

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

|  |   |  |  |
|--|---|--|--|
| <b>1</b> Filer ID (Ethics Commission Filers)<br>00081882   | <b>2</b> Total pages filed:<br>30                           | <b>OFFICE USE ONLY</b>   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME   | MS / MRS / MR<br>Mrs.                                       | FIRST<br>Jo A  | MI<br>MI                                 |
|  | NICKNAME<br>Jo Ann  | LAST<br>Linzer   | SUFFIX                                   |
| <b>4</b> ORIGINAL REPORT TYPE  | <input type="checkbox"/> January 15                         | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other (specify) |
|  | <input type="checkbox"/> July 15                            | <input type="checkbox"/> Exceeded modified reporting limit                                 |  |
|  | <input type="checkbox"/> 30th day before election           | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |  |
|  | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |  |
| <b>5</b> ORIGINAL PERIOD COVERED   | Month Day Year<br>01/23/2026                                | THROUGH  | Month Day Year<br>02/21/2026             |
| <b>6</b> EXPLANATION OF CORRECTION<br>The original report I mistyped and entered \$90 instead of \$50 for cash contributions that came from a fundraiser. I also had no address for the cash contributions from the fundraiser so I entered my work address. |   |  |  |

**6** EXPLANATION OF CORRECTION  
 The original report I mistyped and entered \$90 instead of \$50 for cash contributions that came from a fundraiser. I also had no address for the cash contributions from the fundraiser so I entered my work address.

**7** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mrs. Jo A Linzer  
\_\_\_\_\_

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |  |   |   |  |
|---|--|---|---|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00081882 | <b>2</b> Total pages filed:<br><br>30   |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Mrs.  | FIRST<br>Jo A   | MI<br>MI  | <b>OFFICE USE ONLY</b>                 |
|   | NICKNAME<br>Jo Ann   | LAST<br>Linzer  | SUFFIX  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>322 North Main Street<br><br>Conroe , TX 77301  |   |   | Date Hand-delivered or Date Postmarked |
|   | Receipt #  | Amount  |   | Date Processed                         |
|   |  |   |   | Date Imaged                            |
|   |  |   |   |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR  | FIRST<br>Lindsey  | MI<br>MI  |  |
|   | NICKNAME   | LAST<br>Kasprzak  | SUFFIX  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>322 North Main Street<br><br>Conroe, TX 77301   |   |   |  |
|   |  |   |   |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(936)   | PHONE NUMBER<br>647-1946                                    | EXTENSION   |  |
| <b>8</b> 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)   |   |   |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>01/23/2026   | THROUGH   | Month    Day    Year<br>02/21/2026  |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>03/03/2026  |   | ELECTION TYPE   |  |
|   |  |   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)   |   | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 359   |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

3 of 30

**13** C / OH NAME Linzer, Jo A (Mrs.) **14** Filer ID (Ethics Commission Filers)  
00081882

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *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.

Additional Pages

|  |   |
|--|---|
| <b>COMMITTEE TYPE</b><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | <b>COMMITTEE NAME</b>                       |
|  | <b>COMMITTEE ADDRESS</b>                    |
|  | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|  | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                               |  |    |           |
|-------------------------------|--|----|-----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 1,520.00  |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 23,090.60 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00      |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 55,113.75 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 25,525.34 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 15,000.00 |

**17** AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Jo A Linzer  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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

# SUBTOTALS - JC/OH

|   |   |                                |                            |
|---|---|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Linzer, Jo A (Mrs.) |   | <b>19 Filer ID</b><br>00081882 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b>                |   |                                | <b>SUBTOTAL AMOUNT</b>     |
| NAME OF SCHEDULE                            |   |                                |                            |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$                             | 20,540.60                  |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$                             | 2,550.00                   |
| 3.  | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                             |                            |
| 4.  | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$                             |                            |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 53,900.50                  |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                             | 1,213.25                   |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                             |                            |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                             |                            |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             |                            |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/17 Rpt: 5/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882    |
| <b>4</b> Date<br>02/05/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ALDRIDGE, EDWARD<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>MONTGOMERY, TX 77316 | <b>7</b> Amount of Contribution (\$) \$40.00                |
| <b>8</b> Contributor's Principal Occupation                         |  | <b>9</b> Contributor's Job Title                            |
| <b>10</b> Contributor's employer/law firm                           |  | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>02/21/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>ALGER, DEANN<br><hr/> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77305                           | Amount of Contribution (\$) \$250.00                        |
| Contributor's Principal Occupation<br>RETIRED                       |  | Contributor's Job Title<br>RETIRED EDUCATOR                 |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>02/10/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>AUBRY, GLENN<br><hr/> Contributor address; City; State; Zip Code<br><br>BEAUMONT, TX 77706                         | Amount of Contribution (\$) \$2,399.70                      |
| Contributor's Principal Occupation<br>BUSINESSMAN                   |  | Contributor's Job Title<br>OWNER                            |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| (Empty space for additional information)                            |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 2/17 Rpt: 6/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882    |
| <b>4</b> Date<br>02/01/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>BAKER, BEN<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77301 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00      |
| <b>8</b> Contributor's Principal Occupation<br>ATTORNEY             |  | <b>9</b> Contributor's Job Title<br>ATTORNEY                |
| <b>10</b> Contributor's employer/law firm<br>SELF                   |  | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>01/28/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>BENDER, GINA<br><hr/> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77384                 | Amount of Contribution (\$)<br><br>\$250.00                 |
| Contributor's Principal Occupation<br>EVENTS                        |  | Contributor's Job Title                                     |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>02/01/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>BIEHLE, ROBERT<br><hr/> Contributor address; City; State; Zip Code<br><br>MONTGOMERY, TX 77316           | Amount of Contribution (\$)<br><br>\$250.00                 |
| Contributor's Principal Occupation<br>ELECTRICIAN                   |  | Contributor's Job Title<br>OWNER                            |
| Contributor's employer/law firm<br>RWB ELECTRICAL SVCS              |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 3/17 Rpt: 7/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882    |
| <b>4</b> Date<br>02/04/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>BOLIN, AMANDA<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>SUGARLAND, TX 77478 | <b>7</b> Amount of Contribution (\$)<br><br>\$239.70        |
| <b>8</b> Contributor's Principal Occupation<br>ATTORNEY             |  | <b>9</b> Contributor's Job Title<br>ATTORNEY                |
| <b>10</b> Contributor's employer/law firm<br>SELF                   |  | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>02/05/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>BUCKS, WILLIAM<br><hr/> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77301                     | Amount of Contribution (\$)<br><br>\$100.00                 |
| Contributor's Principal Occupation<br>O&G                           |  | Contributor's Job Title<br>MANAGER                          |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>02/21/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>CHOATE, JACK<br><hr/> Contributor address; City; State; Zip Code<br><br>HUNTSVILLE, TX 77340                   | Amount of Contribution (\$)<br><br>\$95.70                  |
| Contributor's Principal Occupation<br>ATTORNEY                      |  | Contributor's Job Title<br>ATTORNEY                         |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 4/17 Rpt: 8/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882    |
| <b>4</b> Date<br>02/01/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>CHRISTIE, KEITH<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77304 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00        |
| <b>8</b> Contributor's Principal Occupation<br>RETIRED              |  | <b>9</b> Contributor's Job Title                            |
| <b>10</b> Contributor's employer/law firm                           |  | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>02/05/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>CROWL, CHAD<br><hr/> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77301                       | Amount of Contribution (\$)<br><br>\$479.70                 |
| Contributor's Principal Occupation<br>ATTORNEY                      |  | Contributor's Job Title<br>ATTORNEY                         |
| Contributor's employer/law firm<br>SELF                             |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>02/07/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DANIEL, ANDREW<br><hr/> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77305                    | Amount of Contribution (\$)<br><br>\$200.00                 |
| Contributor's Principal Occupation<br>ATTORNEY                      |  | Contributor's Job Title<br>ATTORNEY                         |
| Contributor's employer/law firm<br>SELF                             |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 5/17 Rpt: 9/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882    |
| <b>4</b> Date<br>01/30/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DAVIS, JUSTIN<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77043 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00        |
| <b>8</b> Contributor's Principal Occupation<br>SALES                |  | <b>9</b> Contributor's Job Title<br>SALES                   |
| <b>10</b> Contributor's employer/law firm                           |  | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>02/07/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DAVIS, MARK<br><hr/> Contributor address; City; State; Zip Code<br><br>SAN ANTONIO, TX 78217                 | Amount of Contribution (\$)<br><br>\$150.00                 |
| Contributor's Principal Occupation<br>SALES                         |  | Contributor's Job Title<br>SALES                            |
| Contributor's employer/law firm<br>UNK                              |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>02/01/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>DAWSON, DAVID<br><hr/> Contributor address; City; State; Zip Code<br><br>MONTGOMERY, TX 77356                | Amount of Contribution (\$)<br><br>\$100.00                 |
| Contributor's Principal Occupation<br>DIRECTOR                      |  | Contributor's Job Title<br>DIRECTOR FIELD MEDICAL SERVICES  |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 6/17 Rpt: 10/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882     |
| <b>4</b> Date<br>01/28/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DEHNE, STACEY | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77301                               |  |
| <b>8</b> Contributor's Principal Occupation<br>NONE                 |   | <b>9</b> Contributor's Job Title<br>NONE                     |
| <b>10</b> Contributor's employer/law firm<br>NONE                   |   | <b>11</b> Law firm of contributor's spouse (if any)          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |  |
| Date<br>01/28/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DRYER, RICHARD         | Amount of Contribution (\$)<br><br>\$100.00                  |
|   | Contributor address; City; State; Zip Code<br><br>SPRING, TX 77386  |  |
| Contributor's Principal Occupation<br>RETIRED                       |   | Contributor's Job Title<br>RETIRED                           |
| Contributor's employer/law firm<br>RETIRED                          |   | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |
| Date<br>02/16/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DUNSON, STEPHEN        | Amount of Contribution (\$)<br><br>\$239.70                  |
|   | Contributor address; City; State; Zip Code<br><br>ALEDO, TX 76109   |  |
| Contributor's Principal Occupation<br>FINANCE                       |   | Contributor's Job Title<br>OWNER                             |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 7/17 Rpt: 11/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882     |
| <b>4</b> Date<br>01/23/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DUROY, LOLLIE<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77301 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
| <b>8</b> Contributor's Principal Occupation<br>RETIRED              |  | <b>9</b> Contributor's Job Title<br>RETIRED                  |
| <b>10</b> Contributor's employer/law firm                           |  | <b>11</b> Law firm of contributor's spouse (if any)          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>02/01/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>FRAZIER, JOHN<br><hr/> Contributor address; City; State; Zip Code<br><br>KATY, TX 77450                     | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor's Principal Occupation<br>RETIRED                       |  | Contributor's Job Title<br>RETIRED                           |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>02/01/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GRAVES, TUCKER<br><hr/> Contributor address; City; State; Zip Code<br><br>MONTGOMERY, TX 77356              | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor's Principal Occupation<br>ATTORNEY                      |  | Contributor's Job Title<br>ATTORNEY                          |
| Contributor's employer/law firm<br>SELF                             |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 8/17 Rpt: 12/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882     |
| <b>4</b> Date<br>01/28/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GREATHOUSE, ANNA | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00         |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>WILLIS, TX 77318                                  |  |
| <b>8</b> Contributor's Principal Occupation<br>LAW                  |  | <b>9</b> Contributor's Job Title<br>LEGAL ASSISTANT          |
| <b>10</b> Contributor's employer/law firm                           |  | <b>11</b> Law firm of contributor's spouse (if any)          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>02/01/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GREEN, MIKE               | Amount of Contribution (\$)<br><br>\$100.00                  |
|   | Contributor address; City; State; Zip Code<br><br>CONROE, TX 77304   |  |
| Contributor's Principal Occupation<br>RETIRED                       |  | Contributor's Job Title                                      |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>02/01/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GRIFFIN, BD               | Amount of Contribution (\$)<br><br>\$300.00                  |
|   | Contributor address; City; State; Zip Code<br><br>MONTGOMERY, TX 77316                                       |  |
| Contributor's Principal Occupation<br>ATTORNEY                      |  | Contributor's Job Title<br>COUNTY ATTORNEY                   |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A(J)1:<br>Sch: 9/17 Rpt: 13/30 |
| 2 FILER NAME<br>Linzer, Jo A (Mrs.)                              |  | 3 Filer ID (Ethics Commission Filers)<br>00081882     |
| 4 Date<br>02/01/2026   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>GUERRA LAW FIRM | 7 Amount of Contribution (\$)<br><br>\$300.00         |
|  | 6 Contributor address; City; State; Zip Code<br><br>THE WOODLANDS, TX 77380                          |   |
| 8 Contributor's Principal Occupation                             |  | 9 Contributor's Job Title                             |
| 10 Contributor's employer/law firm                               |  | 11 Law firm of contributor's spouse (if any)          |
| 12 If contributor is a child, law firm of parent(s) (if any)     |  |   |
| Date<br>02/08/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HERSCHMANN, TAMI  | Amount of Contribution (\$)<br><br>\$250.00           |
|  | Contributor address; City; State; Zip Code<br><br>CONROE, TX 77385                                   |   |
| Contributor's Principal Occupation<br>RETIRED                    |  | Contributor's Job Title<br>RETIRED                    |
| Contributor's employer/law firm<br>N/A                           |  | Law firm of contributor's spouse (if any)             |
| If contributor is a child, law firm of parent(s) (if any)        |  |   |
| Date<br>01/28/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HOPKINS, JP       | Amount of Contribution (\$)<br><br>\$100.00           |
|  | Contributor address; City; State; Zip Code<br><br>CONROE, TX 77301                                   |   |
| Contributor's Principal Occupation<br>ATTORNEY                   |  | Contributor's Job Title<br>ATTORNEY                   |
| Contributor's employer/law firm<br>SELF                          |  | Law firm of contributor's spouse (if any)             |
| If contributor is a child, law firm of parent(s) (if any)        |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 10/17 Rpt: 14/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882      |
| <b>4</b> Date<br>02/01/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HOPKINS, KIRBY | <b>7</b> Amount of Contribution (\$)<br>\$1,000.00            |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>THE WOODLANDS, TX 77381                         |   |
| <b>8</b> Contributor's Principal Occupation<br>ATTORNEY             |  | <b>9</b> Contributor's Job Title<br>ATTORNEY                  |
| <b>10</b> Contributor's employer/law firm<br>SELF                   |  | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>02/19/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>HOPKINS, KIRBY          | Amount of Contribution (\$)<br>\$1,000.00                     |
|   | Contributor address; City; State; Zip Code<br><br>THE WOODLANDS, TX 77381                                  |   |
| Contributor's Principal Occupation<br>ATTORNEY                      |  | Contributor's Job Title<br>ATTORNEY                           |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>01/31/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>JACOBY, RON             | Amount of Contribution (\$)<br>\$150.00                       |
|   | Contributor address; City; State; Zip Code<br><br>BUDA, TX 78610   |   |
| Contributor's Principal Occupation<br>SALES                         |  | Contributor's Job Title<br>SALES                              |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 11/17 Rpt: 15/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882      |
| <b>4</b> Date<br>02/09/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MAUER, PAUL<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77302 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00          |
| <b>8</b> Contributor's Principal Occupation<br>BUSINESS OWNER       |  | <b>9</b> Contributor's Job Title                              |
| <b>10</b> Contributor's employer/law firm<br>SELF                   |  | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>02/05/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MAYR, THOMAS<br><hr/> Contributor address; City; State; Zip Code<br><br>SPRING, TX 77384                  | Amount of Contribution (\$)<br><br>\$250.00                   |
| Contributor's Principal Occupation<br>ATTORNEY                      |  | Contributor's Job Title<br>ATTORNEY                           |
| Contributor's employer/law firm<br>SELF                             |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>02/05/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MORRISON, PAUL<br><hr/> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77301                | Amount of Contribution (\$)<br><br>\$500.00                   |
| Contributor's Principal Occupation<br>ATTORNEY                      |  | Contributor's Job Title<br>ATTORNEY                           |
| Contributor's employer/law firm<br>SELF                             |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | 1 Total pages Schedule A(J)1:<br>Sch: 12/17 Rpt: 16/30 |
| 2 FILER NAME<br>Linzer, Jo A (Mrs.)                              |   | 3 Filer ID (Ethics Commission Filers)<br>00081882      |
| 4 Date<br>02/05/2026   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>NEGRICH, ALEXANDER | 7 Amount of Contribution (\$) \$95.70                  |
|  | 6 Contributor address; City; State; Zip Code<br><br>SPRING, TX 77373                                    |  |
| 8 Contributor's Principal Occupation<br>ATTORNEY                 |   | 9 Contributor's Job Title<br>ATTORNEY                  |
| 10 Contributor's employer/law firm                               |   | 11 Law firm of contributor's spouse (if any)           |
| 12 If contributor is a child, law firm of parent(s) (if any)     |   |  |
| Date<br>01/31/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>NEVIL, STEVE         | Amount of Contribution (\$) \$95.00                    |
|  | Contributor address; City; State; Zip Code<br><br>ARLINGTON, TX 76013                                   |  |
| Contributor's Principal Occupation<br>SALES                      |   | Contributor's Job Title<br>SALES                       |
| Contributor's employer/law firm                                  |   | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)        |   |  |
| Date<br>01/31/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ORTEGA, FRANK        | Amount of Contribution (\$) \$100.00                   |
|  | Contributor address; City; State; Zip Code<br><br>SAN ANTONIO, TX 78247                                 |  |
| Contributor's Principal Occupation<br>SALES                      |   | Contributor's Job Title<br>SALES                       |
| Contributor's employer/law firm                                  |   | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)        |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | 1 Total pages Schedule A(J)1:<br>Sch: 13/17 Rpt: 17/30 |
| 2 FILER NAME<br>Linzer, Jo A (Mrs.)                              |   | 3 Filer ID (Ethics Commission Filers)<br>00081882      |
| 4 Date<br>02/01/2026   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>PAGAN, YOLANDA   | 7 Amount of Contribution (\$)<br><br>\$500.00          |
|  | 6 Contributor address; City; State; Zip Code<br><br>SPRING, TX 77382                                  |  |
| 8 Contributor's Principal Occupation<br>PARALEGAL                |   | 9 Contributor's Job Title<br>PARALEGAL                 |
| 10 Contributor's employer/law firm<br>CRESPO                     |   | 11 Law firm of contributor's spouse (if any)           |
| 12 If contributor is a child, law firm of parent(s) (if any)     |   |  |
| Date<br>02/01/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>PALMORE, CATHERINE | Amount of Contribution (\$)<br><br>\$500.00            |
|  | Contributor address; City; State; Zip Code<br><br>SPRING, TX 77380                                    |  |
| Contributor's Principal Occupation<br>ATTORNEY                   |   | Contributor's Job Title<br>ATTORNEY                    |
| Contributor's employer/law firm<br>SELF                          |   | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)        |   |  |
| Date<br>01/29/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>PLATT, KENNETH     | Amount of Contribution (\$)<br><br>\$100.00            |
|  | Contributor address; City; State; Zip Code<br><br>MEXIA, TX 76667                                     |  |
| Contributor's Principal Occupation<br>RETIRED                    |   | Contributor's Job Title<br>RETIRED                     |
| Contributor's employer/law firm<br>NONE                          |   | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)        |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 14/17 Rpt: 18/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882      |
| <b>4</b> Date<br>02/05/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>PRINGLE, THERESE<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>WILLIS, TX 77378 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00          |
| <b>8</b> Contributor's Principal Occupation<br>RETIRED              |   | <b>9</b> Contributor's Job Title<br>RETIRED                   |
| <b>10</b> Contributor's employer/law firm                           |   | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |   |
| Date<br>02/05/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>PROFFITT, CHRIS<br><hr/> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77384                    | Amount of Contribution (\$)<br><br>\$95.70                    |
| Contributor's Principal Occupation<br>MAINTENANCE                   |   | Contributor's Job Title<br>PROJECT COORDINATOR                |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |
| Date<br>02/01/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>PULLAN, TRACY<br><hr/> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77301                      | Amount of Contribution (\$)<br><br>\$300.00                   |
| Contributor's Principal Occupation<br>ATTORNEY                      |   | Contributor's Job Title<br>ATTORNEY                           |
| Contributor's employer/law firm<br>SELF                             |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 15/17 Rpt: 19/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882      |
| <b>4</b> Date<br>02/05/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SAMAN, KHALIL<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>HOUSTON, TX 77008 | <b>7</b> Amount of Contribution (\$)<br><br>\$239.70          |
| <b>8</b> Contributor's Principal Occupation<br>ATTORNEY             |  | <b>9</b> Contributor's Job Title<br>ATTORNEY                  |
| <b>10</b> Contributor's employer/law firm<br>SELF                   |  | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>02/01/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SANFILIPPO, STEVE<br><hr/> Contributor address; City; State; Zip Code<br><br>WILLIS, TX 77318                | Amount of Contribution (\$)<br><br>\$250.00                   |
| Contributor's Principal Occupation<br>BUSINESS OWNER                |  | Contributor's Job Title<br>OWNER                              |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>01/28/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>SCHULTZ, JEFFREY<br><hr/> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77304                 | Amount of Contribution (\$)<br><br>\$250.00                   |
| Contributor's Principal Occupation<br>ATTORNEY                      |  | Contributor's Job Title<br>ATTORNEY                           |
| Contributor's employer/law firm<br>SELF                             |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 16/17 Rpt: 20/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882      |
| <b>4</b> Date<br>02/04/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>SMITH, SHANA<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>BALLGROUND, GA 30107 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00          |
| <b>8</b> Contributor's Principal Occupation<br>FINANCE              |   | <b>9</b> Contributor's Job Title<br>FINANCE DIRECTOR          |
| <b>10</b> Contributor's employer/law firm                           |   | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |   |
| Date<br>01/23/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TENANT, DAN<br><hr/> Contributor address; City; State; Zip Code<br><br>DAWSONVILLE, GA 30534                   | Amount of Contribution (\$)<br><br>\$200.00                   |
| Contributor's Principal Occupation<br>INFORMATION SYSTEMS           |   | Contributor's Job Title<br>PRESIDENT                          |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |
| Date<br>02/01/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>TUREK, GEORGE<br><hr/> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77364                      | Amount of Contribution (\$)<br><br>\$2,500.00                 |
| Contributor's Principal Occupation<br>CEO                           |   | Contributor's Job Title<br>Chairman and CEO                   |
| Contributor's employer/law firm                                     |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |
| (Empty space for additional information)                            |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 17/17 Rpt: 21/30 |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882      |
| <b>4</b> Date<br>02/01/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>TUREK, LINDA<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>CONROE, TX 77364 | <b>7</b> Amount of Contribution (\$)<br><br>\$2,500.00        |
| <b>8</b> Contributor's Principal Occupation<br>ADMIN                |  | <b>9</b> Contributor's Job Title<br>ADMIN                     |
| <b>10</b> Contributor's employer/law firm                           |  | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>01/23/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>WILSON, CHARLIE<br><hr/> Contributor address; City; State; Zip Code<br><br>MAGNOLIA, TX 77354              | Amount of Contribution (\$)<br><br>\$300.00                   |
| Contributor's Principal Occupation<br>NONE                          |  | Contributor's Job Title<br>NONE                               |
| Contributor's employer/law firm<br>NONE                             |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>            |   | 1 Total pages Schedule A2:<br>Sch: 1/2 Rpt: 22/30                       |                                    |
| 2 FILER NAME<br>Linzer, Jo A (Mrs.)   |   | 3 Filer ID (Ethics Commission Filers)<br>00081882                       |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$  |                                    |
| 5 Date<br>02/05/2026  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>DEVILLIER, KADE        | 8 Amount of contribution (\$)<br>\$450.00                               | 9 In-kind contribution description |
|   | 7 Contributor address; City; State; Zip Code<br><br>MONTGOMERY, TX 77356                                    |   |                                    |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   |   | 11 Employer (FOR NON-JUDICIAL) (See instructions)                       |                                    |
| 12 Contributor's principal occupation (FOR JUDICIAL)<br>STYLIST             |   | 13 Contributor's job title (FOR JUDICIAL) (See instructions)<br>STYLIST |                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br>UNKNOWN                |   | 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<br>02/05/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>FRIENDS OF JO ANN LINZER | Amount of contribution (\$)<br>\$800.00                                 | In-kind contribution description   |
|   | Contributor address; City; State; Zip Code<br><br>TX  |   |                                    |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)      |   | Employer (FOR NON-JUDICIAL) (See instructions)                          |                                    |
| 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<br>01/23/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>MAGNOLIA HUNTING SUPPLY  | Amount of contribution (\$)<br>\$500.00                                 | In-kind contribution description   |
|   | Contributor address; City; State; Zip Code<br><br>MAGNOLIA, TX 77354  |   |                                    |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)      |   | Employer (FOR NON-JUDICIAL) (See instructions)                          |                                    |
| 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**

