

# 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) 00090059		2 Total pages filed: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST James	MI	
	NICKNAME		LAST Joseph	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 4206 Lyons Avenue  Houston, TX 77020		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/14/2026			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Ms.		FIRST Yvonda	MI
		NICKNAME		LAST Lewis	SUFFIX
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 13507 Venice Villa LN.  Sugarland, TX 77498			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (281) 541-0716			
8 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
9 PERIOD COVERED		Month Day Year    THROUGH    Month Day Year 07/01/2025    12/31/2025			
10 ELECTION		ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
11 OFFICE		OFFICE HELD (if any) None		12 OFFICE SOUGHT (if known) State Representative District 142	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 20

<b>13 C / OH NAME</b> Joseph, James (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00090059
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
	<input type="checkbox"/> GENERAL	<b>COMMITTEE ADDRESS</b>
	<input type="checkbox"/> SPECIFIC	
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>	
<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>		

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 675.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 71,772.42
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 187.42
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ 1,545.08
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 82,227.34
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

**17 AFFIDAVIT**

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

Mr. James Joseph

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering

\_\_\_\_\_  
Printed name of officer administering

\_\_\_\_\_  
Title of officer administering oath

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

3 of 20

<b>18 FILER NAME</b> Joseph, James (Mr.)		<b>19 Filer ID</b> (Ethics Commission Filers) 00090059
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 55,772.42
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 16,000.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 12,000.00
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 1,545.08
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**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/8 Rpt: 4/20
<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059
<b>4</b> Date 11/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aaron, Moses <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77021	<b>7</b> Amount of Contribution (\$)  \$8,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowers, Kameko <hr/> Contributor address; City; State; Zip Code  Houston, TX 77026	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) KIPP Texas
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Cassandra <hr/> Contributor address; City; State; Zip Code  Houston, TX 77028	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Admin. Spec.		Employer (See Instructions) CITY OF HOUSTON
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunton, Debra <hr/> Contributor address; City; State; Zip Code  Houston, TX 77040	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) HISD
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Cynthia <hr/> Contributor address; City; State; Zip Code  Cypress, TX 77433-3420	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/8 Rpt: 5/20
<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059
<b>4</b> Date 10/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Rhonda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77048	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Contracts Manager		<b>9</b> Employer (See Instructions) State of Tx HHSC
Date 10/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Shirley <hr/> Contributor address; City; State; Zip Code  Auburn, AL 36830-3306	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danklef, Sean <hr/> Contributor address; City; State; Zip Code  Houston, TX 77004	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Cashier		Employer (See Instructions) Taco Cabana
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davenport, Racheal <hr/> Contributor address; City; State; Zip Code  HOUSTON, TX 77049-3976	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Administrative Specialist		Employer (See Instructions) City of Houston Fire Dept.
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dease, Rashad <hr/> Contributor address; City; State; Zip Code  Houston, TX 77087	Amount of Contribution (\$)  \$10,000.00
Principal occupation / Job title (See Instructions) Professional Consultant		Employer (See Instructions) Self-Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/8 Rpt: 6/20
<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059
<b>4</b> Date 10/12/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forney, Michael <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77033	<b>7</b> Amount of Contribution (\$)  \$250.00
<b>8</b> Principal occupation / Job title (See Instructions) Pastor		<b>9</b> Employer (See Instructions) IChurch
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GREGORY, DOMONICK <hr/> Contributor address; City; State; Zip Code  Houston, TX 77020	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Gregory Law Firm
Date 10/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Edie <hr/> Contributor address; City; State; Zip Code  Houston, TX 77066	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Cycle counter		Employer (See Instructions) Logisnext
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Eric <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Administrative Supervisor		Employer (See Instructions) City of Houston
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Eric <hr/> Contributor address; City; State; Zip Code  Humble, TX 77396	Amount of Contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) Administrative Supervisor		Employer (See Instructions) City of Houston

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/8 Rpt: 7/20
<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henry, Eric <hr/> <b>6</b> Contributor address; City; State; Zip Code  Humble, TX 77396	<b>7</b> Amount of Contribution (\$)  \$20.00
<b>8</b> Principal occupation / Job title (See Instructions) Administrative Supervisor		<b>9</b> Employer (See Instructions) City of Houston
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill Jones, Darla <hr/> Contributor address; City; State; Zip Code  Houston, TX 77002	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Matthew <hr/> Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$27.42
Principal occupation / Job title (See Instructions) Environmental Investigator		Employer (See Instructions) City of Houston Housing & Community Development
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Roderick <hr/> Contributor address; City; State; Zip Code  Dallas, TX 75240	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) GazillionX Inc.
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Kenneth <hr/> Contributor address; City; State; Zip Code  Houston, TX 77020	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Post Office		Employer (See Instructions) USPS

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/8 Rpt: 8/20
<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059
<b>4</b> Date 12/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Barbara <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77090	<b>7</b> Amount of Contribution (\$)  \$180.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Brandon <hr/> Contributor address; City; State; Zip Code  Houston, TX 77048	Amount of Contribution (\$)  \$8,000.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Carolyn <hr/> Contributor address; City; State; Zip Code  Houston, TX 77058	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Prosecur
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Searcy <hr/> Contributor address; City; State; Zip Code  South San Francisco, CA 94080-3520	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Company Worker		Employer (See Instructions) PG&E
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Searcy <hr/> Contributor address; City; State; Zip Code  Houston, TX 77090	Amount of Contribution (\$)  \$150.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) PG&E



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/8 Rpt: 9/20
<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059
<b>4</b> Date 10/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kisner, Jimmy <hr/> <b>6</b> Contributor address; City; State; Zip Code  Liberty Township, OH 45069	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Cashier		<b>9</b> Employer (See Instructions) Quiktrip
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafleur, TANYA <hr/> Contributor address; City; State; Zip Code  Douglasville, GA 30134	Amount of Contribution (\$)  \$25.00
Principal occupation / Job title (See Instructions) Executive assistant		Employer (See Instructions) Walmart
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Hannette <hr/> Contributor address; City; State; Zip Code  Webster, TX 77598	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Carys <hr/> Contributor address; City; State; Zip Code  MONTGOMERY, TX 77316	Amount of Contribution (\$)  \$30.00
Principal occupation / Job title (See Instructions) Veterinary Technician		Employer (See Instructions) Clear Creek Forest Animal Hospital
Date 09/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nash, James (Rev.) <hr/> Contributor address; City; State; Zip Code  Houston, TX 77051	Amount of Contribution (\$)  \$15,000.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) St. Paul Missionary Baptist Church

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/8 Rpt: 10/20
<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059
<b>4</b> Date 11/14/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olaoya, Oluwatoyin <hr/> <b>6</b> Contributor address; City; State; Zip Code  Kingwood, TX 78337	<b>7</b> Amount of Contribution (\$)  \$30.00
<b>8</b> Principal occupation / Job title (See Instructions) Self employed		<b>9</b> Employer (See Instructions) Bimsol stores
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payton, Denise <hr/> Contributor address; City; State; Zip Code  Chicago, IL 60620	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Lessis <hr/> Contributor address; City; State; Zip Code  Houston, TX 77051	Amount of Contribution (\$)  \$12,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sydney, Cynthia <hr/> Contributor address; City; State; Zip Code  Houston, TX 77053	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Orenthal <hr/> Contributor address; City; State; Zip Code  Houston, TX 77038	Amount of Contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) AiLo Logistics

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/8 Rpt: 11/20
<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059
<b>4</b> Date 10/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Lynn <hr/> <b>6</b> Contributor address; City; State; Zip Code  Houston, TX 77088	<b>7</b> Amount of Contribution (\$)  \$25.00
<b>8</b> Principal occupation / Job title (See Instructions) Advisor		<b>9</b> Employer (See Instructions) Wright Advisory
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Thomas <hr/> Contributor address; City; State; Zip Code  Pearland, TX 77584	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Bruce <hr/> Contributor address; City; State; Zip Code  Spring, TX 77379-5239	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# 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: 12/20	
<b>2</b> FILER NAME Joseph, James (Mr.)				<b>3</b> Filer ID (Ethics Commission Filers) 00090059	
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				<b>\$</b>	
<b>5</b> Date 10/30/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delong, Karah (Ms.)		<b>8</b> Amount of contribution (\$) \$5,500.00		<b>9</b> In-kind contribution description Campaign Dupty Director
<b>7</b> Contributor address; City; State; Zip Code  Spring, TX 77389			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Student			<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions) Student		
<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)					
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) True Level Lodge #226 F & A M		Amount of contribution (\$) \$500.00		In-kind contribution description In Kind donation of an event venue for a campaign event
Contributor address; City; State; Zip Code  Houston, TX 77020			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)			Employer (FOR NON-JUDICIAL) (See instructions)		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 10/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Mickey (Dr.)		Amount of contribution (\$) \$10,000.00		In-kind contribution description Office Space Use
Contributor address; City; State; Zip Code  Houston, TX 77090			<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Owner			Employer (FOR NON-JUDICIAL) (See instructions) Mpact Urgant Care		
Contributor's principal occupation (FOR JUDICIAL)			Contributor's job title (FOR JUDICIAL) (See instructions)		
Contributor's employer/law firm (FOR JUDICIAL)			Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 13/20
<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 12/24/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Joseph, Dr. James	<b>9</b> Loan Amount (\$) \$12,000.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Houston, TX 77020	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Owner/Operater		<b>13</b> Employer (See Instructions) Self Employed
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/7 Rpt: 14/20	<b>2</b> FILER NAME Joseph, James (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090059
<b>4</b> Date 10/20/2025	<b>5</b> Payee name Allied Signs	
<b>6</b> Amount (\$) \$86.60  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 6820 Harton  Houston, TX 77036	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 4 Medium Door Magnets for the Campaign
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/22/2025	Payee name Family Dollar	
Amount (\$) \$6.55  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Family Dollar	
Amount (\$) \$19.54  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 2/7 Rpt: 15/20		<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059	
<b>4</b> Date 12/24/2025		<b>5</b> Payee name Family Dollar			
<b>6</b> Amount (\$) \$34.93  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for Campaign Office	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/29/2025		Payee name Family Dollar			
Amount (\$) \$39.76  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/15/2025		Payee name Family Dollar			
Amount (\$) \$41.06  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 3/7 Rpt: 16/20		<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059	
<b>4</b> Date 10/22/2025		<b>5</b> Payee name Family Dollar			
<b>6</b> Amount (\$) \$6.55  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/27/2025		Payee name Family Dollar			
Amount (\$) \$14.56  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/31/2025		Payee name Family Dollar			
Amount (\$) \$25.79  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	



# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 4/7 Rpt: 17/20		<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059	
<b>4</b> Date 11/06/2025		<b>5</b> Payee name Family Dollar			
<b>6</b> Amount (\$) \$32.62  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/13/2025		Payee name Family Dollar			
Amount (\$) \$48.75  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/24/2025		Payee name Family Dollar			
Amount (\$) \$38.35  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 5/7 Rpt: 18/20		<b>2</b> FILER NAME Joseph, James (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090059	
<b>4</b> Date 11/26/2025		<b>5</b> Payee name Family Dollar			
<b>6</b> Amount (\$) \$33.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/03/2025		Payee name Family Dollar			
Amount (\$) \$47.39  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/04/2025		Payee name Family Dollar			
Amount (\$) \$6.22  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 6/7 Rpt: 19/20		2 FILER NAME Joseph, James (Mr.)		3 Filer ID (Ethics Commission Filers) 00090059	
4 Date 12/10/2025		5 Payee name Family Dollar			
6 Amount (\$) \$45.99  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 3302 Liberty Rd  Houston, TX 77026			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office Supplies for the Campaign Office	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/07/2025		Payee name PACE Digital Network and Designs			
Amount (\$) \$750.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2626 S. Loop W  Houston, TX 77054			
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 and Door Magnets for the Campaign	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/25/2025		Payee name Placide, Islei			
Amount (\$) \$35.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Conroe, TX 77301			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Assistant Wages	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 7/7 Rpt: 20/20		2 FILER NAME Joseph, James (Mr.)		3 Filer ID (Ethics Commission Filers) 00090059	
4 Date 10/21/2025		5 Payee name Placide, Islei			
6 Amount (\$) \$20.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code  <b>REDACTED PER 254.0401, ELEC. CODE</b> Conroe, TX 77301			
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 Campaign Assistant Wages	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 10/29/2025		Payee name Placide, Islei			
Amount (\$) \$15.00  <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 77301			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Assistant Wages	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 11/14/2025		Payee name Placide, Islei			
Amount (\$) \$10.00  <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 77301			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Assistant Wages	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	