

# 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<br>(Ethics Commission Filers)<br>00051664   | 2 Total pages filed:<br>7   |        |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>The Honorable   | FIRST<br>Charles   | MI<br>MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br>ELECTRONICALLY FILED<br>02/02/2026 |        |
|   | NICKNAME   | LAST<br>Cunningham | SUFFIX<br>Jr.  |   |        |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>PO Box 14352<br><br>Humble, TX 77347   |                    |  | Date Hand-delivered or Date Postmarked  |        |
|   |  |                    |  | Receipt #   | Amount |
|   |  |                    |  | Date Processed  |        |
|   |  |                    |  | Date Imaged   |        |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Mr.   | FIRST<br>Steve     | MI<br>MI   |   |        |
|   | NICKNAME   | LAST<br>Kusner     | SUFFIX   |   |        |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>4319 Terrace Pines Dr.<br><br>Kingwood, TX 77345  |                    |  |   |        |
|   |  |                    |  |   |        |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE PHONE NUMBER EXTENSION<br>(281) 446-0574   |                    |  |   |        |
| 8 REPORT<br>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)<br><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<br>COVERED   | Month Day Year      THROUGH      Month Day Year<br>01/01/2026      01/22/2026  |                    |  |   |        |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>03/03/2026  |                    | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |   |        |
|   |  |                    |  |   |        |
| 11 OFFICE   | OFFICE HELD (if any)<br>State Representative District 127 Harris   |                    |  | 12 OFFICE SOUGHT (if known)<br>State Representative District 127                  |        |

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

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|                       |   |                    |  |
|-----------------------|---|--------------------|--|
| <b>13 C / OH NAME</b> | Cunningham Jr., Charles (The Honorable) | <b>14 Filer ID</b> | (Ethics Commission Filers)<br>00051664 |
|-----------------------|---|--------------------|--|

|   |  |                                      |
|---|--|--------------------------------------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><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 |

|                               |   |    |           |
|-------------------------------|---|----|-----------|
| <b>16 CONTRIBUTION TOTALS</b> | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00      |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ | 0.00      |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ | 0.00      |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ | 8,563.53  |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 99,097.64 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 40,750.00 |

|  |                                       |                                     |
|--|---------------------------------------|-------------------------------------|
| <b>17 AFFIDAVIT</b>  |                                       |                                     |
| 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 Charles Cunningham Jr.<br>_____<br>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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|   |   |   |
|---|---|---|
| <b>18 FILER NAME</b><br>Cunningham Jr., Charles (The Honorable) |   | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00051664 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                |   | SUBTOTAL AMOUNT   |
| 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 checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 40,750.00  |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 8,563.53   |
| 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 | \$  |

# LOANS

## SCHEDULE E

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                          |   | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 4/7  |
| <b>2</b> FILER NAME<br>Cunningham Jr., Charles (The Honorable)                            |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00051664   |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   | <b>\$</b>  |
| <b>5</b> Date of loan<br>01/01/2026   | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cunningham Jr., Charles (Mr.) | <b>9</b> Loan Amount (\$)<br>\$40,750.00   |
| <b>6</b> Is lender a financial institution?<br>No   | <b>8</b> Lender address; City; State; Zip Code<br><br>Humble, TX 77338  | <b>10</b> Interest Rate  |
|   |   | <b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)<br>Manager                  |   | <b>13</b> Employer (See Instructions)<br>CenterPoint   |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> None           |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>17</b> Name of guarantor   | <b>19</b> Amount Guaranteed (\$)   |
|   | <b>18</b> Guarantor address; City; State; Zip Code  |  |
| <b>20</b> Principal occupation  |   | <b>21</b> 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.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/3 Rpt: 5/7              | <b>2</b> FILER NAME<br>Cunningham Jr., Charles (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00051664  |
| <b>4</b> Date<br>01/02/2026   | <b>5</b> Payee name<br>Atascocita Golf Club  |   |
| <b>6</b> Amount (\$)<br>\$274.95                                    | <b>7</b> Payee address; City; State; Zip Code<br>20114 Pinehurst Trail Dr<br><br>Astascocita, TX 77346 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/13/2026  | Payee name<br>ConstantContact  |   |
| Amount (\$)<br>\$138.58   | Payee address; City; State; Zip Code<br>1601 Trapelo Road<br><br>Waltham, MA 02451                     |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/13/2026  | Payee name<br>Harris County Senate District Four   |   |
| Amount (\$)<br>\$100.00   | Payee address; City; State; Zip Code<br>8588 Katy Freeway, Suite 445<br><br>Houston, TX 77024          |   |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship |
| 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 6/7              | <b>2</b> FILER NAME<br>Cunningham Jr., Charles (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00051664   |
| <b>4</b> Date<br>01/13/2026   | <b>5</b> Payee name<br>Kingwood Area Republican Women  |  |
| <b>6</b> Amount (\$)<br>\$5,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>P.O. Box 5906<br><br>Houston, TX 77325  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/07/2026  | Payee name<br>Lake Houston Partnership   |  |
| Amount (\$)<br>\$450.00   | Payee address; City; State; Zip Code<br>110 W Main Street<br><br>Humble, TX 77338  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/16/2026  | Payee name<br>Leo-Wilson, Terri (The Honorable)  |  |
| Amount (\$)<br>\$250.00   | Payee address; City; State; Zip Code<br><div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div><br>Galveston, TX 77550 |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee                                     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution |
| 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 7/7              | <b>2</b> FILER NAME<br>Cunningham Jr., Charles (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00051664   |
| <b>4</b> Date<br>01/21/2026   | <b>5</b> Payee name<br>Siegel, Cindy (The Honorable)   |  |
| <b>6</b> Amount (\$)<br>\$250.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 1082<br><br>Bellaire, TX 77402   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contribution   |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>01/02/2026  | Payee name<br>Wei, Wenfang   |  |
| Amount (\$)<br>\$2,100.00   | Payee address; City; State; Zip Code<br>14116 Sage Blossom Dr<br><br>Manor, TX 78653   |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Rental Expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |