

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00081882	2 Total pages filed: 41		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Jo A	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME Jo Ann	LAST Linzer	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE			Date Hand-delivered or Date Postmarked		
	<b>REDACTED PER 254.0313, GOVT CODE</b>			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Lindsey	MI			
	NICKNAME	LAST Kasprzak	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<b>REDACTED PER 254.0313, GOVT CODE</b>					
7 CAMPAIGN TREASURER PHONE	AREA CODE (936) 647-1946	PHONE NUMBER EXTENSION				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input checked="" 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 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
THROUGH						
10 ELECTION	ELECTION DATE Month 03/03/2026		Primary <input checked="" type="checkbox"/>	Runoff <input type="checkbox"/>	Other <input type="checkbox"/>	
			General <input type="checkbox"/>	Special <input type="checkbox"/>		
11 OFFICE	OFFICE HELD (if any) District Judge District 359 Montgomery			12 OFFICE SOUGHT (if known) District Judge District 359		

**GO TO PAGE 2**

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

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

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13 C / OH NAME	Linzer, Jo A (Mrs.)		14 Filer ID (Ethics Commission Filers) 00081882												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>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.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00												
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 36,054.19												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 18,519.32												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 47,537.67												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 10,000.00												
17 AFFIDAVIT															
<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>															
<p>Mrs. Jo A Linzer _____ Signature of Candidate or Officeholder</p>															
AFFIX NOTARY STAMP / SEAL ABOVE															
<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>															
Signature of officer administering oath		Printed name of officer administering oath													
		Title of officer administering oath													

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

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<b>18</b> FILER NAME Linzer, Jo A (Mrs.)	<b>19</b> Filer ID (Ethics Commission Filers) 00081882
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 35,645.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 409.19	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ 15,000.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 1,700.26	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 4,679.06	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 12,140.00	
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 A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/28 Rpt: 4/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BAEZ, LUIS ..... <b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77088	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation ATTORNEY		<b>9</b> Contributor's Job Title ATTORNEY
<b>10</b> Contributor's employer/law firm SELF		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARKER, ROBBIE ..... Contributor address; City; State; Zip Code  CONROE, TX 77301		Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title OWNER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/08/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, AMANDA ..... Contributor address; City; State; Zip Code  CONROE, TX 77303		Amount of Contribution (\$)  \$170.00
Contributor's Principal Occupation BUSINESS DEVELOPMENT		Contributor's Job Title MANAGER
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/28 Rpt: 5/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, JANE <b>6</b> Contributor address; City; State; Zip Code CONROE, TX 77384	<b>7</b> Amount of Contribution (\$) \$50.00
<b>8</b> Contributor's Principal Occupation Administrator		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm CISD		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/13/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARNES, JENNIFER Contributor address; City; State; Zip Code CONROE, TX 77384		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation PARALEGAL		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BARTLETT, ROBBIE Contributor address; City; State; Zip Code CONROE, TX 77301		Amount of Contribution (\$) \$300.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title OWNER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/28 Rpt: 6/41	
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882	
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BASS, DIANE <b>6</b> Contributor address; City; State; Zip Code  CONROE, TX 77301	<b>7</b> Amount of Contribution (\$)  \$100.00	
<b>8</b> Contributor's Principal Occupation RETIRED		<b>9</b> Contributor's Job Title NONE	
<b>10</b> Contributor's employer/law firm NONE		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/03/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BECKMAN, LORA Contributor address; City; State; Zip Code  CONROE, TX 77382	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title OWNER	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BENDER, GINA Contributor address; City; State; Zip Code  CONROE, TX 77384	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation EVENTS		Contributor's Job Title EVENT LEAD	
Contributor's employer/law firm HEWLETT PACKARD		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/28 Rpt: 7/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BERGLAND, ERIK	<b>7</b> Amount of Contribution (\$) \$300.00
	<b>6</b> Contributor address; City; State; Zip Code  CONROE, TX 77301	
<b>8</b> Contributor's Principal Occupation ATTORNEY		<b>9</b> Contributor's Job Title OWNER
<b>10</b> Contributor's employer/law firm SELF		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLUESTEIN, DAVID
		Contributor address; City; State; Zip Code  MONTGOMERY, TX 77356
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title OWNER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/08/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOURQUE, MORGAN
		Contributor address; City; State; Zip Code  THE WOODLANDS, TX 77380
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/28 Rpt: 8/41	
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882	
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROCKNER, CHARLES <b>6</b> Contributor address; City; State; Zip Code  HONOLULU, HI 96818	<b>7</b> Amount of Contribution (\$)  \$100.00	
<b>8</b> Contributor's Principal Occupation RETIRED		<b>9</b> Contributor's Job Title NONE	
<b>10</b> Contributor's employer/law firm NONE		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 12/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BUCKS, BILL Contributor address; City; State; Zip Code  CONROE, TX 77301	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation SECURITY		Contributor's Job Title MANAGER	
Contributor's employer/law firm WESTERN MIDSTREAM		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNS, BRIAN Contributor address; City; State; Zip Code  CONROE, TX 77301	Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title OWNER	
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/28 Rpt: 9/41	
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882	
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blair, Maris	<b>7</b> Amount of Contribution (\$) \$500.00	
	<b>6</b> Contributor address; City; State; Zip Code  THE WOODLANDS, TX 77380		
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title Attorney	
<b>10</b> Contributor's employer/law firm The Blair Law Firm		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATLETT, CHRIS Contributor address; City; State; Zip Code  HOUSTON, TX 77079	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Business Owner		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CHILDERS, DAVID Contributor address; City; State; Zip Code  MONTGOMERY, TX 77356	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation SALES		Contributor's Job Title SALES	
Contributor's employer/law firm TUBES, INC.		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/28 Rpt: 10/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CONLEY, BRIAN ..... <b>6</b> Contributor address; City; State; Zip Code CONROE, TX 77304	<b>7</b> Amount of Contribution (\$) \$750.00
<b>8</b> Contributor's Principal Occupation DOCTOR		<b>9</b> Contributor's Job Title DOCTOR
<b>10</b> Contributor's employer/law firm FOOT & ANKLE SPECIALISTS		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRESPO, IVAN ..... Contributor address; City; State; Zip Code SPRING, TX 77382		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title OWNER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CZAJKOSKI, JODY & NICOLE ..... Contributor address; City; State; Zip Code CONROE, TX 77301		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation REAL ESTATE		Contributor's Job Title BROKER
Contributor's employer/law firm MHW REAL ESTATE		Law firm of contributor's spouse (if any) SELF
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/28 Rpt: 11/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANIEL, ANDREW	<b>7</b> Amount of Contribution (\$) \$200.00
	<b>6</b> Contributor address; City; State; Zip Code  CONROE, TX 77305	
<b>8</b> Contributor's Principal Occupation ATTORNEY		<b>9</b> Contributor's Job Title ATTORNEY
<b>10</b> Contributor's employer/law firm SELF		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAY, JESSICA	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  CONROE, TX 77301	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title OWNER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DECKER, CHRISTIE	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  CONROE, TX 77304	
Contributor's Principal Occupation RN		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/28 Rpt: 12/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DISHONGH, JEREMY ..... <b>6</b> Contributor address; City; State; Zip Code  CONROE, TX 77301	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation ATTORNEY		<b>9</b> Contributor's Job Title OWNER
<b>10</b> Contributor's employer/law firm SELF		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOVER, KERRY ..... Contributor address; City; State; Zip Code  MONTGOMERY, TX 77356		Amount of Contribution (\$)  \$25.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOVER, KERRY ..... Contributor address; City; State; Zip Code  MONTGOMERY, TX 77356		Amount of Contribution (\$)  \$50.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/28 Rpt: 13/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DUNN, JASON (Judge)	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  PORTER, TX 77365	
<b>8</b> Contributor's Principal Occupation JUDGE		<b>9</b> Contributor's Job Title JUSTICE OF THE PEACE
<b>10</b> Contributor's employer/law firm MONTGOMERY COUNTY, TX		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EASTIN, JIM	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  SPRING, TX 77386	
Contributor's Principal Occupation HUMAN RESOURCES		Contributor's Job Title DIRECTOR
Contributor's employer/law firm INSPERITY		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) EPPINETTE-SMITH, NICOLAS	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  CONROE, TX 77301	
Contributor's Principal Occupation TEACHER		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/28 Rpt: 14/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLORES, MIGUEL <b>6</b> Contributor address; City; State; Zip Code  EL PASO, TX 79936	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FUTRAL, BRAN Contributor address; City; State; Zip Code  WOODLAND, AL 36280		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation FARMER		Contributor's Job Title OWNER
Contributor's employer/law firm FUTRAL FARMS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GHEZZI, JOHN Contributor address; City; State; Zip Code  MAGNOLIA, TX 77354		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title OWNER
Contributor's employer/law firm GHEZZI LAW FIRM		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/28 Rpt: 15/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, SONIA	<b>7</b> Amount of Contribution (\$) \$250.00
	<b>6</b> Contributor address; City; State; Zip Code  SAN ANTONIO, TX 78248	
<b>8</b> Contributor's Principal Occupation ATTORNEY		<b>9</b> Contributor's Job Title ATTORNEY
<b>10</b> Contributor's employer/law firm SELF		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HALL, DAVID
		Contributor address; City; State; Zip Code  THE WOODLANDS, TX 77380
Contributor's Principal Occupation MARKETING		Contributor's Job Title PRESIDENT
Contributor's employer/law firm PALM MARKETING		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOLCOMBE, GREG
		Contributor address; City; State; Zip Code  MAGNOLIA, TX 77354
Contributor's Principal Occupation REAL ESTATE		Contributor's Job Title REALTOR
Contributor's employer/law firm HOLCOMBE PROPERTIES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/28 Rpt: 16/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOPKINS, KIRBY	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  THE WOODLANDS, TX 77381	
<b>8</b> Contributor's Principal Occupation ATTORNEY		<b>9</b> Contributor's Job Title OWNER
<b>10</b> Contributor's employer/law firm HOPKINS CENTRICH LAW		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUFFMAN, MARY NAN	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code  HOUSTON, TX 77046	
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm HOUSTON POLICE OFFICERS UNION		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUYE, CLAUDIA	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  MONTGOMERY, TX 77356	
Contributor's Principal Occupation RETIRED		Contributor's Job Title NONE
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/28 Rpt: 17/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/19/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENKINS, TOMMIE	<b>7</b> Amount of Contribution (\$) \$500.00
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77006	
<b>8</b> Contributor's Principal Occupation INVESTIGATOR		<b>9</b> Contributor's Job Title INVESTIGATOR
<b>10</b> Contributor's employer/law firm SELF		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LACEY, KATE	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  CONROE, TX 77304	
Contributor's Principal Occupation RETIRED		Contributor's Job Title NONE
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LACEY, KEVIN	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code  CONROE, TX 77304	
Contributor's Principal Occupation RETIRED		Contributor's Job Title NONE
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 15/28 Rpt: 18/41	
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882	
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEAKY, STEVE <b>6</b> Contributor address; City; State; Zip Code  SPRING, TX 77382	<b>7</b> Amount of Contribution (\$)  \$100.00	
<b>8</b> Contributor's Principal Occupation RETIRED		<b>9</b> Contributor's Job Title NONE	
<b>10</b> Contributor's employer/law firm NONE		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESLIE, ALEX Contributor address; City; State; Zip Code  CANDLER, NC 28715	Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Business Owner		Contributor's Job Title	
