

**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) 00089886	2 Total pages filed: 8		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Viola Blayre	MI	OFFICE USE ONLY		
	NICKNAME	LAST Pena	SUFFIX	Date Received ELECTRONICALLY FILED 01/31/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1801 Red Bud Lane Ste. B-169 Round Rock, TX 78664			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Viola Blayre	MI			
	NICKNAME	LAST Pena	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1801 Red Bud Lane Ste. B-169 Round Rock, TX 78664		APT / SUITE #;	CITY;	STATE;	ZIP CODE
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 642-8585					
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 Day Year 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 52		

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

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

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13 C / OH NAME	Pena, Viola Blayre (Mrs.)		14 Filer ID (Ethics Commission Filers) 00089886
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)		\$ 2,699.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 880.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 37,459.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

17 AFFIDAVIT

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

Mrs. Viola Blayre Pena

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 Pena, Viola Blaire (Mrs.)		19 Filer ID (Ethics Commission Filers) 00089886
20 SCHEDULE SUBTOTALS		
NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,335.52
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 363.59
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	\$ 880.97
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: 1/2 Rpt: 4/8
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 01/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Randall	7 Amount of Contribution (\$) \$26.35
	6 Contributor address; City; State; Zip Code Round Rock, TX 78664	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Maria	Amount of Contribution (\$) \$260.73
	Contributor address; City; State; Zip Code Round Rock, TX 78665	
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) MGB Solutions
Date 01/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell III, JC	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Fullerton, CA 92832	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 01/07/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dominguez, Izaiah	Amount of Contribution (\$) \$26.35
	Contributor address; City; State; Zip Code Mercedes, TX 78570	
Principal occupation / Job title (See Instructions) CBP Employee		Employer (See Instructions) Department of Homeland Security
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doran, Peters	Amount of Contribution (\$) \$208.65
	Contributor address; City; State; Zip Code Leander, TX 78646	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Hajjar Peters LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 Date 01/13/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Michael	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Georgetown, TX 78626	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) West Short & Howell
Date 01/14/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese, Stacey	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Austin, TX 78703	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Stacey V. Reese Law
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welser, Williams	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Austin, TX 78738	
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Lotic.ai, Inc.
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Westbrook, Kathy	Amount of Contribution (\$) \$104.48
	Contributor address; City; State; Zip Code Round Rock, TX 78664	
Principal occupation / Job title (See Instructions) Assistant Director		Employer (See Instructions) Texas Municipal League Risk Pool

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 6/8
2 FILER NAME Pena, Viola Blayre (Mrs.)		3 Filer ID (Ethics Commission Filers) 00089886
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 01/08/2026	6 Full name of contributor VB Pena Law PLLC 7 Contributor address; City; State; Zip Code Round Rock, TX 78664	8 Amount of contribution (\$) 9 In-kind contribution description \$363.59 Campaign T-Shirts <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

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: 1/2 Rpt: 7/8	2 FILER NAME Pena, Viola Blayre (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089886
4 Date 01/22/2026	5 Payee name Anedot	
6 Amount (\$) \$96.12	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 Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name Georgetown Area Republican Women	
Amount (\$) \$27.78	Payee address; City; State; Zip Code 1530 Sun City Blvd Ste. 120 Georgetown, TX 78633	
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 Candidate Forum
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/05/2026	Payee name Hutto Chamber of Commerce	
Amount (\$) \$250.00	Payee address; City; State; Zip Code 122 East St Hutto, TX 78634	
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 Hutto Chamber Event
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: 2/2 Rpt: 8/8	2 FILER NAME Pena, Viola Blaire (Mrs.)	3 Filer ID (Ethics Commission Filers) 00089886
4 Date 01/07/2026	5 Payee name Office Depot	
6 Amount (\$) \$250.36	7 Payee address; City; 110 N. IH 35 Ste 298 Round Rock, TX 78681	
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/postage
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 01/12/2026	Payee name Office Depot	
Amount (\$) \$256.71	Payee address; City; 110 N. IH 35 Ste 298 Round Rock, TX 78681	
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/stamps
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held