorable)		<b>19 Filer ID</b> (Ethics Commission Filers) 00085950
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 104,325.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,973.75
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	\$ 24,538.97
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	\$ 5,678.54

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/14 Rpt: 4/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 11/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appleby, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78248	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bayne, Susan <hr/> Contributor address; City; State; Zip Code  San Antonio , TX 78248	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brame , Dolores <hr/> Contributor address; City; State; Zip Code  Shavano Park , TX 78230	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bungler Sr., Richard <hr/> Contributor address; City; State; Zip Code  Spring Branch , TX 78070-7014	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 07/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burdine, Jim <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/14 Rpt: 5/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, J. Christopher <b>6</b> Contributor address; City; State; Zip Code  Bulverde, TX 78163	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Self Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cernosek, Mary Rose Contributor address; City; State; Zip Code  San Antonio, TX 78256	Amount of Contribution (\$)  \$55.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Linda Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cisarik, Brian Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Cisarik Enterprises
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Audrey Contributor address; City; State; Zip Code  San Antonio, TX 78231	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Self

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/14 Rpt: 6/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crowther M.D., Alan <b>6</b> Contributor address; City; State; Zip Code  San Antonio , TX 78258	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions) M.D.		<b>9</b> Employer (See Instructions) Self Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorazio, Dave Contributor address; City; State; Zip Code  Aledo, TX 78246	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorazio, Dave Contributor address; City; State; Zip Code  Aledo, TX 78246	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin Burrows Campaign Contributor address; City; State; Zip Code  Lubbock, TX 79408	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etter, Jill Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/14 Rpt: 7/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fails , Chris <hr/> <b>6</b> Contributor address; City; State; Zip Code  Hollywood Park , TX 78232	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Landman		<b>9</b> Employer (See Instructions) NextEra Energy
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fechner, Ruben <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feinsilber , Bennett <hr/> Contributor address; City; State; Zip Code  San Antonio , TX 78260-2214	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferraz, Christina <hr/> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Project Admin		Employer (See Instructions) Advantage Construction, LLC
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Folson, Charlotte <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78218	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/14 Rpt: 8/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 07/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funk, Ruth <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78258	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Funk, Ruth Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Givler, David Contributor address; City; State; Zip Code  San Antonio, TX 78213	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Givler Engineering, Inc
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Givler, David Contributor address; City; State; Zip Code  San Antonio, TX 78213	Amount of Contribution (\$)  \$4,000.00
Principal occupation / Job title (See Instructions) Civil Engineer		Employer (See Instructions) Givler Engineering, Inc
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOMEPAC Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/14 Rpt: 9/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Justin <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78216	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney		<b>9</b> Employer (See Instructions) Hill Law Firm
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hine, Gilbert Contributor address; City; State; Zip Code  San Antonio, TX 78260	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Insurance Broker		Employer (See Instructions) AmWins
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) House , Doug Contributor address; City; State; Zip Code  Jourdanton, TX 78026	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Operations Support Manager		Employer (See Instructions) Zachry Industrial Inc.
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Gregory Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justice for Texas Victims PAC Contributor address; City; State; Zip Code  Dallas, TX 75201	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/14 Rpt: 10/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalk, Dennis <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78248	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kecseg, RJ Contributor address; City; State; Zip Code  Winnsboro, TX 75494	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ker P.C., John (Mr.) Contributor address; City; State; Zip Code  Hewitt, TX 76643	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lloyd , Joni Contributor address; City; State; Zip Code  North Platte , NE 69101	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Joseph Contributor address; City; State; Zip Code  San Antonio , TX 78232	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) LTS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/14 Rpt: 11/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahan, Carrie <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78254	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Homemaker		<b>9</b> Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Metzger, Mark <hr/> Contributor address; City; State; Zip Code  San Antonio , TX 78260	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Paula <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78269	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moreno, David <hr/> Contributor address; City; State; Zip Code  Shavano Park, TX 78231	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Petland
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichol, Christine <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78216	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/14 Rpt: 12/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pape-Dawson Engineers PAC <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78213	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker , Susan Contributor address; City; State; Zip Code  San Antonio , TX 78216	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Physicians For Free Market Healthcare PAC Contributor address; City; State; Zip Code  Dallas, TX 75204	Amount of Contribution (\$)  \$25,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potyk, Roger Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potyk, Roger Contributor address; City; State; Zip Code  San Antonio, TX 78232	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/14 Rpt: 13/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruiz Transportation LLC <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78250	<b>7</b> Amount of Contribution (\$)  \$1,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) San Antonio Professional Firefighters Political Action Committee Contributor address; City; State; Zip Code  San Antonio, TX 78230	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sasser, Trebes Contributor address; City; State; Zip Code  San Antonio, TX 78209	Amount of Contribution (\$)  \$200.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self
Date 07/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sena, Rich Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sena, Rich Contributor address; City; State; Zip Code  Boerne, TX 78006	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/14 Rpt: 14/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/16/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepard, Angela <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dodd City, TX 75438	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Manager		<b>9</b> Employer (See Instructions) Universal North America
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, Daniel <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78261	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Pharmacy Unlimited
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skaggs, Jeremy <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78261	Amount of Contribution (\$)  \$5,000.00
Principal occupation / Job title (See Instructions) Finance/Technology		Employer (See Instructions) Pharmacy Unlimited
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith Protective Services Employee Political Action Fund <hr/> Contributor address; City; State; Zip Code  Addison, TX 75001	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southers, Steven <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78258	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/14 Rpt: 15/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 11/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, James <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78253	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Templeton, Dennis Contributor address; City; State; Zip Code  Fair Oaks Ranch, TX 78015	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas & Southwestern Cattle Raisers Association PAC Contributor address; City; State; Zip Code  Fort Worth, TX 76185-1988	Amount of Contribution (\$)  \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Apartment Association PAC Contributor address; City; State; Zip Code  Austin, TX 78701	Amount of Contribution (\$)  \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Nurse Practitioners PAC Contributor address; City; State; Zip Code  Austin, TX 78735	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/14 Rpt: 16/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) USAA Employee PAC <hr/> <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78288	<b>7</b> Amount of Contribution (\$)  \$2,500.00
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valero PAC <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78269	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderpoorten, Charlene <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78249	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wachsmuth, Deborah <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78257	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenger, Leslie <hr/> Contributor address; City; State; Zip Code  Castle Hills, TX 78213	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 14/14 Rpt: 17/25
<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)		<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Werner, Robert <b>6</b> Contributor address; City; State; Zip Code  San Antonio, TX 78231	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Attorney CPA		<b>9</b> Employer (See Instructions) Law Office of Robert B Werner, PLLC
<b>Date</b> 12/31/2025	<b>Full name of contributor</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) Willis, James <b>Contributor address; City; State; Zip Code</b>  San Antonio, TX 78246	<b>Amount of Contribution (\$)</b>  \$20.00
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 18/25	
2 FILER NAME Dorazio, Mark E. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00085950	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/08/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corte Jr., Frank	8 Amount of contribution (\$) \$1,973.75	9 In-kind contribution description Event/Dining Expense
	7 Contributor address; City; State; Zip Code  San Antonio, TX 78269	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Managing Partner		11 Employer (FOR NON-JUDICIAL) (See instructions) Capitol Chairman's Alliance, LLC	
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  
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: 1/6 Rpt: 19/25	<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 07/02/2025	<b>5</b> Payee name Cashdollar, Caleb	
<b>6</b> Amount (\$) \$325.00	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> San Antonio, TX 78232	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 Campaign Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/06/2025	Candidate/Officeholder name Office sought Office held	
Payee name Cashdollar, Caleb		
Amount (\$) \$325.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Cashdollar, Caleb		
Amount (\$) \$325.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

# 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: 2/6 Rpt: 20/25	<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 10/01/2025	<b>5</b> Payee name Cashdollar, Caleb	
<b>6</b> Amount (\$) \$325.00	<b>7</b> Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> San Antonio, TX 78232	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 Campaign Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Cashdollar, Caleb	
Amount (\$) \$400.27	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Cashdollar, Caleb	
Amount (\$) \$465.00	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> San Antonio, TX 78232	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Services
Complete <u>ONLY</u> 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  
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: 3/6 Rpt: 21/25	<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 07/02/2025	<b>5</b> Payee name Griffin Communications LLC	
<b>6</b> Amount (\$) \$1,250.00	<b>7</b> Payee address; City; State; Zip Code 176 Venice Cove  Austin, TX 78737	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<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 Consulting Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2025	Payee name Griffin Communications LLC	
Amount (\$) \$3,125.00	Payee address; City; State; Zip Code 176 Venice Cove  Austin, TX 78737	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<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 Consulting Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/05/2025	Payee name Griffin Communications LLC	
Amount (\$) \$3,291.17	Payee address; City; State; Zip Code 176 Venice Cove  Austin, TX 78737	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<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 Consulting Services
Complete <u>ONLY</u> 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  
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: 4/6 Rpt: 22/25	<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 10/01/2025	<b>5</b> Payee name Griffin Communications LLC	
<b>6</b> Amount (\$) \$3,262.39	<b>7</b> Payee address; City; State; Zip Code 176 Venice Cove  Austin, TX 78737	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<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 Consulting Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name Griffin Communications LLC	
Amount (\$) \$3,125.00	Payee address; City; State; Zip Code 176 Venice Cove  Austin, TX 78737	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<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 Consulting Services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/01/2025	Payee name Griffin Communications LLC	
Amount (\$) \$3,125.00	Payee address; City; State; Zip Code 176 Venice Cove  Austin, TX 78737	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting Expense	<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 Consulting Services
Complete <u>ONLY</u> 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  
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: 5/6 Rpt: 23/25	<b>2</b> FILER NAME Dorazio, Mark E. (The Honorable)	<b>3</b> Filer ID (Ethics Commission Filers) 00085950
<b>4</b> Date 12/18/2025	<b>5</b> Payee name Jaramillo, Leonard	
<b>6</b> Amount (\$) \$3,505.00	<b>7</b> Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> San Antonio, TX 78221	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	<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 Campaign Services
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2025	Payee name Republican Party of Bexar County	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 10300 Heritage Blvd Ste 240  San Antonio , TX 78216	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<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 Filing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/06/2025	Payee name USPS	
Amount (\$) \$226.00	Payee address; City; State; Zip Code 10250 John Sanders Rd  San Antonio, TX 78246	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) PO Box Cost	<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 PO Box Cost
Complete <u>ONLY</u> 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  
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.

1 Total pages Schedule F1: Sch: 6/6 Rpt: 24/25	2 FILER NAME Dorazio, Mark E. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00085950
4 Date 12/31/2025	5 Payee name WinRed	
6 Amount (\$) \$714.14	7 Payee address; City; State; Zip Code 1776 Wilson Blvd Ste 530  Arlington , VA 22209	
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 Online fundraising fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held



# 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: 25/25

2 FILER NAME

Dorazio, Mark E. (The Honorable)

3 Filer ID (Ethics Commission Filers)  
00085950

4 Date

12/31/2025

5 Name of person from whom amount is received

Broadway Bank

8 Amount (\$)

\$5,678.54

6 Address of person from whom amount is received; City; State; Zip Code

San Antonio, TX 78217

7 Purpose for which amount is received

Earned Interest

☐ Check if political contribution returned to filer