

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) 00085623	2 Total pages filed: 12		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Desi I.	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/23/2026	
	NICKNAME	LAST Martinez	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2828 Goliad Road #125 San Antonio, TX 78223		ZIP CODE	Date Hand-delivered or Date Postmarked	
				Receipt # Amount	
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Roberto	MI MI		
	NICKNAME	LAST Mendez	SUFFIX		
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 455 Sharon Dr San Antonio, TX 78216		APT / SUITE #;	CITY; STATE; ZIP CODE	
7 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 388-1555	EXTENSION		
8 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 01/23/2026		THROUGH	Month Day Year 02/21/2026	
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) State Representative District 118	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 12

13 C / OH NAME Martinez, Desi I. (Mr.)	14 Filer ID (Ethics Commission Filers) 00085623
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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)	\$ 192,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 129,172.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 273,568.41
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 250,000.00

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.

 Mr. Desi I. Martinez
 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

18 FILER NAME Martinez, Desi I. (Mr.)		19 Filer ID (Ethics Commission Filers) 00085623
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 121,550.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 71,000.00
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	\$ 129,172.07
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: 1/5 Rpt: 4/12
2 FILER NAME Martinez, Desi I. (Mr.)		3 Filer ID (Ethics Commission Filers) 00085623
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lara Chavez, Alberto <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78257	7 Amount of Contribution (\$) \$15,000.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cardenas, Misty <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Epic Pain Management
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colemere, Conner <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self Employed
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darshan Management \$ Staffing LLC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78213	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Jeffrey <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12
2 FILER NAME Martinez, Desi I. (Mr.)		3 Filer ID (Ethics Commission Filers) 00085623
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espinoza & Brock PLLC <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78216	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, Kristian <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78216	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) True Law Firm
Date 01/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Fidel Rodriguez Jr <hr/> Contributor address; City; State; Zip Code San Antoino, TX 78212	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Michael (Dr.) <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Michael Loenard		Employer (See Instructions) Self Employed
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longoria III, Alcide Federico <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78205	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12
2 FILER NAME Martinez, Desi I. (Mr.)		3 Filer ID (Ethics Commission Filers) 00085623
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Jamie <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) business owner		9 Employer (See Instructions) Self Employed
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neville IV, Richard (Mr.) <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions) Self Employed
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Physicians For Free Market Healthcare PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75204	Amount of Contribution (\$) \$20,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regalado, Julio <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 02/18/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Associations PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$35,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12
2 FILER NAME Martinez, Desi I. (Mr.)		3 Filer ID (Ethics Commission Filers) 00085623
4 Date 02/06/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toscano, Andrew <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78201	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) Business owner		9 Employer (See Instructions) Self Employed
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino Jr, Candelario <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78238	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tricity Pain Associates <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/09/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villarreal & Begum <hr/> Contributor address; City; State; Zip Code Brownsville, TX 78526	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, David <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12
2 FILER NAME Martinez, Desi I. (Mr.)		3 Filer ID (Ethics Commission Filers) 00085623
4 Date 02/05/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Aldon <hr/> 6 Contributor address; City; State; Zip Code Boerne, TX 78006	7 Amount of Contribution (\$) \$3,000.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 9/12	
2 FILER NAME Martinez, Desi I. (Mr.)		3 Filer ID (Ethics Commission Filers) 00085623	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/13/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauley, Joel	8 Amount of contribution (\$) \$20,000.00	9 In-kind contribution description Outreach Marketing
	7 Contributor address; City; State; Zip Code San Antonio, TX 78221	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
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)			
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Jeffrey	Amount of contribution (\$) \$20,000.00	In-kind contribution description Marketing Outreach
	Contributor address; City; State; Zip Code San Antonio, TX 78216	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner		Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Jessica	Amount of contribution (\$) \$11,000.00	In-kind contribution description Marketing Outreach- office supplies
	Contributor address; City; State; Zip Code San Antonio, TX 78223	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Office Manager		Employer (FOR NON-JUDICIAL) (See instructions) Martinez & Associates, PLLC	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 10/12	
2 FILER NAME Martinez, Desi I. (Mr.)		3 Filer ID (Ethics Commission Filers) 00085623	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/11/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, David	8 Amount of contribution (\$) \$20,000.00	9 In-kind contribution description Marketing Outreach
	7 Contributor address; City; State; Zip Code San Antonio, TX 78230	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Business Owner		11 Employer (FOR NON-JUDICIAL) (See instructions) Self Employed	
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: 1/2 Rpt: 11/12	2 FILER NAME Martinez, Desi I. (Mr.)	3 Filer ID (Ethics Commission Filers) 00085623
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4 Date 02/19/2026	5 Payee name Cantu, Leticia (Mrs.)
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6 Amount (\$) \$55,225.18	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78214
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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 General Consultant, Mailers, Field operations, Signs, Offices Expenses Reimbursement,
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 01/27/2026	Payee name Cantu, Leticia (Mrs.)
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Amount (\$) \$20,195.23	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE San Antonio, TX 78214
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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 General Consultant, Field Operation, Event Reimbursement, Mailers,
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/20/2026	Payee name Griffin Communications
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Amount (\$) \$4,587.60	Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737-4749
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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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: 2/2 Rpt: 12/12	2 FILER NAME Martinez, Desi I. (Mr.)	3 Filer ID (Ethics Commission Filers) 00085623
4 Date 02/16/2026	5 Payee name Griffin Communications	
6 Amount (\$) \$30,000.00	7 Payee address; City; State; Zip Code 176 Venice Cv Austin, TX 78737-4749	
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 Marketing Outreach
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/19/2026	Payee name Image House	
Amount (\$) \$15,000.00	Payee address; City; State; Zip Code P.O. Box 5051 Mcallen, TX 78502	
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 Marketing Outreach
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2026	Payee name Suburban Spaces	
Amount (\$) \$4,164.06	Payee address; City; State; Zip Code 4230 Gardendale St Suite 501 San Anronio, TX 78229	
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 Campaign Office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held