

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00081882		2 Total pages filed: 13	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Jo A		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/02/2026		
	NICKNAME LAST SUFFIX Jo Ann Linzer				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 322 North Main Street Conroe , TX 77301			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Lindsey				
	NICKNAME LAST SUFFIX Kasprzak				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 322 North Main Street Conroe, TX 77301				
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(936)	647-1946			
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) District Judge District 359	

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 13

13 C / OH NAME Linzer, Jo A (Mrs.)	14 Filer ID (Ethics Commission Filers) 00081882
-------------------------------------------	-----------------------------------------------------------

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 <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)	\$ 12,354.66
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$ 5,196.22
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 55,005.20
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		
<p>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.</p> <div style="display: flex; justify-content: center; align-items: center;"><div style="text-align: center; margin-right: 20px;"><p>Mrs. Jo A Linzer</p><p>_____ Signature of Candidate or Officeholder</p></div><div style="border-top: 1px solid black; width: 400px;"></div></div>		
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p>		
<p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p>		
_____ Signature of officer administering oath	_____ Printed name of officer administering oath	_____ Title of officer administering oath

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

3 of 13

18 FILER NAME Linzer, Jo A (Mrs.)		19 Filer ID (Ethics Commission Filers) 00081882
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)	\$ 11,245.10
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,109.56
3.	<input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$
4.	<input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 5,196.22
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 A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 1/7 Rpt: 4/13
2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882
4 Date 01/21/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN, CHRIS <hr/> 6 Contributor address; City; State; Zip Code CONROE, TX 77301	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm SELF		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUBRY, TIMOTHY <hr/> Contributor address; City; State; Zip Code BEAUMONT, TX 77705	Amount of Contribution (\$) \$2,399.70
Contributor's Principal Occupation Business Owner		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BISCAMP, MARK <hr/> Contributor address; City; State; Zip Code HUNTSVILLE, TX 77340	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Railroad		Contributor's Job Title Train Conductor
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 2/7 Rpt: 5/13
2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882
4 Date 01/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLACKBURN, CELESTE <hr/> 6 Contributor address; City; State; Zip Code THE WOODLANDS, TX 77381	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm SELF		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BURNS, KEVIN <hr/> Contributor address; City; State; Zip Code CLEVELAND, TX 77328	Amount of Contribution (\$) \$1,000.00
Contributor's Principal Occupation COO		Contributor's Job Title COO
Contributor's employer/law firm PRINCIPAL SERVICES		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CARROLL, LEN <hr/> Contributor address; City; State; Zip Code MONTGOMERY, TX 77356	Amount of Contribution (\$) \$200.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 3/7 Rpt: 6/13
2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882
4 Date 01/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CATCHINGS, CLAUDIA <hr/> 6 Contributor address; City; State; Zip Code SPRING, TX 77381	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Unemployed		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CLAYTON, FRANK <hr/> Contributor address; City; State; Zip Code SUWANEE, GA 30024	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation Dentist		Contributor's Job Title Dentist
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/19/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) COX, THOMAS <hr/> Contributor address; City; State; Zip Code CONROE, TX 77384	Amount of Contribution (\$) \$2,399.70
Contributor's Principal Occupation CONSTRUCTION		Contributor's Job Title OWNER
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 4/7 Rpt: 7/13
2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882
4 Date 01/17/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYNES, SHAY <hr/> 6 Contributor address; City; State; Zip Code ROSWELL, GA 30075	7 Amount of Contribution (\$) \$100.00
8 Contributor's Principal Occupation Housewife		9 Contributor's Job Title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HIGHTOWER, STEWART <hr/> Contributor address; City; State; Zip Code OAKHURST, TX 77359	Amount of Contribution (\$) \$250.00
Contributor's Principal Occupation Retired		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HILL, SHELLEY <hr/> Contributor address; City; State; Zip Code MARIETTA, GA 30062	Amount of Contribution (\$) \$95.70
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 5/7 Rpt: 8/13
2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882
4 Date 01/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HORAK, MATT <hr/> 6 Contributor address; City; State; Zip Code THE WOODLANDS, TX 77380	7 Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$1,000.00</div>
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm SELF		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/22/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KANSKY, RUTH <hr/> Contributor address; City; State; Zip Code WOODSTOCK, GA 30188	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$250.00</div>
Contributor's Principal Occupation Housewife		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MASSA, TAMMY <hr/> Contributor address; City; State; Zip Code HOUSTON , TX 77042	Amount of Contribution (\$) <div style="text-align: right; font-weight: bold;">\$500.00</div>
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm MCCATHERN LAW FIRM		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 6/7 Rpt: 9/13
2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882
4 Date 01/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATA, JOSE 6 Contributor address; City; State; Zip Code CONROE, TX 77301	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation ATTORNEY		9 Contributor's Job Title ATTORNEY
10 Contributor's employer/law firm SELF		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAUER, PAUL Contributor address; City; State; Zip Code CONROE, TX 77302	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation BUSINESS OWNER		Contributor's Job Title OWNER
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIELSEN, ERIK Contributor address; City; State; Zip Code AUSTIN, TX 78739	Amount of Contribution (\$) \$100.00
Contributor's Principal Occupation attorney		Contributor's Job Title attorney
Contributor's employer/law firm self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 7/7 Rpt: 10/13
2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882
4 Date 01/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAGAN, YOLANDA <hr/> 6 Contributor address; City; State; Zip Code SPRING, TX 77382	7 Amount of Contribution (\$) \$500.00
8 Contributor's Principal Occupation PARALEGAL		9 Contributor's Job Title PARALEGAL
10 Contributor's employer/law firm IVAN CRESPO LAW FIRM		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETIT, JOHN <hr/> Contributor address; City; State; Zip Code THE WOODLANDS, TX 77381	Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation ATTORNEY		Contributor's Job Title ATTORNEY
Contributor's employer/law firm SELF		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VASQUEZ, AMBER <hr/> Contributor address; City; State; Zip Code AUSTIN, TX 78704	Amount of Contribution (\$) \$50.00
Contributor's Principal Occupation Attorney		Contributor's Job Title Attorney
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: 11/13	
2 FILER NAME Linzer, Jo A (Mrs.)		3 Filer ID (Ethics Commission Filers) 00081882	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 01/12/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WOODLANDS SCREEN PRINTING	8 Amount of contribution (\$) \$1,109.56	9 In-kind contribution description TSHIRTS
	7 Contributor address; City; State; Zip Code SPRING, TX 77380	<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
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: 1/1 Rpt: 12/13	2 FILER NAME Linzer, Jo A (Mrs.)	3 Filer ID (Ethics Commission Filers) 00081882
4 Date 01/21/2026	5 Payee name ARBUCKLE, HOLLY	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE CONROE, TX 77301	
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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/21/2026	Payee name ARBUCKLE, HOLLY	
Amount (\$) \$1,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE TX	
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 MARKETING PLATFORM
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/13/2026	Payee name Arena LLC	
Amount (\$) \$3,196.22	Payee address; City; State; Zip Code The Green Dover, DE 19901	
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 CRM MARKETING
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

OUTSTANDING LOANS

SCHEDULE L

The Instruction Guide explains how to complete this form.

1 Total pages Schedule L:
Sch: 1/1 Rpt: 13/13

2 FILER NAME
Linzer, Jo A (Mrs.)

3 Filer ID (Ethics Commission Filers)
00081882

LENDER
INFORMATION

4 Name of lender
LINZER, JO ANN

5 Lender address; City; State; Zip Code

CONROE, TX 77301

GUARANTOR
INFORMATION

6 Name of guarantor

☒ not applicable

7 Guarantor address; City; State; Zip Code

LENDER
INFORMATION

Name of lender
LINZER LAW

Lender address; City; State; Zip Code

CONROE, TX 77301

GUARANTOR
INFORMATION

Name of guarantor

☒ not applicable

Guarantor address; City; State; Zip Code