

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) 00089869	2 Total pages filed: 8																					
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 20%;">MS / MRS / MR Ms.</td> <td style="width: 40%;">FIRST Amanda E.</td> <td style="width: 40%;">MI MI</td> </tr> <tr> <td colspan="3" style="border-top: 1px dotted black; padding-top: 5px;"> <table style="width: 100%;"> <tr> <td style="width: 33%;">NICKNAME</td> <td style="width: 33%;">LAST LaBrie</td> <td style="width: 33%;">SUFFIX</td> </tr> </table> </td> </tr> </table>		MS / MRS / MR Ms.	FIRST Amanda E.	MI MI	<table style="width: 100%;"> <tr> <td style="width: 33%;">NICKNAME</td> <td style="width: 33%;">LAST LaBrie</td> <td style="width: 33%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST LaBrie	SUFFIX	OFFICE USE ONLY												
	MS / MRS / MR Ms.	FIRST Amanda E.	MI MI																					
<table style="width: 100%;"> <tr> <td style="width: 33%;">NICKNAME</td> <td style="width: 33%;">LAST LaBrie</td> <td style="width: 33%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST LaBrie	SUFFIX																			
NICKNAME	LAST LaBrie	SUFFIX																						
ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 5380 W. 34th P.O. Box #196 Houston, TX 77092 <input type="checkbox"/> Change of Address		Date Received ELECTRONICALLY FILED 01/15/2026 <hr/> Date Hand-delivered or Date Postmarked <hr/> <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount</td> </tr> </table> <hr/> Date Processed <hr/> Date Imaged <hr/>	Receipt #	Amount																				
Receipt #	Amount																							
5 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 20%;">MS / MRS / MR Mr.</td> <td style="width: 40%;">FIRST Anthony C.</td> <td style="width: 40%;">MI MI</td> </tr> <tr> <td colspan="3" style="border-top: 1px dotted black; padding-top: 5px;"> <table style="width: 100%;"> <tr> <td style="width: 33%;">NICKNAME</td> <td style="width: 33%;">LAST Porraz</td> <td style="width: 33%;">SUFFIX</td> </tr> </table> </td> </tr> </table>		MS / MRS / MR Mr.	FIRST Anthony C.	MI MI	<table style="width: 100%;"> <tr> <td style="width: 33%;">NICKNAME</td> <td style="width: 33%;">LAST Porraz</td> <td style="width: 33%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Porraz	SUFFIX													
	MS / MRS / MR Mr.	FIRST Anthony C.	MI MI																					
<table style="width: 100%;"> <tr> <td style="width: 33%;">NICKNAME</td> <td style="width: 33%;">LAST Porraz</td> <td style="width: 33%;">SUFFIX</td> </tr> </table>			NICKNAME	LAST Porraz	SUFFIX																			
NICKNAME	LAST Porraz	SUFFIX																						
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1034 Wakefield Dr. Houston, TX 77018 (Residence or Business)																								
7 CAMPAIGN TREASURER PHONE	<table style="width: 100%;"> <tr> <td style="width: 20%;">AREA CODE</td> <td style="width: 30%;">PHONE NUMBER</td> <td style="width: 50%;">EXTENSION</td> </tr> <tr> <td colspan="3">(713) 305-8286</td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(713) 305-8286																	
AREA CODE	PHONE NUMBER	EXTENSION																						
(713) 305-8286																								
8 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded modified reporting limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH-FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)													
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)																					
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Final Report (Attach C/OH-FR)																					
9 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> <td style="width: 20%;"></td> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">THROUGH</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">07/01/2025</td> <td colspan="5">12/31/2025</td> </tr> </table>			Month	Day	Year		Month	Day	Year				THROUGH				07/01/2025		12/31/2025				
Month	Day	Year		Month	Day	Year																		
			THROUGH																					
07/01/2025		12/31/2025																						
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special																
	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other																					
<input type="checkbox"/> General	<input type="checkbox"/> Special																							
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District 148																					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 8

13 C / OH NAME LaBrie , Amanda E. (Ms.)	14 Filer ID (Ethics Commission Filers) 00089869
--	---

15 NOTICE FROM POLITICAL COMMITTEE(S) <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.	
	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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	8,940.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	173.05
	4. TOTAL POLITICAL EXPENDITURES	\$	4,423.05
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	4,906.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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

Ms. Amanda E. LaBrie

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 8

18 FILER NAME LaBrie , Amanda E. (Ms.)		19 Filer ID (Ethics Commission Filers) 00089869
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,940.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 4,423.05
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/8
2 FILER NAME LaBrie , Amanda E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089869
4 Date 12/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauchamp, James (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Midland, TX 79707	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) MOTRAN Alliance
Date 10/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haapaniemi, Edmond (Mr.) <hr/> Contributor address; City; State; Zip Code Houston , TX 77024	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hind, Tom (Mr.) <hr/> Contributor address; City; State; Zip Code Midland, TX 79705	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) THI Energy Consultants
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaBrie , Amanda (Ms.) <hr/> Contributor address; City; State; Zip Code Houston , TX 77092	Amount of Contribution (\$) \$3,800.00
Principal occupation / Job title (See Instructions) Energy Event Advisor		Employer (See Instructions) The Social Tank
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labrie, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77093	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/8
2 FILER NAME LaBrie , Amanda E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089869
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labrie, Joseph (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77092	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labrie, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lattimore, Jordan (Mr.) <hr/> Contributor address; City; State; Zip Code Kenosha, WI 53144	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Manufacturing		Employer (See Instructions) MarketCraft by Lattimore
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macmillan, Robin (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77056	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Kurang (Mr.) <hr/> Contributor address; City; State; Zip Code Sugar Land , TX 77479	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Energy Consultant		Employer (See Instructions) Self employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/8
2 FILER NAME LaBrie , Amanda E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089869
4 Date 12/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Chester (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houma, LA 70361	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Morrison Energy
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mount, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77098	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Geologist		Employer (See Instructions) Thoroughbred Oil and Gas
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porraz, Anthony (Mr.) <hr/> Contributor address; City; State; Zip Code Houston, TX 77018	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Leasing Broker		Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regon, Brett (Mr.) <hr/> Contributor address; City; State; Zip Code El Paso, TX 79932	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Energy Rep		Employer (See Instructions) Self
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David (Mr.) <hr/> Contributor address; City; State; Zip Code Spring, TX 77380	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) VP of Innovation		Employer (See Instructions) Black Pearl Technology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/8
2 FILER NAME LaBrie , Amanda E. (Ms.)		3 Filer ID (Ethics Commission Filers) 00089869
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) York, Patrick (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77024	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Gillman Companies

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 8/8	2 FILER NAME LaBrie , Amanda E. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089869
4 Date 12/08/2025	5 Payee name Harris County Republican Party	
6 Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 8588 Katy Fwy #445 Spring Valley Village , TX 77024	
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 This is the candidate local ballot filling fee made to the Harris County Republican Party
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Leon Strategies	
Amount (\$) \$3,500.00	Payee address; City; State; Zip Code 2012 Bear Creek Dr Leander, TX 78641	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Retainer fee for campaign consultant
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held