|   |   |   |                                    |
|---|---|---|------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>            |   | 1 Total pages Schedule A2:<br>Sch: 2/2 Rpt: 23/30                               |                                    |
| 2 FILER NAME<br>Linzer, Jo A (Mrs.)   |   | 3 Filer ID (Ethics Commission Filers)<br>00081882                               |                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |   | \$  |                                    |
| 5 Date<br>02/05/2026  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>WEBB, AMANDA | 8 Amount of contribution (\$)<br>\$800.00                                       | 9 In-kind contribution description |
|   | 7 Contributor address; City; State; Zip Code<br><br>CONROE, TX 77301                              | <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)<br>ATTORNEY            |   | 13 Contributor's job title (FOR JUDICIAL) (See instructions)<br>ATTORNEY        |                                    |
| 14 Contributor's employer/law firm (FOR JUDICIAL)<br>SELF                   |   | 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/3 Rpt: 24/30     | <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882   |
| <b>4</b> Date<br>01/23/2026                                  | <b>5</b> Payee name<br>ARBUCKLE, HOLLY  |  |
| <b>6</b> Amount (\$)<br>\$2,000.00                           | <b>7</b> Payee address; City; State; Zip Code<br><br><b>REDACTED PER 254.0401, ELEC. CODE</b><br><br>TX |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense           | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>POLITICAL CONSULTING |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>02/01/2026   | Payee name<br>Arena LLC   |  |
| Amount (\$)<br>\$20,684.86                                   | Payee address; City; State; Zip Code<br>The Green<br><br>Dover, DE 19901                                |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MAILER               |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>02/01/2026   | Payee name<br>Arena LLC   |  |
| Amount (\$)<br>\$21,952.63                                   | Payee address; City; State; Zip Code<br>The Green<br><br>Dover, DE 19901                                |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MAILER               |
| 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 -         | 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.

|  |   |   |
|--|---|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/3 Rpt: 25/30     | <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882  |
| <b>4</b> Date<br>01/23/2026                                  | <b>5</b> Payee name<br>KVST KSTAR COUNTRY RADIO   |   |
| <b>6</b> Amount (\$)<br>\$1,156.25                           | <b>7</b> Payee address; City; State; Zip Code<br>14887 HWY 105 W, STE 101<br><br>MONTGOMERY, TX 77356 |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>RADIO ADVERTISING |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>01/23/2026   | Payee name<br>LEGGETT, KRISTI   |   |
| Amount (\$)<br>\$2,000.00                                    | Payee address; City; State; Zip Code<br><b>REDACTED PER 254.0401, ELEC. CODE</b><br>CONROE, TX 77385  |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>CONSULTING        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>02/16/2026   | Payee name<br>MAGNOLIA REPUBLICAN CLUB  |   |
| Amount (\$)<br>\$100.00                                      | Payee address; City; State; Zip Code<br>18640 FM 1488, Suite A294<br><br>MAGNOLIA, TX 77354           |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TABLE AT FORUM    |
| 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 -<br>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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/3 Rpt: 26/30 | <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882 |
|--|--|--|

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|-----------------------------|--------------------------------------|
| <b>4</b> Date<br>01/23/2026 | <b>5</b> Payee name<br>MAX MARKETING |
|-----------------------------|--------------------------------------|