Contributor's employer/law firm LesCon Plumbing		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LESLIE, MIKE Contributor address; City; State; Zip Code  KINGWOOD, TX 77339	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation BUSINESS OWNER		Contributor's Job Title	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 16/28 Rpt: 19/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LINZER, JEREMY ..... <b>6</b> Contributor address; City; State; Zip Code  CONROE, TX 77301	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Contributor's Principal Occupation CONSTRUCTION		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm BUILDER'S POST-TENSION		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MABREY, JEFF ..... Contributor address; City; State; Zip Code  CONROE, TX 77301		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation Management		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 ..... Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARBURGER, LAURA ..... Contributor address; City; State; Zip Code  CONROE, TX 77301		Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title OWNER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 17/28 Rpt: 20/41	
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882	
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAUER, PAUL <b>6</b> Contributor address; City; State; Zip Code  CONROE, TX 77302	<b>7</b> Amount of Contribution (\$)  \$400.00	
<b>8</b> Contributor's Principal Occupation BUSINESS OWNER		<b>9</b> Contributor's Job Title	
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/08/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHALK, DAN Contributor address; City; State; Zip Code  THE WOODLANDS, TX 77380	Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation FINANCIAL PLANNING		Contributor's Job Title OWNER	
Contributor's employer/law firm WATERWAY WEALTH MANAGEMENT		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 11/01/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MOCK, LINDA & LEO Contributor address; City; State; Zip Code  DOBBIN, TX 77333	Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title NONE	
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 18/28 Rpt: 21/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MURRAY, DANIELLE <b>6</b> Contributor address; City; State; Zip Code  MONTGOMER, TX 77356	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation LEGAL ASSISTANT		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NAPIER, GEORGE Contributor address; City; State; Zip Code  CONROE, TX 77301		Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm NAPIER LAW		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEUFELD, MATT Contributor address; City; State; Zip Code  CONROE, TX 77301		Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm M. NEUFELD LAW		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 19/28 Rpt: 22/41</p>															
<p><b>2</b> FILER NAME Linzer, Jo A (Mrs.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00081882</p>															
<p><b>4</b> Date 11/01/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NEWELL, DAVID (Judge)</p> <p><b>6</b> Contributor address; City; State; Zip Code ..... PRIVATE, TX 77000</p>	<p><b>7</b> Amount of Contribution (\$) \$1,000.00</p>															
<p><b>8</b> Contributor's Principal Occupation JUDGE</p>		<p><b>9</b> Contributor's Job Title JUDGE</p>															
<p><b>10</b> Contributor's employer/law firm STATE OF TEXAS</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>															
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>																	
<table border="1"> <tr> <td>Date 11/01/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTEGA, RAPHAEL</td> <td>Amount of Contribution (\$) \$500.00</td> </tr> <tr> <td></td> <td>Contributor address; City; State; Zip Code ..... CONROE, TX 77384</td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation ATTORNEY</p> </td> <td> <p>Contributor's Job Title ATTORNEY</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm SELF</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTEGA, RAPHAEL	Amount of Contribution (\$) \$500.00		Contributor address; City; State; Zip Code ..... CONROE, TX 77384		<p>Contributor's Principal Occupation ATTORNEY</p>		<p>Contributor's Job Title ATTORNEY</p>	<p>Contributor's employer/law firm SELF</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ORTEGA, RAPHAEL	Amount of Contribution (\$) \$500.00															
	Contributor address; City; State; Zip Code ..... CONROE, TX 77384																
<p>Contributor's Principal Occupation ATTORNEY</p>		<p>Contributor's Job Title ATTORNEY</p>															
<p>Contributor's employer/law firm SELF</p>		<p>Law firm of contributor's spouse (if any)</p>															
<p>If contributor is a child, law firm of parent(s) (if any)</p>																	
<table border="1"> <tr> <td>Date 11/19/2025</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAGAN, YOLANDA</td> <td>Amount of Contribution (\$) \$250.00</td> </tr> <tr> <td></td> <td>Contributor address; City; State; Zip Code ..... SPRING, TX 77382</td> <td></td> </tr> <tr> <td colspan="2"> <p>Contributor's Principal Occupation PARALEGAL</p> </td> <td> <p>Contributor's Job Title PARALEGAL</p> </td> </tr> <tr> <td colspan="2"> <p>Contributor's employer/law firm IVAN CRESPO LAW FIRM</p> </td> <td> <p>Law firm of contributor's spouse (if any)</p> </td> </tr> <tr> <td colspan="3"> <p>If contributor is a child, law firm of parent(s) (if any)</p> </td> </tr> </table>			Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAGAN, YOLANDA	Amount of Contribution (\$) \$250.00		Contributor address; City; State; Zip Code ..... SPRING, TX 77382		<p>Contributor's Principal Occupation PARALEGAL</p>		<p>Contributor's Job Title PARALEGAL</p>	<p>Contributor's employer/law firm IVAN CRESPO LAW FIRM</p>		<p>Law firm of contributor's spouse (if any)</p>	<p>If contributor is a child, law firm of parent(s) (if any)</p>		
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAGAN, YOLANDA	Amount of Contribution (\$) \$250.00															
	Contributor address; City; State; Zip Code ..... SPRING, TX 77382																
<p>Contributor's Principal Occupation PARALEGAL</p>		<p>Contributor's Job Title PARALEGAL</p>															
<p>Contributor's employer/law firm IVAN CRESPO LAW FIRM</p>		<p>Law firm of contributor's spouse (if any)</p>															
<p>If contributor is a child, law firm of parent(s) (if any)</p>																	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A(J)1: Sch: 20/28 Rpt: 23/41</p>	
<p><b>2</b> FILER NAME Linzer, Jo A (Mrs.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00081882</p>	
<p><b>4</b> Date 12/01/2025</p>	<p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAGAN, YOLANDA ..... <b>6</b> Contributor address; City; State; Zip Code  SPRING, TX 77382</p>	<p><b>7</b> Amount of Contribution (\$) \$500.00</p>	
<p><b>8</b> Contributor's Principal Occupation PARALEGAL</p>		<p><b>9</b> Contributor's Job Title PARALEGAL</p>	
<p><b>10</b> Contributor's employer/law firm IVAN CRESPO LAW FIRM</p>		<p><b>11</b> Law firm of contributor's spouse (if any)</p>	
<p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date 10/08/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PARADA, CHARLIE ..... Contributor address; City; State; Zip Code  MONTGOMERY, TX 77356</p>	<p>Amount of Contribution (\$) \$200.00</p>
<p>Contributor's Principal Occupation RETIRED</p>		<p>Contributor's Job Title NONE</p>	
<p>Contributor's employer/law firm NONE</p>		<p>Law firm of contributor's spouse (if any)</p>	
<p>If contributor is a child, law firm of parent(s) (if any)</p>			
<p>Date 11/01/2025</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PULLAN, TRACY ..... Contributor address; City; State; Zip Code  CONROE, TX 77301</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Contributor's Principal Occupation ATTORNEY</p>		<p>Contributor's Job Title OWNER</p>	
<p>Contributor's employer/law firm PULLAN &amp; YOUNG</p>		<p>Law firm of contributor's spouse (if any)</p>	
<p>If contributor is a child, law firm of parent(s) (if any)</p>			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 21/28 Rpt: 24/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, ALEXIA <b>6</b> Contributor address; City; State; Zip Code  AUSTIN, TX 78704	<b>7</b> Amount of Contribution (\$)  \$50.00
<b>8</b> Contributor's Principal Occupation ATTORNEY		<b>9</b> Contributor's Job Title ATTORNEY
<b>10</b> Contributor's employer/law firm SELF		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RODRIGUEZ, JOE RAY Contributor address; City; State; Zip Code  HOUSTON, TX 77002		Amount of Contribution (\$)  \$1,000.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUMMELL, MARY Contributor address; City; State; Zip Code  CONROE, TX 77386		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title NONE
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 22/28 Rpt: 25/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUMMELL, MARY <b>6</b> Contributor address; City; State; Zip Code CONROE, TX 77386	<b>7</b> Amount of Contribution (\$) \$500.00
<b>8</b> Contributor's Principal Occupation RETIRED		<b>9</b> Contributor's Job Title NONE
<b>10</b> Contributor's employer/law firm NONE		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHORT, PATRICK Contributor address; City; State; Zip Code ROCKWALL, TX 75032		Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, JASON Contributor address; City; State; Zip Code MONTGOMERY, TX 77356		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation ADMINISTRATOR		Contributor's Job Title DEPUTY CHIEF OF STAFF
Contributor's employer/law firm MONTGOMERY COUNT, TEXAS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 23/28 Rpt: 26/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SOWELL, DORIAN <b>6</b> Contributor address; City; State; Zip Code  SPRING, TX 77382	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation SALES		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STEWART, BRADLEY Contributor address; City; State; Zip Code  GEORGETOWN, TX 78628		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation CONSTRUCTION		Contributor's Job Title OWNER
Contributor's employer/law firm STEWART BUILDERS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STULTS, KARINA Contributor address; City; State; Zip Code  LUBBOCK, TX 79424		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation PROBATION OFFICER		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 24/28 Rpt: 27/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TIPTON, THOMAS ..... <b>6</b> Contributor address; City; State; Zip Code CONROE, TX 77304	<b>7</b> Amount of Contribution (\$) \$250.00
<b>8</b> Contributor's Principal Occupation RETIRED		<b>9</b> Contributor's Job Title NONE
<b>10</b> Contributor's employer/law firm NONE		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TOMLINSON, GREG ..... Contributor address; City; State; Zip Code SPRING, TX 77382		Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation CONSTRUCTION		
Contributor's Job Title OWNER		
Contributor's employer/law firm BUILDERS POST-TENSION		
Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TURNER, MAX ..... Contributor address; City; State; Zip Code MONTGOMERY, TX 77356		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation ATTORNEY		
Contributor's Job Title OWNER		
Contributor's employer/law firm THE TURNER LAW FIRM		
Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 25/28 Rpt: 28/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 10/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WAGAMAN, THERESA ..... <b>6</b> Contributor address; City; State; Zip Code  THE WOODLANDS, TX 77381	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation REAL ESTATE		<b>9</b> Contributor's Job Title AGENT
<b>10</b> Contributor's employer/law firm RICHMOND REALTY		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, ROBERT ..... Contributor address; City; State; Zip Code  WILLIS, TX 77378		Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation COMMISSIONER		Contributor's Job Title COMMISSIONER
Contributor's employer/law firm MONTGOMERY COUNTY, TEXAS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WIESNER, CINDY ..... Contributor address; City; State; Zip Code  CONROE, TX 77304		Amount of Contribution (\$)  \$250.00
Contributor's Principal Occupation RETIRED		Contributor's Job Title NONE
Contributor's employer/law firm NONE		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 26/28 Rpt: 29/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODS, JOHN ..... <b>6</b> Contributor address; City; State; Zip Code  MONTGOMERY, TX 77316	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Contributor's Principal Occupation FINANCE		<b>9</b> Contributor's Job Title CFO
<b>10</b> Contributor's employer/law firm GENESIS MEDICAL GROUP		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOOTEN, COBY ..... Contributor address; City; State; Zip Code  FT WORTH, TX 76109		Amount of Contribution (\$)  \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title OWNER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YEATES, RONNIE ..... Contributor address; City; State; Zip Code  MAGNOLIA, TX 77354		Amount of Contribution (\$)  \$100.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 27/28 Rpt: 30/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) YONKER, MARY ELLEN <b>6</b> Contributor address; City; State; Zip Code  CALDWELL , TX 77836	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation RETIRED		<b>9</b> Contributor's Job Title NONE
<b>10</b> Contributor's employer/law firm NONE		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation  Contributor's Job Title		
Contributor's employer/law firm  Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		
Date 11/01/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)  Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation  Contributor's Job Title		
Contributor's employer/law firm  Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 28/28 Rpt: 31/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> Date 11/01/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of Contribution (\$) \$100.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 32/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 10/14/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WOODLANDS SCREEN PRINTING ..... <b>7</b> Contributor address; City; State; Zip Code  SPRING, TX 77380	<b>8</b> Amount of contribution (\$) <b>9</b> In-kind contribution description \$409.19 TSHIRTS  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/2 Rpt: 33/41	
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882	
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>	
<b>5</b> Date of loan 10/01/2025	<b>7</b> Name of lender LINZER, JO ANN	<b>8</b> out-of-state PAC (ID#): _____	<b>9</b> Loan Amount (\$) \$10,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code CONROE, TX 77301		<b>10</b> Interest Rate
<b>12</b> Lender's Principal Occupation ATTORNEY		<b>13</b> Lender's Job Title	
<b>14</b> Lender's Employer/Law Firm LINZER LAW		<b>15</b> Law Firm of lender's spouse (if any)	
<b>16</b> If lender is child, law firm of parent(s) (if any)			
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)	
<b>19</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor <b>21</b> Guarantor address; City; State; Zip Code		<b>22</b> Amount Guaranteed (\$)
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title	
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)	
<b>27</b> If guarantor is child, law firm of parent(s) (if any)			

**LOANS (JUDICIAL)****SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 2/2 Rpt: 34/41
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 12/31/2025	<b>7</b> Name of lender LINZER LAW	<b>9</b> out-of-state PAC (ID#: \$5,000.00)
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; CONROE, TX 77301	<b>10</b> Interest Rate <b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation		<b>13</b> Lender's Job Title
<b>14</b> Lender's Employer/Law Firm		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input type="checkbox"/> (See Instructions)
<b>19</b> GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	<b>20</b> Name of guarantor  <b>21</b> Guarantor address; City; State; Zip Code	<b>22</b> Amount Guaranteed (\$)
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# 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: 1/1 Rpt: 35/41	2 FILER NAME Linzer, Jo A (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081882
4 Date 11/20/2025	5 Payee name MONTGOMERY COUNTY REPUBLICAN PARTY	
6 Amount (\$) \$1,500.00	7 Payee address; City; State; Zip Code 18001 HWY 105 W STE 101 MONTGOMERY, TX 77356	
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 10/08/2025	Payee name TROPHY HOUSE	
Amount (\$) \$200.26	Payee address; City; State; Zip Code 804 W DALLAS ST  CONROE, TX 77301	
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 NAMETAGS
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 F4: Sch: 1/3 Rpt: 36/41	2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882
4 CREDIT CARD ISSUER	Name of financial institution BANK OF AMERICA		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$20.00	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name NORTH SHORE REPUBLICAN		(b) Payee address; City, State, Zip Code PO BOX 1993  MONTGOMERY, TX 77356
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description LUNCHEON
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$2,778.73	(b) Date of Charge 10/10/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name BLACK WALNUT CAFE		(b) Payee address; City, State, Zip Code 9000 NEW TRAILS DR  THE WOODLANDS, TX 77381
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description FOOD EXPENSE
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$193.28	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name US POSTAL SERVICE		(b) Payee address; City, State, Zip Code  CONROE, TX 77301
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description POSTAGE
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
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 F4: Sch: 2/3 Rpt: 37/41	2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$21.32	(b) Date of Charge 12/05/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name MAILCHIMP		(b) Payee address; City, State, Zip Code 405 N ANGIER AVE NE  ATLANTA, GA 30308
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description EMAIL ADVERTISING
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$504.00	(b) Date of Charge 11/28/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name LAKE CONROE AREA		(b) Payee address; City, State, Zip Code PO BOX 737  MONTGOMERY, TX 77356
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description AD
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$161.73	(b) Date of Charge 12/03/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name SIMPLY TO IMPRESS		(b) Payee address; City, State, Zip Code  CA
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description NOTE CARDS
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 3/3 Rpt: 38/41	2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$1,000.00	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name MONTGOMERY COUNTY		(b) Payee address; City, State, Zip Code 17278 LINDA LN  CONROE, TX 77306
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description DIGITAL ADVERTISING
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 G: Sch: 1/3 Rpt: 39/41	2 FILER NAME Linzer, Jo A (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081882	
4 Date 12/30/2025	5 Payee name APOSTOLO, LEON		
6 Amount (\$) \$220.00	7 Payee address; City; 16910 S 1-35  BUDA, TX 78610		
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  SIGNS	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/26/2025	Payee name ARBUCKLE, HOLLY		
Amount (\$) \$1,965.00	Payee address; City;  <b>REDACTED PER 254.0401, ELEC. CODE</b>  TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  POLITICAL CONSULTING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/08/2025	Payee name ARBUCKLE, HOLLY		
Amount (\$) \$2,200.00	Payee address; City;  TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  SIGNS	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 G: Sch: 2/3 Rpt: 40/41	2 FILER NAME Linzer, Jo A (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081882	
4 Date 11/20/2025	5 Payee name FAIRCLOTH, AVERY		
6 Amount (\$) \$2,000.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  TX		
8 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 OFFICE ASSISTANCE	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/26/2025	Payee name LEGGETT, KRISTI		
Amount (\$) \$3,000.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  CONROE, TX 77385		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/30/2025	Payee name LEGGETT, KRISTI		
Amount (\$) \$2,000.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b>  CONROE, TX 77385		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ADVERTISING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 G: Sch: 3/3 Rpt: 41/41	2 FILER NAME Linzer, Jo A (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081882	
4 Date 12/15/2025	5 Payee name MONTGOMERY COUNTY CRIMINAL DEFENSE LAWYERS ASSOCIATION		
6 Amount (\$) \$500.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code  308 N MAIN ST  CONROE, TX 77301		
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  ADVERTISING	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/27/2025	Payee name MONTGOMERY COUNTY REPUBLICAN WOMEN		
Amount (\$) \$200.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  PO BOX 1766  CONROE, TX 77305		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  ADVERTISING	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/11/2025	Payee name WOODFOREST AREA REPUBLICANS		
Amount (\$) \$55.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code  TX		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense  MEMBERSHIP	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held