

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) 00090123	2 Total pages filed: 11					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Cameron A.	MI	OFFICE USE ONLY				
	NICKNAME	LAST Rollwitz	SUFFIX		Date Received ELECTRONICALLY FILED 02/23/2026			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 8511 Tropical Breeze Way Iowa Colony , TX 77583		ZIP CODE	Date Hand-delivered or Date Postmarked				
				Receipt #				
				Amount				
				Date Processed				
				Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Ashleigh	MI					
	NICKNAME	LAST Bass	SUFFIX					
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 522 Westwood Dr. Richardson, TX 75080							
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION					
	(281)	253-6982						
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	THROUGH	Month	Day	Year	
	01	23	2026		02	21	2026	
10 ELECTION	ELECTION DATE		ELECTION TYPE					
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other	<input type="checkbox"/> General	<input type="checkbox"/> Special
	03	03	2026					
11 OFFICE	OFFICE HELD (if any)				12 OFFICE SOUGHT (if known)			
					State Senator District 11			

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Rollwitz, Cameron A. (Mr.)	14 Filer ID (Ethics Commission Filers) 00090123
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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	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
		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)	\$	3,420.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	2,970.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	1,696.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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. Cameron A. Rollwitz

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 Rollwitz, Cameron A. (Mr.)		19 Filer ID (Ethics Commission Filers) 00090123
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,420.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 2,474.17
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 355.73
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 140.70
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: 1/4 Rpt: 4/11
2 FILER NAME Rollwitz, Cameron A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090123
4 Date 02/19/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Ben	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Fort Worth, TX 76110		
8 Principal occupation / Job title (See Instructions) Director of DevOps		9 Employer (See Instructions) QREW
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullen, Levi	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Conroe, TX 77304		
Principal occupation / Job title (See Instructions) Construction		Employer (See Instructions) Redwick's WITW
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Chuck	Amount of Contribution (\$) \$2,000.00
Contributor address; City; State; Zip Code Baytown, TX 77521		
Principal occupation / Job title (See Instructions) Community Organizer		Employer (See Instructions) Retired
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croft, Stacy	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Galveston, TX 77550		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 01/26/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fueless, Scott	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Pearland, TX 77584		
Principal occupation / Job title (See Instructions) Commissioner		Employer (See Instructions) Brazoria Drainage District 4

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/11
2 FILER NAME Rollwitz, Cameron A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090123
4 Date 01/27/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Amylin <hr/> 6 Contributor address; City; State; Zip Code Dickinson, TX 77539	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Administrative Assistante		9 Employer (See Instructions) Mary Moody Northern Endowment
Date 02/15/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Kristopher <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Wells Fargo
Date 02/12/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Shane <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Videographer		Employer (See Instructions) Spectrum Fusion
Date 02/03/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Millar, Ron <hr/> Contributor address; City; State; Zip Code Arlington, VA 22201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Political and PAC Manager		Employer (See Instructions) Center for Freethought Equality
Date 02/08/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purvis, Peggy <hr/> Contributor address; City; State; Zip Code Galveston, TX 77551	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/11
2 FILER NAME Rollwitz, Cameron A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090123
4 Date 01/25/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Hayley <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77083	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) CBRE
Date 02/17/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sansom, Kyle <hr/> Contributor address; City; State; Zip Code Little Elm, TX 75068	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Systems Administrator		Employer (See Instructions) Perfect Finish
Date 02/02/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Secular Texas PAC <hr/> Contributor address; City; State; Zip Code Houston, TX 77008	Amount of Contribution (\$) \$100.00
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#: _____) Smith, Wendy <hr/> Contributor address; City; State; Zip Code Glencoe, IL 60022	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Will <hr/> Contributor address; City; State; Zip Code Conroe, TX 77301	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Network Engineer		Employer (See Instructions) Elevate PFS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/11
2 FILER NAME Rollwitz, Cameron A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00090123
4 Date 01/26/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WesterBerg, Robert	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Sugar Land, TX 77478	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 02/13/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WesterBerg, Robert	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sugar Land, TX 77478	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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: 8/11	2 FILER NAME Rollwitz, Cameron A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00090123
4 Date 01/25/2026	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$2.45	7 Payee address; City; State; Zip Code P.O. Box 962017 Boston, MA 02196	
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 Transaction Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/01/2026	Payee name ActBlue Technical Services	
Amount (\$) \$21.35	Payee address; City; State; Zip Code P.O. Box 962017 Boston, MA 02196	
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 Transaction Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/08/2026	Payee name ActBlue Technical Services	
Amount (\$) \$6.13	Payee address; City; State; Zip Code P.O. Box 962017 Boston, MA 02196	
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 Transaction processing fees
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: 2/2 Rpt: 9/11	2 FILER NAME Rollwitz, Cameron A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00090123
4 Date 02/15/2026	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$19.43	7 Payee address; City; State; Zip Code P.O. Box 962017 Boston, MA 02196	
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 Transaction Processing fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/11/2026	Payee name TGM Printing	
Amount (\$) \$1,612.93	Payee address; City; State; Zip Code 13910 Murphy Rd Stafford, TX 77477	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 02/17/2026	Payee name TGM Printing	
Amount (\$) \$811.88	Payee address; City; State; Zip Code 13910 Murphy Rd Stafford, TX 77477	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 materials
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee

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 F2: Sch: 1/1 Rpt: 10/11	2 FILER NAME Rollwitz, Cameron A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00090123
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 02/01/2026	6 Payee name NGP VAN
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7 Amount (\$) \$355.73	8 Payee address; City; State; Zip Code 750 17th St NW 3rd Floor Washington DC, DC 20006
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event creation and hosting	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mobilize
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11 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 PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 1/1 Rpt: 11/11	2 FILER NAME Rollwitz, Cameron A. (Mr.)	3 Filer ID (Ethics Commission Filers) 00090123
4 Date 02/10/2026	5 Payee name Amazon	
6 Amount (\$) \$140.70 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 410 Terry Avenue North Seattle, WA 98109	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Materials support	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Door hangers for campaign materials
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held