

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) 00089737		2 Total pages filed: 27	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Larry R.	MI	
	NICKNAME		LAST Brock	SUFFIX Jr.	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 4423 Republic Dr Frisco, TX 75034		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 Melody Lynn	MI
		NICKNAME		LAST Gillespie	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 530 Frontier St. Bowie, TX 76230			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (409) 961-0215			
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 09/05/2025 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)		12 OFFICE SOUGHT (if known) State Representative District 106	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Brock Jr., Larry R. (Mr.)	14 Filer ID (Ethics Commission Filers) 00089737
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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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,973.84
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,718.38
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 4,368.38
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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> <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> Mr. Larry R. Brock Jr. _____ Signature of Candidate or Officeholder </div> </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; padding-top: 10px;"> <div>Signature of officer administering</div> <div>Printed name of officer administering</div> <div>Title of officer administering oath</div> </div>		

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

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18 FILER NAME Brock Jr., Larry R. (Mr.)		19 Filer ID (Ethics Commission Filers) 00089737
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 20,973.84
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 19,718.38
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: 1/9 Rpt: 4/27
2 FILER NAME Brock Jr., Larry R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089737
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackstone, Susan <hr/> 6 Contributor address; City; State; Zip Code Colorado Springs, CO 80904	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bratrsovsky, Debra <hr/> Contributor address; City; State; Zip Code Fort Morgan, CO 80701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briley, Brett <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burden, Brandon <hr/> Contributor address; City; State; Zip Code Anna, TX 75409	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pastor		Employer (See Instructions) Kingdom Life Church
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chistine, Palazzi <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$50.00
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: 2/9 Rpt: 5/27
2 FILER NAME Brock Jr., Larry R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089737
4 Date 09/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crutsinger, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76302	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darby, Susan <hr/> Contributor address; City; State; Zip Code Denton, TX 76207	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David, Ann <hr/> Contributor address; City; State; Zip Code Pilot Point, TX 76258	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davison, Lowry <hr/> Contributor address; City; State; Zip Code Keller, TX 76248	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuller, Jerry <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$500.00
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: 3/9 Rpt: 6/27
2 FILER NAME Brock Jr., Larry R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089737
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooch, Yolanda <hr/> 6 Contributor address; City; State; Zip Code Little Elm, TX 75068	7 Amount of Contribution (\$) \$26.03
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooch, Yolanda <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooch, Yolanda <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooch, Yolanda <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooch, Yolanda <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068	Amount of Contribution (\$) \$26.03
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: 4/9 Rpt: 7/27
2 FILER NAME Brock Jr., Larry R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089737
4 Date 10/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graca, Mark <hr/> 6 Contributor address; City; State; Zip Code The Colony, TX 75056	7 Amount of Contribution (\$) \$104.10
8 Principal occupation / Job title (See Instructions) Pilot		9 Employer (See Instructions) American Airlines
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gravley, Sandra <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hankins, James <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76112	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harvey, Christian <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Sr. Principle Engineer		Employer (See Instructions) Dell Technologies
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, William <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$25.00
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: 5/9 Rpt: 8/27
2 FILER NAME Brock Jr., Larry R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089737
4 Date 09/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawley, Janice <hr/> 6 Contributor address; City; State; Zip Code San Diego, TX 75034	7 Amount of Contribution (\$) \$338.33
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Anna <hr/> Contributor address; City; State; Zip Code Waco, TX 76702	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horn, Marcia <hr/> Contributor address; City; State; Zip Code Waco, TX 76710	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huggins, Adam <hr/> Contributor address; City; State; Zip Code New Boston, TX 75570	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) DCMA
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunter, Linda <hr/> Contributor address; City; State; Zip Code Springtown, TX 76082	Amount of Contribution (\$) \$104.10
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: 6/9 Rpt: 9/27
2 FILER NAME Brock Jr., Larry R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089737
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Aimiee <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76208	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Richard <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jorolan, Sharon <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$10.41
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LeBlanc, Cullen <hr/> Contributor address; City; State; Zip Code Carencro, LA 70520	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lundy, Jennifer (Mrs.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) ED		Employer (See Instructions) Texans for Judicial Accountability

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/27
2 FILER NAME Brock Jr., Larry R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089737
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parigi II, John <hr/> 6 Contributor address; City; State; Zip Code Rockwall, TX 75087	7 Amount of Contribution (\$) \$260.25
8 Principal occupation / Job title (See Instructions) self		9 Employer (See Instructions)
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plangman, Joel (Mr.) <hr/> Contributor address; City; State; Zip Code Denton, TX 75209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Platt, Brenda <hr/> Contributor address; City; State; Zip Code Bridgeport, TX 76426	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Mansion Minders
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pontius, Frederick <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$260.25
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pontius, Frederick <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$260.25
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: 8/9 Rpt: 11/27
2 FILER NAME Brock Jr., Larry R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089737
4 Date 10/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pontius, Frederick <hr/> 6 Contributor address; City; State; Zip Code Aubrey, TX 76227	7 Amount of Contribution (\$) \$260.25
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pontius, Nancy <hr/> Contributor address; City; State; Zip Code Aubrey, TX 76227	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Phillip <hr/> Contributor address; City; State; Zip Code Farmers Branch, TX 75234	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Randolph <hr/> Contributor address; City; State; Zip Code Brunswick, GA 31523	Amount of Contribution (\$) \$104.10
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Life At, Inc
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schild, Krista <hr/> Contributor address; City; State; Zip Code Royce City, TX 75189	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Schild Electric and Roofing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/27
2 FILER NAME Brock Jr., Larry R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089737
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Jane <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75036	7 Amount of Contribution (\$) \$260.25
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 09/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Suzanne <hr/> Contributor address; City; State; Zip Code Hamilton, OH 45011	Amount of Contribution (\$) \$52.05
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, James <hr/> Contributor address; City; State; Zip Code Sanger, TX 76266	Amount of Contribution (\$) \$520.51
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Timberidge Ranch
Date 09/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Gina <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 10/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolgemuth, Debbie <hr/> Contributor address; City; State; Zip Code Waco, TX 76708	Amount of Contribution (\$) \$26.03
Principal occupation / Job title (See Instructions) accounting		Employer (See Instructions) Self

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 13/27	
2 FILER NAME Brock Jr., Larry R. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089737	
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 12/01/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock Jr., Larry (Colonel)		9 Loan Amount (\$) \$500.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Frisco, TX 75034		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions) Owner		13 Employer (See Instructions) Resolute Inspections	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 11/10/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock Jr., Larry (Colonel)		Loan Amount (\$) \$500.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Frisco, TX 75034		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Resolute Inspections	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

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: 1/14 Rpt: 14/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 10/10/2025	5 Payee name 380 Guide	
6 Amount (\$) \$846.50	7 Payee address; City; State; Zip Code 107 East Elm Street Aubrey, TX 76227	
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 12/01/2025	Payee name Amazon Marketplace	
Amount (\$) \$234.44	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Amazon Marketplace	
Amount (\$) \$129.84	Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/14 Rpt: 15/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 12/29/2025	5 Payee name Amazon Marketplace	
6 Amount (\$) \$31.38	7 Payee address; City; State; Zip Code 410 Terry Ave N Seattle, WA 98109	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2025	Payee name Corner Cafe	
Amount (\$) \$71.20	Payee address; City; State; Zip Code 1280 US HWY 377 Pilot Point, TX 76258	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Coffee with the Colonel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Corner Cafe	
Amount (\$) \$23.29	Payee address; City; State; Zip Code 1280 US HWY 377 Pilot Point, TX 76258	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Coffee with the Colonel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/14 Rpt: 16/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 10/31/2025	5 Payee name Denton County Conservative Coalition	
6 Amount (\$) \$755.00	7 Payee address; City; State; Zip Code 1301 Justin Road, Ste 201 Lewisville, TX 75077	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Table at 10 year anniversary
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/08/2025	Payee name Denton County GOP	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 2921 County Club Rd #102 Denton, TX 76210	
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 for Registering for State Rep
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/30/2025	Payee name Frost	
Amount (\$) \$14.00	Payee address; City; State; Zip Code P.O. Box 16509 Fort Worth, TX 76162	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Service Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/14 Rpt: 17/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 10/28/2025	5 Payee name Green Valley Cafe, LLC	
6 Amount (\$) \$27.21	7 Payee address; City; State; Zip Code 2800 FM 455 Sanger, TX 76266	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Coffee with the Colonel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/18/2025	Payee name Kaboom Consultants	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 304 Red Tailed Hawk Dr Pflugerville, TX 78660	
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 Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Keepers Press	
Amount (\$) \$5,182.47	Payee address; City; State; Zip Code 1905 Alpha Drive, Ste 170 Rockwall, TX 75087	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/14 Rpt: 18/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 12/11/2025	5 Payee name Kinetic Curve	
6 Amount (\$) \$320.00	7 Payee address; City; State; Zip Code 291 South Preston Road, Ste 440 Prosper, TX 75078	
8 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 Marketing
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/18/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1,024.00	Payee name Kinetic Curve Payee address; City; State; Zip Code 291 South Preston Road, Ste 440 Prosper, TX 75078	
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 Marketing
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/28/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$540.55	Payee name MaddSkillz Media Payee address; City; State; Zip Code 130 Maverick Lane Pilot Point, TX 76258	
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 T-shirts
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/14 Rpt: 19/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 09/11/2025	5 Payee name Mailchimp	
6 Amount (\$) \$280.89	7 Payee address; City; State; Zip Code 405 North Angier Ave NE Atlanta, GA 30308	
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 Email Service Provider
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mailchimp		
Amount (\$) \$280.89	Payee address; City; State; Zip Code 405 North Angier Ave NE Atlanta, GA 30308	
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 Internet mail service
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Mailchimp		
Amount (\$) \$280.89	Payee address; City; State; Zip Code 405 North Angier Ave NE Atlanta, GA 30308	
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 Email service provider
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/14 Rpt: 20/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 11/05/2025	5 Payee name McDonald, Jennifer	
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code 13210 South Pipeline Rd. Fort Worth, TX 76040	
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 Contract Labor - Website
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name McDonald, Jennifer		
Amount (\$) \$45.00	Payee address; City; State; Zip Code 13210 South Pipeline Rd. Fort Worth, TX 76040	
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 Contract labor - website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name PPS Packing and Shipping		
Amount (\$) \$103.92	Payee address; City; State; Zip Code 1901 Long Prairie Road #220 Flower Mound, TX 75022	
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 Business Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/14 Rpt: 21/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 10/03/2025	5 Payee name PPS Packing and Shipping	
6 Amount (\$) \$270.63	7 Payee address; City; State; Zip Code 1901 Long Prairie Road #220 Flower Mound, TX 75022	
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 Push Cards
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name PPS Packing and Shipping		
Amount (\$) \$1,082.50	Payee address; City; State; Zip Code 1901 Long Prairie Road #220 Flower Mound, TX 75022	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push Cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Political Marketing, Inc.		
Amount (\$) \$1,330.00	Payee address; City; State; Zip Code 4415-C Constitution Lane #166 Marianna, FL 32447	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Polling 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 Polling
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/14 Rpt: 22/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 10/08/2025	5 Payee name Sanger Chamber of Commerce	
6 Amount (\$) \$50.00	7 Payee address; City; State; Zip Code 300 Bolivar St Sanger, TX 76266	
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 membership fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Shoot Me Already	
Amount (\$) \$400.00	Payee address; City; State; Zip Code 4514 Edinburgh Dr. Tyler, TX 75703	
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 Consulting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/28/2025	Payee name Staples	
Amount (\$) \$41.44	Payee address; City; State; Zip Code 3333 Preston Road Frisco, TX 75034	
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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/14 Rpt: 23/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 12/01/2025	5 Payee name Staples	
6 Amount (\$) \$242.45	7 Payee address; City; State; Zip Code 3333 Preston Road Frisco, TX 75034	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/20/2025	Payee name Terry's Donuts	
Amount (\$) \$18.00	Payee address; City; State; Zip Code 4275 Legacy Dr Frisco, TX 75034	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Campaign volunteers
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/02/2025	Payee name The Colony Chamber of Commerce	
Amount (\$) \$25.00	Payee address; City; State; Zip Code 4431 Augusta St The Colony, TX 75056	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event 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 Lunch
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/14 Rpt: 24/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 10/14/2025	5 Payee name Upper Park Cafe	
6 Amount (\$) \$18.40	7 Payee address; City; State; Zip Code 200 South Main Street Aubrey, TX 76227	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Coffee with the Colonel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name	Office sought
Payee name Upper Park Cafe	Office held	
Amount (\$) \$30.79	Payee address; City; State; Zip Code 200 South Main Street Aubrey, TX 76227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Coffee with the Colonel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name	Office sought
Payee name Upper Park Cafe	Office held	
Amount (\$) \$7.56	Payee address; City; State; Zip Code 200 South Main Street Aubrey, TX 76227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Coffee with the Colonel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name	Office sought
Payee name Upper Park Cafe	Office held	
Amount (\$) \$7.56	Payee address; City; State; Zip Code 200 South Main Street Aubrey, TX 76227	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Coffee with the Colonel
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/14 Rpt: 25/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 10/14/2025	5 Payee name Upper Park Cafe	
6 Amount (\$) \$18.89	7 Payee address; City; State; Zip Code 200 South Main Street Aubrey, TX 76227	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage 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 Coffee with the Colonel
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix		
Amount (\$) \$12.99	Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158	
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 Webpage fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/14/2025	Candidate/Officeholder name Office sought Office held	
Payee name Wix		
Amount (\$) \$9.09	Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158	
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 Website Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/14 Rpt: 26/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 10/17/2025	5 Payee name Wix	
6 Amount (\$) \$14.45	7 Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158	
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 Website Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/17/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$10.45	Payee name Wix	
	Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158	
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 Website Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/17/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$7.91	Payee name Wix	
	Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158	
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 Website Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/17/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$7.91	Payee name Wix	
	Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158	
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 Website Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/14 Rpt: 27/27	2 FILER NAME Brock Jr., Larry R. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089737
4 Date 11/12/2025	5 Payee name Wix	
6 Amount (\$) \$18.18	7 Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158	
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 Website fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/12/2025	Payee name Wix	
Amount (\$) \$18.18	Payee address; City; State; Zip Code 500 Terry A Francois Blvd San Francisco, CA 94158	
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 Website Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held