

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00089886		2 Total pages filed: 21		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Viola Blayre	MI	ELECTRONICALLY FILED 01/10/2026	
	NICKNAME	LAST Pena	SUFFIX	Date Hand-delivered or Date Postmarked	
4 ORIGINAL REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify) _____	Receipt # _____	
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Amount		
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	Date Processed		
	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)	Date Imaged		
5 ORIGINAL PERIOD COVERED	Month 09/05/2025	Day	Year	Month 12/31/2025	Day

6 EXPLANATION OF CORRECTION

I forgot to include an expense for Anedot related to processing online contributions.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

Semiannual reports: I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Viola Blayre Pena

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

**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) 00089886	2 Total pages filed: 21
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Viola Blayre	MI	OFFICE USE ONLY
	NICKNAME	LAST Pena	SUFFIX	Date Received ELECTRONICALLY FILED 01/10/2026
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1801 Red Bud Lane Ste. B-169 Round Rock, TX 78664			ZIP CODE Date Hand-delivered or Date Postmarked
				Receipt # <input type="text"/> Amount <input type="text"/>
				Date Processed
				Date Imaged
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Viola Blayre	MI	
	NICKNAME	LAST Pena	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1801 Red Bud Lane Ste. B-169 Round Rock, TX 78664		APT / SUITE #;	CITY; STATE; ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 642-8585			
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 09/05/2025	Day	Year	Month 12/31/2025 Day Year
10 ELECTION	ELECTION DATE Month 03/03/2026	Day	Year	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 52	

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

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

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13 C / OH NAME	Pena, Viola Blayre (Mrs.)		14 Filer ID (Ethics Commission Filers) 00089886
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)		\$ 28,255.34
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 9,914.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 35,005.01
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.

Mrs. Viola Blayre Pena

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**

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18 FILER NAME	19 Filer ID	(Ethics Commission Filers)
Pena, Viola Blayre (Mrs.)	00089886	
20 SCHEDULE SUBTOTALS	NAME OF SCHEDULE	
	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	27,978.30
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	277.04
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	\$	9,914.62
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/14 Rpt: 5/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alborn, Elijah	7 Amount of Contribution (\$) \$521.15
	6 Contributor address; City; State; Zip Code Pflugerville, TX 78660	
8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) EXP Realty LLC
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bawcom, David	Amount of Contribution (\$) \$1,041.98
	Contributor address; City; State; Zip Code Leander, TX 78641	
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#: _____) Bawcom, Susan	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bawcom, Susan	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code Leander, TX 78641	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beleckis, Robert	Amount of Contribution (\$) \$208.65
	Contributor address; City; State; Zip Code Tyler, TX 75704	
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: 2/14 Rpt: 6/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beleckis, Robert	7 Amount of Contribution (\$) \$260.73
	6 Contributor address; City; State; Zip Code Tyler, TX 75704	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Robert	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Anaheim, CA 92807	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Beth	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Real estate broker		Employer (See Instructions) Compass Real Estate
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Beth	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Real estate broker		Employer (See Instructions) Compass Real Estate
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Castillo, Benjamin	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Weslaco, TX 78596	
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: 3/14 Rpt: 7/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 10/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlie, Burgoyne	7 Amount of Contribution (\$) \$260.73
	6 Contributor address; City; State; Zip Code Austin, TX 78734	
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Valkyrie
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coleman, Diana	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Austin, TX 78717	
Principal occupation / Job title (See Instructions) Manager, Energy Market		Employer (See Instructions) CPS Energy
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Rena	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Examiner		Employer (See Instructions) Insurance
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Rena	Amount of Contribution (\$) \$52.40
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Examiner		Employer (See Instructions) Insurance
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De La Garza, Rena	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Austin, TX 78741	
Principal occupation / Job title (See Instructions) Examiner		Employer (See Instructions) Insurance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/14 Rpt: 8/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, John (Dr.)	7 Amount of Contribution (\$) \$250.00
	6 Contributor address; City; State; Zip Code Tulsa, OK 74114	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dietz, Mark Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dietz & Jarrard, PC
Date 09/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Diana Contributor address; City; State; Zip Code Weslaco, TX 78596	Amount of Contribution (\$) \$52.40
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#: _____) Edwards, Jeff Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Edwards Law
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Efflandt, Wendi Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Heritage Law

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/14 Rpt: 9/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foerster, Matthew 6 Contributor address; City; State; Zip Code Austin, TX 78729	7 Amount of Contribution (\$) \$521.15
	8 Principal occupation / Job title (See Instructions) Attorney	9 Employer (See Instructions) Arnold Placek & Foerster PC
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friemel, Geleen Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$52.40
	Principal occupation / Job title (See Instructions) Teacher	Employer (See Instructions) Covenant Presbyterian Preschool
Date 09/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Angela Contributor address; City; State; Zip Code Bayonne, NJ 70002	Amount of Contribution (\$) \$26.35
	Principal occupation / Job title (See Instructions) Optical Store Manager	Employer (See Instructions) EssilorLuxottica
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Bridgette Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$10.73
	Principal occupation / Job title (See Instructions) College Success Coach	Employer (See Instructions) Foundation Communities
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Sylvia Contributor address; City; State; Zip Code Maxwell, TX 78656	Amount of Contribution (\$) \$104.48
	Principal occupation / Job title (See Instructions) Florist	Employer (See Instructions) Budaful Flowers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/14 Rpt: 10/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomez, Sylvia	7 Amount of Contribution (\$) \$104.48
	6 Contributor address; City; State; Zip Code Maxwell, TX 78656	
8 Principal occupation / Job title (See Instructions) Florist		9 Employer (See Instructions) Budaful Flowers
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Carl	Amount of Contribution (\$) \$5,208.65
	Contributor address; City; State; Zip Code Austin, TX 78756	
Principal occupation / Job title (See Instructions) Farmer/Rancher		Employer (See Instructions) Gustafson, Inc.
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Charles	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Austin, TX 78729	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Walker Consultants
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Maggie	Amount of Contribution (\$) \$52.40
	Contributor address; City; State; Zip Code Georgetown, TX 78626	
Principal occupation / Job title (See Instructions) Sales Manager		Employer (See Instructions) IKEA
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hatchitt, Danielle	Amount of Contribution (\$) \$521.15
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Weisbart Springer Storm Hatchitt

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/14 Rpt: 11/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 10/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Helman, Viola	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Mariposa, CA 95338	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Ebony	Amount of Contribution (\$) \$52.40
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) AppleOne
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jillian, French	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Kyle, TX 78640	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Eggleston Law Firm- Jillian French
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keith, Anthony (Mr.)	Amount of Contribution (\$) \$52.40
	Contributor address; City; State; Zip Code Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Arnold Oil
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledenbach, Gregory	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
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: 8/14 Rpt: 12/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Limmer, Frankie and Judy	7 Amount of Contribution (\$) \$104.48
	6 Contributor address; City; State; Zip Code Taylor, TX 76574	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisa, Richardson	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of Lisa Richardson PC
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lott, Justin	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78757	
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Lott Brothers Construction
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Majd, Dari	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code Austin, TX 78727	
Principal occupation / Job title (See Instructions) PC		Employer (See Instructions) COA
Date 09/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Victor	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code Del Valle, TX 78617	
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/14 Rpt: 13/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Victor	7 Amount of Contribution (\$) \$4,000.00
	6 Contributor address; City; State; Zip Code Del Valle, TX 78617	
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Self
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKean, Ron	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code New Braunfels, TX 78130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina, Monica	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code Burnet, TX 78611	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Texas Housing Conservancy
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Joshua	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code Cedar Park, TX 78613	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office Joshua P. Murray
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noble, Liane	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Austin, TX 78731	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Vinson Elkins

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/14 Rpt: 14/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 09/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Donna 6 Contributor address; City; State; Zip Code Round Rock, TX 78681	7 Amount of Contribution (\$) \$104.48
	8 Principal occupation / Job title (See Instructions) Financial Advisor	9 Employer (See Instructions) Self
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Monica Contributor address; City; State; Zip Code New Braunfels, TX 78130	Amount of Contribution (\$) \$26.35
	Principal occupation / Job title (See Instructions) Cloud Specialist	Employer (See Instructions) Dell Technologies
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pena, Sandra Contributor address; City; State; Zip Code Austin, TX 78728	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#: _____) Pena, Sandra Contributor address; City; State; Zip Code Austin, TX 78728	Amount of Contribution (\$) \$21.15
	Principal occupation / Job title (See Instructions) retired	Employer (See Instructions) retired
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pollard, Jane Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$200.00
	Principal occupation / Job title (See Instructions) Legal Recruiter	Employer (See Instructions) Momentum Search Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 11/14 Rpt: 15/21
2 FILER NAME Pena, Viola Blayre (Mrs.)			3 Filer ID (Ethics Commission Filers) 00089886
4 Date 11/01/2025	5 Full name of contributor Ralph, Kim	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of Contribution (\$) \$26.35
	6 Contributor address; City; State; Zip Code Georgetown, TX 78628		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self	
Date 10/01/2025	Full name of contributor Reese, Stacey	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78703		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Stacey Reese Law	
Date 12/09/2025	Full name of contributor Sagiv, Ohad	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$1,562.81
	Contributor address; City; State; Zip Code Austin, TX 78733		
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Sagiv's	
Date 10/24/2025	Full name of contributor Scarborough, Terry and Cissy	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$521.15
	Contributor address; City; State; Zip Code Austin, TX 78746		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 12/20/2025	Full name of contributor Scherer, Stephen	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Austin, TX 78732		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/14 Rpt: 16/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shawn, Elizabeth	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code San Juan, TX 78589	
8 Principal occupation / Job title (See Instructions) Paralegal		9 Employer (See Instructions) Ray Thomas PC
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley, Chris	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Lampasses, TX 76550	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sneed Vine & Perry PC
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terrazas, Kevin	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Austin, TX 78746	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Terrazas PLLC
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Raymond	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code McAllen, TX 78504	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Ray Thomas PC
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Todd, Ian	Amount of Contribution (\$) \$521.15
	Contributor address; City; State; Zip Code Georgetown, TX 78628	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sneed Vine & Perry PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/14 Rpt: 17/21
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Traenkle, Kathy 6 Contributor address; City; State; Zip Code Casa Grande, AZ 85122	7 Amount of Contribution (\$) \$156.56
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valentini, John (Dr.) Contributor address; City; State; Zip Code Georgetown, TX 78628	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Family Emergency Room of Georgetown
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Rick Contributor address; City; State; Zip Code Hockley, TX 77447	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westbrook, Kathy Contributor address; City; State; Zip Code Round Rock, TX 78664	Amount of Contribution (\$) \$260.73
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) Texas Mutual
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, John Contributor address; City; State; Zip Code Vernon, TX 76384	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Wright Insurance		Employer (See Instructions) Insurance/Rancher

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 14/14 Rpt: 18/21
2 FILER NAME Pena, Viola Blayre (Mrs.)			3 Filer ID (Ethics Commission Filers) 00089886
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, John and Meredith 6 Contributor address; City; State; Zip Code Vernon, TX 76384	7 Amount of Contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions) owner		9 Employer (See Instructions) W5 Farms	
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeiger, Timothy Contributor address; City; State; Zip Code Georgetown, TX 78633	Amount of Contribution (\$) \$104.48	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Shackleford McKinley & Norton LLP	

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: 1/1 Rpt: 19/21</p>
<p>2 FILER NAME Pena, Viola Blayre (Mrs.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00089886</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 10/22/2025</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pena, Ramon</p>	<p>8 Amount of contribution (\$) \$277.04</p>
	<p>7 Contributor address; City; State; Zip Code Round Rock, TX 78664</p>	<p>9 In-kind contribution description Donation of campaign Tshirts</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) Office Manager</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) VBPena Law PLLC</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>		

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: 1/2 Rpt: 20/21	2 FILER NAME Pena, Viola Blaire (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089886
4 Date 12/31/2025	5 Payee name Anedot	
6 Amount (\$) \$942.05	7 Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206	
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 donation fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/02/2025	Payee name Patterson & Company	
Amount (\$) \$8,084.44	Payee address; City; State; Zip Code 5149 Nicholas Creek Cir Wilmington, NC 28409	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Various	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense canvassing software, yard signs, push cards, and website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/10/2025	Payee name Post Net	
Amount (\$) \$85.00	Payee address; City; State; Zip Code 1801 Red Bud Lane, Ste. B Round Rock, TX 78664	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Nametags
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: 2/2 Rpt: 21/21	2 FILER NAME Pena, Viola Blaire (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089886
4 Date 11/14/2025	5 Payee name Post Net	
6 Amount (\$) \$53.13	7 Payee address; City; State; Zip Code 1801 Red Bud Lane, Ste. B Round Rock, TX 78664	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Name Tag
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Williamson County Republican Party	Office sought Office held
Date 11/14/2025	Payee name Williamson County Republican Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 716 S. Rock Street Georgetown, TX 78628	
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
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held