

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) 00068491 | 2 Total pages filed: 13 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | FIRST Tom | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Glass | SUFFIX | Date Received ELECTRONICALLY FILED 02/02/2026 | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; PO Box 720 McDade, TX 78650-0720 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Paul | MI | | | |
| | NICKNAME | LAST Johnson | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 130 Marcus Rd. McDade, TX 78650 | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 698-6827 | | | | | |
| 8 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 01/01/2026 | Day | Year | Month 01/22/2026 | Day | Year |
| 10 ELECTION | ELECTION DATE Month 03/03/2026 | | <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 17 | | |

GO TO PAGE 2

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

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

2 of 13

| | | | |
|--|--|--------------------------------------|---|
| 13 C / OH NAME | Glass, Tom (Mr.) | | 14 Filer ID (Ethics Commission Filers) 00068491 |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ 22,613.36 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 22,389.58 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 23,184.97 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 15,000.00 |

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. Tom Glass

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

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

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| | | |
|---|--------------------|----------------------------|
| 18 FILER NAME | 19 Filer ID | (Ethics Commission Filers) |
| Glass, Tom (Mr.) | 00068491 | |
| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
| NAME OF SCHEDULE | | |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 12,613.36 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 10,000.00 |
| 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 | \$ | 22,389.58 |
| 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: 1/5 Rpt: 4/13 |
| 2 FILER NAME Glass, Tom (Mr.) | | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/22/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Sue | 7 Amount of Contribution (\$) \$250.00 | |
| | 6 Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) NA | |
| Date 01/12/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brackin, Lena | Amount of Contribution (\$) \$50.00 | |
| | Contributor address; City; State; Zip Code Princeton, TX 75407 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 01/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Donna | Amount of Contribution (\$) \$500.00 | |
| | Contributor address; City; State; Zip Code Streetman, TX 75859 | | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired | |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Robert | Amount of Contribution (\$) \$100.00 | |
| | Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self | |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Robert | Amount of Contribution (\$) \$100.00 | |
| | Contributor address; City; State; Zip Code Cedar Creek, TX 78612 | | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/13 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/16/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grone, Brock | 7 Amount of Contribution (\$) \$20.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75206 | |
| 8 Principal occupation / Job title (See Instructions) Funeral Director | | 9 Employer (See Instructions) Lucas Funeral Home |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guidry, Paul | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Cuero, TX 77954 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Juana | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Georgetown, TX 78633 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Brent | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Elgin, TX 78621 | |
| Principal occupation / Job title (See Instructions) Self | | Employer (See Instructions) Johnson & sons |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalbas, Joseph | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code giddings, TX 78942 | |
| Principal occupation / Job title (See Instructions) sales | | Employer (See Instructions) Paige Tractors Inc |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/13 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/15/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, James | 7 Amount of Contribution (\$) \$8,000.00 |
| | 6 Contributor address; City; State; Zip Code Wimberley, TX 78676 | |
| 8 Principal occupation / Job title (See Instructions) Investor/ property manager | | 9 Employer (See Instructions) Self |
| Date 01/02/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noggle, Mike | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Boerne, TX 78006 | |
| Principal occupation / Job title (See Instructions) Plastic Moldmaker and Designer | | Employer (See Instructions) Retired |
| Date 01/10/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Offield, Don | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Bastrop, TX 78602 | |
| Principal occupation / Job title (See Instructions) Na | | Employer (See Instructions) Retired |
| Date 01/10/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Kenny | Amount of Contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code Houston, TX 77057 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self |
| Date 01/17/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Eric | Amount of Contribution (\$) \$18.36 |
| | Contributor address; City; State; Zip Code Kansas City, MO 64123 | |
| Principal occupation / Job title (See Instructions) Executive Manager | | Employer (See Instructions) Suburban Bolt and Supply Co |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/13 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/07/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putnam, Terry | 7 Amount of Contribution (\$) \$500.00 |
| | 6 Contributor address; City; State; Zip Code Georgetown, TX 78633 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) Retired |
| Date 01/02/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rash, Francis | Amount of Contribution (\$) \$50.00 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78258 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/04/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhymes, Brent | Amount of Contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code Lueders, TX 79533 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |
| Date 01/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard, James | Amount of Contribution (\$) \$25.00 |
| | Contributor address; City; State; Zip Code Bastrop, TX 78602 | |
| Principal occupation / Job title (See Instructions) Nurse (Ret.) | | Employer (See Instructions) Retired |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheffield, Ashley | Amount of Contribution (\$) \$250.00 |
| | Contributor address; City; State; Zip Code Ledbetter, TX 78946 | |
| Principal occupation / Job title (See Instructions) Cattle | | Employer (See Instructions) Self |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/13 |
| 2 FILER NAME Glass, Tom (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/04/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stearns, Julie 6 Contributor address; City; State; Zip Code Bastrop, TX 78602 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) N/A | | 9 Employer (See Instructions) retired |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thale, Brent Contributor address; City; State; Zip Code Antioch, CA 94509 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Software Engineer | | Employer (See Instructions) Electronic Arts |
| Date 01/16/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Michael Contributor address; City; State; Zip Code Lexington, TX 78947 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Marketing | | Employer (See Instructions) Dell |
| Date 01/07/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Jerry Contributor address; City; State; Zip Code Dale, TX 78616 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) Retired |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | |
|--|--|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/13</p> |
| <p>2 FILER NAME Glass, Tom (Mr.)</p> | | <p>3 Filer ID (Ethics Commission Filers) 00068491</p> |
| <p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p> | | <p>\$</p> |
| <p>5 Date 01/14/2026</p> | <p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Benuck, Ben</p> <p>7 Contributor address; City; State; Zip Code Bastrop, TX 78602</p> | <p>8 Amount of contribution (\$) \$10,000.00</p> <p>9 In-kind contribution description Video production services</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> |
| <p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Entrepreneur</p> | | <p>11 Employer (FOR NON-JUDICIAL) (See instructions) Self</p> |
| <p>12 Contributor's principal occupation (FOR JUDICIAL)</p> | | <p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p> |
| <p>14 Contributor's employer/law firm (FOR JUDICIAL)</p> | | <p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 1/4 Rpt: 10/13 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/22/2026 | 5 Payee name Anedot | |
| 6 Amount (\$) \$2.30 | 7 Payee address; City; State; Zip Code 3723 Greenville Ave Ste 41002 Dallas, TX 75206 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit card processing fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/12/2026 | Payee name Bastrop Signs | |
| Amount (\$) \$2,474.60 | Payee address; City; State; Zip Code 248 Highway 304 Bastrop, TX 78602 | |
| 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/21/2026 | Payee name Bastrop Signs | |
| Amount (\$) \$4,595.75 | Payee address; City; State; Zip Code 248 Highway 304 Bastrop, TX 78602 | |
| 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 ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 2/4 Rpt: 11/13 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/09/2026 | 5 Payee name Jones, Vicki | |
| 6 Amount (\$) \$4,000.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Lexington, TX 78947 | |
| 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 management |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/02/2026 | Payee name Mailchimp | |
| Amount (\$) \$27.72 | Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Ste 5000 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 |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/12/2026 | Payee name Nationbuilder | |
| Amount (\$) \$171.00 | Payee address; City; State; Zip Code 520 S. Grand Ave 2nd Floor Los Angeles, CA 90071 | |
| 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 Web hosting service |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: Sch: 3/4 Rpt: 12/13 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/05/2026 | 5 Payee name Neel and Partners | |
| 6 Amount (\$) \$8,204.74 | 7 Payee address; City; 1232 Cavender Dr 116 Hurst, TX 76053 | State; Zip Code |
| 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 Consulting, Texting, Mailing. |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/07/2026 | Payee name Red Fox Strategies LLC | |
| Amount (\$) \$30.00 | Payee address; City; 4106 Plaza Ln Fairfax, VA 22033 | State; Zip Code |
| 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 Fundraising fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |
| Date 01/22/2026 | Payee name Stripe | |
| Amount (\$) \$325.07 | Payee address; City; 3180 18th St San Francisco, CA 94110 | State; Zip Code |
| 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 Credit card processing fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 4/4 Rpt: 13/13 | 2 FILER NAME Glass, Tom (Mr.) | 3 Filer ID (Ethics Commission Filers) 00068491 |
| 4 Date 01/09/2026 | 5 Payee name i360 | |
| 6 Amount (\$) \$2,558.40 | 7 Payee address; City; State; Zip Code 2300 Clarendon Blvd Ste 800 Arlington, VA 22201 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Blockwalking software | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Blockwalking software service |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought | Office held |