

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) 00086466	2 Total pages filed: 26	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Marc Andrew	MI MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 02/23/2026
	NICKNAME	LAST Lahood	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 127 Encino Blanco San Antonio, TX 78232		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Erica M.	MI MI	
	NICKNAME	LAST LaHood	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 127 Encino Blanco San Antonio, TX 78232		APT / SUITE #;	CITY; STATE; ZIP CODE
			AREA CODE	PHONE NUMBER EXTENSION (361) 331-3157
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) State Representative District 121 Bexar		12 OFFICE SOUGHT (if known) State Representative District 121	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
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00086466

15 NOTICE FROM POLITICAL COMMITTEE(S)
 Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

<input checked="" type="checkbox"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> SPECIFIC		Texas Farm Bureau AGFund
	COMMITTEE ADDRESS	PO BOX 2689
		WACO, TX 76702
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	TX

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)	\$ 712,426.09
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 594,040.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 348,792.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 35,500.00

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 Marc Andrew Lahood

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 Lahood, Marc Andrew (The Honorable)	19 Filer ID (Ethics Commission Filers) 00086466
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20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 712,415.00
2. <input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11.09
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	\$ 594,040.40
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 checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 926.15

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/12 Rpt: 4/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Advance Diagnostic Health Systems LLC <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77002	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Jorge <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self
Date 01/24/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arce, Steven <hr/> Contributor address; City; State; Zip Code San Antonio , TX 78251	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Steven Arce Law Firm, PLLC
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Abbott & Associates <hr/> Contributor address; City; State; Zip Code Garland, TX 75041	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boone, Aileen <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) n/a

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Briscoe, Richard <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78248	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cannon, Mickey and Josh <hr/> Contributor address; City; State; Zip Code Spring Branch , TX 78070	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Self
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charter School Now PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowen, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78201	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cowen Rodriguez Peacock
Date 02/16/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Marco <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78255	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Marco Crawford Law, PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/12 Rpt: 6/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DFW Pain & Injury Clinic LLC <hr/> 6 Contributor address; City; State; Zip Code Cedar Hill, TX 75104	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Souza, Jessica <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78217	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) DeDouza Injury Lawyers
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dustin Burrows Campaign <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79408	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finger , Jack <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78212	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) n/a
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Folson, Charlotte <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78218	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 7/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 01/29/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Germany, William	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code San Antonio, TX 78217	
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Germany Law, PLLC
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giovannelli, Laura	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code San Antonio, TX 78261	
Principal occupation / Job title (See Instructions) Consulting manager		Employer (See Instructions) Grainger
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenberg, Philippe	Amount of Contribution (\$) \$5,000.00
	Contributor address; City; State; Zip Code Charlotte , NC 28226	
Principal occupation / Job title (See Instructions) Chief Legal Officer		Employer (See Instructions) Libra Solutions
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Mary and Donald	Amount of Contribution (\$) \$300.00
	Contributor address; City; State; Zip Code San Antonio, TX 78232	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Craig	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code San Antonio, TX 78258	
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) DeSouza Injury Lawyers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holland, Linda <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78218	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Self employed		9 Employer (See Instructions)
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, Lauren <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78257	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) DeSouza Injury Lawyers
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe A. Gamez Law Firm PC <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$12,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Justice for Texas Victims PAC <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$40,000.00
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#: _____) KRW Lawyers <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78258	Amount of Contribution (\$) \$500.00
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: 6/12 Rpt: 9/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korbell, John <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209	7 Amount of Contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 01/28/2026	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 Antonio, TX 78212	Amount of Contribution (\$) \$500.00
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 <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) ANI
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longbow Consulting Partners, LLC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$500.00
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#: _____) MEG Health Care Inc <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$50,000.00
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: 7/12 Rpt: 10/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 01/24/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Christina <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78261	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKee, Aaron <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$15,000.00
Principal occupation / Job title (See Instructions) COO		Employer (See Instructions) FEDITC LLC
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMullan, Cheryl <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mery, Jennifer <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) P3 Imaging Solutions, LLC
Date 01/25/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Kevin <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Miller Bicklein

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moak Casey PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris , Robert <hr/> Contributor address; City; State; Zip Code Southlake , TX 76092	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Complete Care
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Sandra <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ODonnell, Michael <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78293	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pablos, R.B <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78260	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) R.B. Pablos

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/12 Rpt: 12/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pipe Fitters Local Union 211	7 Amount of Contribution (\$) \$2,500.00
	6 Contributor address; City; State; Zip Code Deer Park, TX 77536	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/04/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plumbers Local Union No 68	Amount of Contribution (\$) \$2,500.00
	Contributor address; City; State; Zip Code Houston, TX 77249	
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#: _____) SA PROF FIREFIGHTERS ASSOC LOCAL 624	Amount of Contribution (\$) \$1,500.00
	Contributor address; City; State; Zip Code SAN ANTONIO, TX 78201	
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#: _____) San Antonio Pain & Injury Center, LLC	Amount of Contribution (\$) \$25,000.00
	Contributor address; City; State; Zip Code San antonio, TX 78238	
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#: _____) Shields, Robert	Amount of Contribution (\$) \$50,000.00
	Contributor address; City; State; Zip Code Heath, TX 75032	
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) MRI Centers of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 01/28/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solis , Renee <hr/> 6 Contributor address; City; State; Zip Code San antonio, TX 78209	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solley, Malcolm <hr/> Contributor address; City; State; Zip Code Boerne, TX 78015	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Truth and Liberty PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$50,000.00
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#: _____) Texans for Truth and Liberty PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$100,000.00
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#: _____) Texas Automobile Dealers Association PAC <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$4,000.00
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: 11/12 Rpt: 14/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/04/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Employment Lawyers PAC	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Dallas , TX 75219		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas House Republican Caucus PAC	Amount of Contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code Austin, TX 78711		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC	Amount of Contribution (\$) \$50,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Sands PAC	Amount of Contribution (\$) \$4,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/27/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC	Amount of Contribution (\$) \$100,000.00
Contributor address; City; State; Zip Code Austin, TX 78701		
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: 12/12 Rpt: 15/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Trial Lawyers Association PAC <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$100,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 01/28/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) U.S.A.P TEXAS LC <hr/> Contributor address; City; State; Zip Code Dallas , TX 75251	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 01/31/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Von Dohlen, Patrick <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78259	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Bus Owner/Financial Planner		Employer (See Instructions) Self Employed
Date 01/29/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Lucus <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78253	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

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: 16/26	
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 02/12/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Farm Bureau AGFund	8 Amount of contribution (\$) \$11.09	9 In-kind contribution description AGFUND website/social media endorsement
	7 Contributor address; City; State; Zip Code Waco, TX 76702	<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 | 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 - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/9 Rpt: 17/26	2 FILER NAME Lahood, Marc Andrew (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/21/2026	5 Payee name Anedot	
6 Amount (\$) \$1,688.10	7 Payee address; City; State; Zip Code 44679 Endicott Drive Suite 300 Ashburn, VA 20147	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Anedot fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2026	Payee name Berming, Edward	
Amount (\$) \$4,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Austin, TX 78729	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/02/2026	Payee name City of Austin Utilities	
Amount (\$) \$35.03	Payee address; City; State; Zip Code 8716 Research Blvd #115 Austin, TX 78758	
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 checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense utilities
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 18/26	2 FILER NAME Lahood, Marc Andrew (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086466
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4 Date 01/28/2026	5 Payee name Conservative Republicans of Texas
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6 Amount (\$) \$15,000.00	7 Payee address; City; State; Zip Code 1 Greenway Plz Houston, TX 77234
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8 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 Advertising
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/02/2026	Payee name Garcia, Emmanuel
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Amount (\$) \$5,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Colleyville, TX 76034
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/03/2026	Payee name Garcia, Samuel
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Amount (\$) \$4,000.00	Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Fort Worth , TX 76110
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Canvassing
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Complete <u>ONLY</u> 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: 3/9 Rpt: 19/26	2 FILER NAME Lahood, Marc Andrew (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086466
4 Date 01/27/2026	5 Payee name Griffin Communication LLC	
6 Amount (\$) \$43,210.00	7 Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/27/2026	Payee name Griffin Communication LLC	
Amount (\$) \$100,000.00	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/28/2026	Payee name Griffin Communication LLC	
Amount (\$) \$18,444.80	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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
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.

1 Total pages Schedule F1: Sch: 4/9 Rpt: 20/26	2 FILER NAME Lahood, Marc Andrew (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086466
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4 Date 02/02/2026	5 Payee name Griffin Communication LLC
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6 Amount (\$) \$47,500.00	7 Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736
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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 Consulting Expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/05/2026	Payee name Griffin Communication LLC
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Amount (\$) \$64,110.00	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736
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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 Expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 02/09/2026	Payee name Griffin Communication LLC
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Amount (\$) \$8,111.00	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736
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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 Expense
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Complete <u>ONLY</u> 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: 5/9 Rpt: 21/26	2 FILER NAME Lahood, Marc Andrew (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/09/2026	5 Payee name Griffin Communication LLC	
6 Amount (\$) \$35,655.32	7 Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2026	Payee name Griffin Communication LLC	
Amount (\$) \$4,801.05	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2026	Payee name Griffin Communication LLC	
Amount (\$) \$5,771.57	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 6/9 Rpt: 22/26	2 FILER NAME Lahood, Marc Andrew (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/11/2026	5 Payee name Griffin Communication LLC	
6 Amount (\$) \$13,238.92	7 Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2026	Payee name Griffin Communication LLC	
Amount (\$) \$18,444.80	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/13/2026	Payee name Griffin Communication LLC	
Amount (\$) \$44,955.00	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
Complete ONLY 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.

1 Total pages Schedule F1: Sch: 7/9 Rpt: 23/26	2 FILER NAME Lahood, Marc Andrew (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/13/2026	5 Payee name Griffin Communication LLC	
6 Amount (\$) \$18,444.80	7 Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name Griffin Communication LLC	
Amount (\$) \$18,444.80	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/18/2026	Payee name Griffin Communication LLC	
Amount (\$) \$86,937.80	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736	
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 Expense
Complete ONLY 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.

1	Total pages Schedule F1: Sch: 8/9 Rpt: 24/26	2	FILER NAME Lahood, Marc Andrew (The Honorable)	3	Filer ID (Ethics Commission Filers) 00086466
4	Date 02/20/2026	5	Payee name Griffin Communication LLC		
6	Amount (\$) \$24,989.33	7	Payee address; City; State; Zip Code 7111 Harvest Trail Austin, TX 78736		
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 Expense		
9		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 02/02/2026		Payee name National Security Caucus		
	Amount (\$) \$200.00		Payee address; City; State; Zip Code P.O. Box 12910 Austin, TX 78711		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Dues		
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 01/30/2026		Payee name Quaid, Sebastian		
	Amount (\$) \$5,000.00		Payee address; City; State; Zip Code <div style="background-color: black; color: white; text-align: center; padding: 2px;">REDACTED PER 254.0401, ELEC. CODE</div> Cedar Park, TX 78613		
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Salary		
		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.

1 Total pages Schedule F1: Sch: 9/9 Rpt: 25/26	2 FILER NAME Lahood, Marc Andrew (The Honorable)	3 Filer ID (Ethics Commission Filers) 00086466
4 Date 02/04/2026	5 Payee name Rodriguez, Sonia	
6 Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Pearland, TX 77581	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaigning/events
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2026	Payee name Texas Conservative Review	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1533 W. Alabama Houston , TX 77006	
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 Half Page Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 01/29/2026	Payee name UPS Store	
Amount (\$) \$58.08	Payee address; City; State; Zip Code 7113 San Pedro Ave San Antonio, TX 78216	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Shipping Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Overnight shipping fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 26/26
2 FILER NAME Lahood, Marc Andrew (The Honorable)		3 Filer ID (Ethics Commission Filers) 00086466
4 Date 01/31/2026	5 Name of person from whom amount is received Prosperity Bank	8 Amount (\$) \$389.57
	6 Address of person from whom amount is received; City; State; Zip Code El Campo, TX 77437	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date 02/13/2026	Name of person from whom amount is received Prosperity Bank	Amount (\$) \$536.58
	Address of person from whom amount is received; City; State; Zip Code El Campo, TX 77437	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	