

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) 00089952 | 2 Total pages filed: 6 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST The Honorable Chip | MI | OFFICE USE ONLY | | |
| | NICKNAME | LAST Roy | 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; 6705 W. Highway 290 Ste. 50295 Austin, TX 78735 | | | Date Hand-delivered or Date Postmarked | | |
| | | | | Receipt # | Amount | |
| | | | | Date Processed | | |
| | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST Mr. | MI | | | |
| | NICKNAME | LAST Cabell Hobbs | SUFFIX | | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 7415 Southwest Pkwy Bldg. 6 Ste. 500 #134 Austin, TX 78735 | | APT / SUITE #; | CITY; | STATE; | ZIP CODE |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 277-6095 | | | | | |
| 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) US Representative District 21 | | | 12 OFFICE SOUGHT (if known) Attorney General | | |

GO TO PAGE 2

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

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

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|---|--|--|---|----------------|----------------|----------------------------------|---------------------|--|--|
| 13 C / OH NAME | Roy, Chip (The Honorable) | | 14 Filer ID (Ethics Commission Filers) 00089952 | | | | | | |
| 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 <table border="1"> <tr> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>TEXANS FOR CHIP ROY</td> </tr> <tr> <td><input checked="" type="checkbox"/> SPECIFIC</td> <td> COMMITTEE ADDRESS 6705 W. HIGHWAY 290, STE. 50295 AUSTIN, TX 78735 COMMITTEE CAMPAIGN TREASURER NAME HOBBS, CABELL COMMITTEE CAMPAIGN TREASURER ADDRESS 7415 SOUTHWEST PKWY. BLDG 6, STE 500 #134 AUSTIN, TX 78735 </td> </tr> </table> | | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | TEXANS FOR CHIP ROY | <input checked="" type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS 6705 W. HIGHWAY 290, STE. 50295 AUSTIN, TX 78735 COMMITTEE CAMPAIGN TREASURER NAME HOBBS, CABELL COMMITTEE CAMPAIGN TREASURER ADDRESS 7415 SOUTHWEST PKWY. BLDG 6, STE 500 #134 AUSTIN, TX 78735 |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | |
| <input type="checkbox"/> GENERAL | TEXANS FOR CHIP ROY | | | | | | | | |
| <input checked="" type="checkbox"/> SPECIFIC | COMMITTEE ADDRESS 6705 W. HIGHWAY 290, STE. 50295 AUSTIN, TX 78735 COMMITTEE CAMPAIGN TREASURER NAME HOBBS, CABELL COMMITTEE CAMPAIGN TREASURER ADDRESS 7415 SOUTHWEST PKWY. BLDG 6, STE 500 #134 AUSTIN, TX 78735 | | | | | | | | |
| 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) | | \$ 0.00 | | | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | | \$ 0.00 | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 2,354.18 | | | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | | \$ 0.00 | | | | | | |
| 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.

The Honorable Chip Roy

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 Roy, Chip (The Honorable) | 19 Filer ID (Ethics Commission Filers) 00089952 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | |
| 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 checked="" 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 | |
| SUBTOTAL AMOUNT | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/3 Rpt: 4/6 | 2 FILER NAME Roy, Chip (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00089952 | |
| 4 Date 01/13/2026 | 5 Payee name APPLE | | |
| 6 Amount (\$) \$9.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code ONE APPLE PARK WAY CUPERTINO, CA 95014 | | |
| 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 ICLOUD SUBSCRIPTION | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 01/22/2026 | Payee name AVIS RENTAL CAR | | |
| Amount (\$) \$2,119.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 3400 E SKY BLVD PHOENIX, AZ 85034 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Travel In District | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense RENTAL CAR | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 01/06/2026 | Payee name BUC-EE'S | | |
| Amount (\$) \$69.09 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 205 IH 45 SOUTH MADISONVILLE, TX 77864 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL FOR RENTAL CAR | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| | | | |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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) |

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| | | | | |
|--|---|---|--|-------------|
| 1 Total pages Schedule G: Sch: 2/3 Rpt: 5/6 | 2 FILER NAME Roy, Chip (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00089952 | | |
| 4 Date 01/06/2026 | 5 Payee name BUC-EE'S | | | |
| 6 Amount (\$) \$28.42 | 7 Payee address; City; State; Zip Code 205 IH 45 SOUTH MADISONVILLE, TX 77864 | | | |
| 8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | (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 TRAVEL MEAL | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| Date 01/20/2026 | Payee name PAULIE'S POBOYS | | | |
| Amount (\$) \$3.73 | Payee address; City; State; Zip Code 3823 BELLAIRE BLVD. HOUSTON, TX 77025 | | | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL MEAL | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |
| Date 01/03/2026 | Payee name SNAX MAX 6 | | | |
| Amount (\$) \$77.68 | Payee address; City; State; Zip Code 13006 71 W BEE CAVE, TX 78738 | | | |
| PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended | | Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL: FUEL FOR RENTAL CAR | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | | Office sought | Office held |

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 |
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| 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 G: Sch: 3/3 Rpt: 6/6 | 2 FILER NAME Roy, Chip (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00089952 | |
| 4 Date 01/05/2026 | 5 Payee name TORCHY'S TACO | | |
| 6 Amount (\$) \$31.06 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code 18210 SONTERRA PLACE SAN ANTONIO, TX 78258 | | |
| 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 TRAVEL MEAL | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
| Date 01/02/2026 | Payee name WHATABURGER | | |
| Amount (\$) \$14.23 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code 103 HWY 31 WEST CHANDLER, TX 75758 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food/Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense TRAVEL MEAL | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |