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): 00090059

2 Total pages filed: 7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr.
FIRST: James
MI:
NICKNAME:
LAST: Joseph
SUFFIX:

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 02/23/2026

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE
4206 Lyons Avenue
Houston, TX 77020

Date Hand-delivered or Date Postmarked:
Receipt #:
Amount:
Date Processed:
Date Imaged:

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms.
FIRST: Yvonda
MI:
NICKNAME:
LAST: Lewis
SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
13507 Venice Villa LN.
Sugarland, TX 77498

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(281) 541-0716

8 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- [X] 8th day before election
- ☐ Runoff
- ☐ Exceeded modified reporting limit
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ 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:
- [X] Primary
- ☐ General
- ☐ Runoff
- ☐ Special
- ☐ Other

11 OFFICE

OFFICE HELD (if any): None

12 OFFICE SOUGHT (if known): State Representative District 142

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	Joseph, James (Mr.)	**14** Filer ID 00090059	(Ethics Commission Filers)

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.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	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)	$ 10.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 10,000.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 72,339.34
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. James Joseph

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

18 FILER NAME	**19** Filer ID (Ethics Commission Filers)
Joseph, James (Mr.)	00090059

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. [X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 10.00
2. [ ] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3. [ ] SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4. [ ] SCHEDULE E: LOANS	$
5. [X] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$ 10,000.00
6. [ ] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7. [ ] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	$
8. [ ] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$
9. [ ] SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	$
10. [ ] SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11. [ ] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	$
12. [ ] 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: 1/1 Rpt: 4/7

2 FILER NAME
Joseph, James (Mr.)

3 Filer ID (Ethics Commission Filers)
00090059

4 Date
01/30/2026

5 Full name of contributor ☐ out-of-state PAC (ID#:_____)
Moran, Carlos

6 Contributor address; City; State; Zip Code

Humble, TX 77396

7 Amount of Contribution ($)
$10.00

8 Principal occupation / Job title (See Instructions)
Executive Director

9 Employer (See Instructions)
Govuni Network Corporation

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/3 Rpt: 5/7	**2** FILER NAME Joseph, James (Mr.)	**3** Filer ID (Ethics Commission Filers) 00090059

4 Date 01/28/2026

5 Payee name Eden Event Center

6 Amount ($) $750.00

7 Payee address; City; State; Zip Code
9348 Wayside Dr
Houston, TX 77078

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Event Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Community Meet & Greet Venue

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date 02/12/2026

Payee name GoDaddy Operating Company, LLC

Amount ($) $1,750.00

Payee address; City; State; Zip Code
14455 North Hayden Road Suite 219
Scottsdale, AZ 85260

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Digital Campaign Advertising

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date 02/02/2026

Payee name House of Cakes

Amount ($) $500.00

Payee address; City; State; Zip Code
8689 Tidwell Rd
Houston, TX 77028

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Event Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Event Refreshments

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 6/7	**2** FILER NAME Joseph, James (Mr.)	**3** Filer ID (Ethics Commission Filers) 00090059

4 Date 02/11/2026

5 Payee name KYOK 1140AM

6 Amount ($) $2,500.00

7 Payee address; City; State; Zip Code
300 E. Bryant Rd.
Conroe, TX 77301

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Advertising Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Radio Advertising – 30 Second Campaign Spots

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date 02/01/2026

Payee name Stripe

Amount ($) $150.00

Payee address; City; State; Zip Code
441 Victory Ave
South San Francisco, CA 94080

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Accounting/Banking

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Credit Card Processing Fees

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date 01/23/2026

Payee name Texas VANS

Amount ($) $1,000.00

Payee address; City; State; Zip Code
P.O. Box 15707
Austin, TX 78761

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Voter Database Subscription

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Voter Database Subscription

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 7/7	**2** FILER NAME Joseph, James (Mr.)	**3** Filer ID (Ethics Commission Filers) 00090059

4 Date 02/20/2026

5 Payee name UZMarketing Printing

6 Amount ($) $1,000.00

7 Payee address; City; State; Zip Code
5900 Bingle Rd
Houston, TX 77020

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Printing Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Palm Cards

9 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date 02/12/2026

Payee name UZMarketing

Amount ($) $2,000.00

Payee address; City; State; Zip Code
5900 Bingle Rd
Houston, TX 77092

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Printing Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Yard Signs

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date 02/02/2026

Payee name Yvonda, Lewis

Amount ($) $350.00

Payee address; City; State; Zip Code
REDACTED PER 254.0401, ELEC. CODE
Houston, TX 77020

PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Consulting Expense

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense
Campaign Treasurer Services

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held