

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) 00089391 | | 2 Total pages filed: 12 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. | | FIRST Robert Y. | | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/02/2026 |
| | NICKNAME Bob | | LAST Mihara | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 11844 Bandera Road PMB 712 Helotes, TX 78023 | | | ZIP CODE | |
| | Date Hand-delivered or Date Postmarked | | | | |
| | Receipt # | | Amount | | |
| | Date Processed | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | | FIRST Mary F. | | Date Imaged |
| | NICKNAME | | LAST Mihara | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 11844 Bandera Rd. PMB 712 Helotes, TX 78023 | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (210) 701-1374 | | | | |
| 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 Day Year THROUGH Month Day Year 01/01/2026 01/22/2026 | | | | |
| 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 117 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 12

| | | | |
|----------------|--------------------------|-------------|----------------------------|
| 13 C / OH NAME | Mihara , Robert Y. (Mr.) | 14 Filer ID | (Ethics Commission Filers) |
| | | 00089391 | |

| | | |
|--|--|--------------------------------------|
| 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) | \$ | 2,710.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 214.28 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 10,963.82 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 8,785.10 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 13,920.00 |

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. Robert Y. Mihara

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 Mihara , Robert Y. (Mr.) | | 19 Filer ID (Ethics Commission Filers) 00089391 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,710.00 |
| 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 | \$ 4,420.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 8,947.07 |
| 6. | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 2,016.75 |
| 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: 4/12 |
| 2 FILER NAME Mihara , Robert Y. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00089391 |
| 4 Date 01/21/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aliano, Arlene <hr/> 6 Contributor address; City; State; Zip Code Dixon, CA 95620 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arambel, Leah <hr/> Contributor address; City; State; Zip Code Rocklin, CA 95765 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Professor | | Employer (See Instructions) Los Rios |
| Date 01/20/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrera, Leilani <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Hairstylist | | Employer (See Instructions) Self Employed |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billings, Tylan <hr/> Contributor address; City; State; Zip Code Cocoa Beach, FL 32931 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryan, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78251 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) Chief Data Engineer | | Employer (See Instructions) Byzantine Solutions |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/12 |
| 2 FILER NAME Mihara , Robert Y. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00089391 |
| 4 Date 01/14/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Travis <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78230 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/15/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickman, Jill <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 01/08/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Susan <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78248 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Chemistry instructor | | Employer (See Instructions) UIW |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoshiyama, Gary <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94127 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Attorney at Law | | Employer (See Instructions) Not employed |
| Date 01/14/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lambert, Joan M. <hr/> Contributor address; City; State; Zip Code New Brighton, PA 15066 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/12 |
| 2 FILER NAME Mihara , Robert Y. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00089391 |
| 4 Date 01/04/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mihara, Mary F. <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78253 | 7 Amount of Contribution (\$) \$150.00 |
| 8 Principal occupation / Job title (See Instructions) Admin assistant | | 9 Employer (See Instructions) Brian Lambert |
| Date 01/04/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Linda <hr/> Contributor address; City; State; Zip Code Fremont, CA 94536 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 01/18/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reid, Shelley <hr/> Contributor address; City; State; Zip Code Mohegan Lake, NY 10547 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Writer | | Employer (See Instructions) National Maritime Historical Society |
| Date 01/13/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rippetoe, William <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78233 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |
| Date 01/17/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romo, Lawrence <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Not employed | | Employer (See Instructions) Not employed |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/12 |
| 2 FILER NAME Mihara , Robert Y. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00089391 |
| 4 Date 01/16/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sands, Michael <hr/> 6 Contributor address; City; State; Zip Code Converse, TX 78109 | 7 Amount of Contribution (\$) \$5.00 |
| 8 Principal occupation / Job title (See Instructions) Not employed | | 9 Employer (See Instructions) Not employed |
| Date 01/19/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) True, Lelia <hr/> Contributor address; City; State; Zip Code Potomac, MD 20854 | Amount of Contribution (\$) \$150.00 |
| Principal occupation / Job title (See Instructions) Coach | | Employer (See Instructions) Montgomery Co Public Schools |

LOANS

SCHEDULE E

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: Sch: 1/1 Rpt: 8/12 | |
| 2 FILER NAME Mihara , Robert Y. (Mr.) | | 3 Filer ID (Ethics Commission Filers) 00089391 | |
| 4 TOTAL OF UNITEMIZED LOANS | | | \$ |
| 5 Date of loan 01/02/2026 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mihara, Robert | | 9 Loan Amount (\$) \$1,800.00 |
| 6 Is lender a financial institution? No | 8 Lender address; City; State; Zip Code Helotes, TX 78023 | | 10 Interest Rate |
| | | | 11 Maturity Date |
| 12 Principal occupation / Job title (See Instructions) Lawyer | | 13 Employer (See Instructions) San Antonio Legal Services Association | |
| 14 Description of Collateral <input checked="" type="checkbox"/> None | | 15 Check if personal funds were deposited into political account (See Instructions) <input checked="" 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 01/20/2026 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Mihara, Robert | | Loan Amount (\$) \$2,620.00 |
| Is lender a financial institution? No | Lender address; City; State; Zip Code Helotes, TX 78023 | | Interest Rate |
| | | | Maturity Date |
| Principal occupation / Job title (See Instructions) Lawyer | | Employer (See Instructions) San Antonio Legal Services Association | |
| Description of Collateral <input checked="" type="checkbox"/> None | | Check if personal funds were deposited into political account (See Instructions) <input checked="" 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: 1/3 Rpt: 9/12 | 2 FILER NAME Mihara , Robert Y. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00089391 |
| 4 Date 01/12/2026 | 5 Payee name 3D Signs | |
| 6 Amount (\$) \$974.79 | 7 Payee address; City; State; Zip Code 7986 1st St Somerset, TX 78069 | |
| 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 Campaign door hangers & bumper stickers |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/16/2026 | Payee name Bexar Analytics | |
| Amount (\$) \$900.00 | Payee address; City; State; Zip Code 7230 Wurzbach Rd 1801 San Antonio, TX 78240 | |
| 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 Campaign strategy & communications consulting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/20/2026 | Payee name Bexar Analytics | |
| Amount (\$) \$1,280.00 | Payee address; City; State; Zip Code 7230 Wurzbach Rd 1801 San Antonio, TX 78240 | |
| 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 Campaign canvasser services |
| 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: 2/3 Rpt: 10/12 | 2 FILER NAME Mihara , Robert Y. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00089391 |
| 4 Date 01/12/2026 | 5 Payee name Bexar Analytics | |
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 7230 Wurzbach Rd 1801 San Antonio, TX 78240 | |
| 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 Campaign canvasser services |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/16/2026 | Payee name Cruz, Armando | |
| Amount (\$) \$900.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78245 | |
| 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 contract management services |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/20/2026 | Payee name Mr A Installers | |
| Amount (\$) \$600.00 | Payee address; City; State; Zip Code 3126 Annarose Lane San Antonio, TX 78211 | |
| 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 Campaign Sign install |
| 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: 3/3 Rpt: 11/12 | 2 FILER NAME Mihara , Robert Y. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00089391 |
| 4 Date 01/13/2026 | 5 Payee name Mr A Installers | |
| 6 Amount (\$) \$1,539.00 | 7 Payee address; City; State; Zip Code 3126 Annarose Lane San Antonio, TX 78211 | |
| 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 Campaign Sign print & install |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 01/05/2026 | Payee name Mr A Installers | |
| Amount (\$) \$1,539.00 | Payee address; City; State; Zip Code 3126 Annarose Lane San Antonio, TX 78211 | |
| 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 Campaign Sign print & install |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F2: Sch: 1/1 Rpt: 12/12 | 2 FILER NAME Mihara , Robert Y. (Mr.) | 3 Filer ID (Ethics Commission Filers) 00089391 |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ |
| 5 Date 01/16/2026 | 6 Payee name Atchley & Associates LLP | |
| 7 Amount (\$) \$2,016.75 | 8 Payee address; City; State; Zip Code 1005 La Posada Dr Austin, TX 78752 | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 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 Campaign accounting and reporting services |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |