

**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 Mrs.	FIRST Jo A	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME Jo Ann	LAST Linzer	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; 322 North Main Street			Date Hand-delivered or Date Postmarked		
	Conroe , TX 77301			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Lindsey	MI			
	NICKNAME	LAST Kasprzak	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 322 North Main Street		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Conroe, TX 77301					
7 CAMPAIGN TREASURER PHONE	AREA CODE (936) 647-1946	PHONE NUMBER EXTENSION				
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)			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)	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  <input type="checkbox"/> COMMITTEE TYPE 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. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 12,354.66
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 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**

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. Jo A Linzer

\_\_\_\_\_  
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 oath

\_\_\_\_\_  
Printed name of officer administering oath

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

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<b>18</b> FILER NAME Linzer, Jo A (Mrs.)	<b>19</b> Filer ID (Ethics Commission Filers) 00081882
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): 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

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

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

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

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

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

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

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

<p><b>The Instruction Guide explains how to complete this form.</b></p>		<p><b>1</b> Total pages Schedule A2: Sch: 1/1 Rpt: 11/13</p>
<p><b>2</b> FILER NAME Linzer, Jo A (Mrs.)</p>		<p><b>3</b> Filer ID (Ethics Commission Filers) 00081882</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p><b>\$</b></p>
<p><b>5</b> Date 01/12/2026</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WOODLANDS SCREEN PRINTING ..... <b>7</b> Contributor address; City; State; Zip Code  SPRING, TX 77380</p>	<p><b>8</b> Amount of contribution (\$) \$1,109.56</p> <p><b>9</b> In-kind contribution description TSHIRTS</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>		
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		

# 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: 1/1 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# OUTSTANDING LOANS

## SCHEDULE L

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule L: Sch: 1/1 Rpt: 13/13
<b>2</b> FILER NAME Linzer, Jo A (Mrs.)		<b>3</b> Filer ID (Ethics Commission Filers) 00081882
LENDER INFORMATION	<b>4</b> Name of lender LINZER, JO ANN	
	<b>5</b> Lender address; City; State; Zip Code  CONROE, TX 77301	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>6</b> Name of guarantor	
	<b>7</b> Guarantor address; City; State; Zip Code	
LENDER INFORMATION	Name of lender LINZER LAW	
	Lender address; City; State; Zip Code  CONROE, TX 77301	
GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	