|                                    |   |
|------------------------------------|---|
| <b>6</b> Amount (\$)<br>\$3,506.76 | <b>7</b> Payee address; City; State; Zip Code<br>116 W LEWIS ST<br><br>CONROE, TX 77301 |
|------------------------------------|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>SIGNS |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |  |
|--------------------|--|
| Date<br>01/28/2026 | Payee name<br>REPUBLICAN VOTERS OF TEXAS PAC |
|--------------------|--|

|                           |  |
|---------------------------|--|
| Amount (\$)<br>\$2,500.00 | Payee address; City; State; Zip Code<br>30310 Charlie Lane<br><br>MAGNOLIA, TX 77355 |
|---------------------------|--|

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>VOTER GUIDE |
|-------------------------------|--|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| 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  
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.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/3 Rpt: 27/30  | <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882   |
| <b>4</b> Date<br>02/04/2026  | <b>5</b> Payee name<br>CONROE/LAKE CONROE CHAMBER OF COMMERCE  |  |
| <b>6</b> Amount (\$)<br>\$15.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>505 W DAVIS<br><br>CONROE, TX 77301   |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                             | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MONTHLY BREAKFAST |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |  |
| Date<br>02/13/2026   | Payee name<br>FAMILY PROMISE OF MONTGOMERY COUNTY  |  |
| Amount (\$)<br>\$300.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>PO BOX 692<br><br>CONROE, TX 77305   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>EVENT TICKETS                |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |  |
| Date<br>01/28/2026   | Payee name<br>GREATER EAST MONTGOMERY COUNTY CHAMBER OF COMMERCE   |  |
| Amount (\$)<br>\$50.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>21575 US 59 #100<br><br>NEW CANEY, TX 77357  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MONTHLY LUNCHEON             |
|  | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule G:<br>Sch: 2/3 Rpt: 28/30  | <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882  |
| <b>4</b> Date<br>02/05/2026  | <b>5</b> Payee name<br>MAILCHIMP   |   |
| <b>6</b> Amount (\$)<br>\$28.25<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>405 N Angier Ave<br><br>NE Atlanta, TX 30308  |   |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MONTHLY SUBSCRIPTION SERVICE |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/23/2026   | Payee name<br>MONTGOMERY COUNTY REPUBLICAN WOMEN   |   |
| Amount (\$)<br>\$200.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended         | Payee address; City; State; Zip Code<br>PO BOX 1766<br><br>CONROE, TX 77305                    |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>AD EXPENSE                              |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>01/30/2026   | Payee name<br>NORTH SHORE REPUBLICAN WOMEN   |   |
| Amount (\$)<br>\$20.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>PO BOX 1993<br><br>MONTGOMERY, TX 77356                |   |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>MONTHLY LUNCHEON                        |
| Complete ONLY if direct expenditure to benefit C/OH  | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule G:<br>Sch: 3/3 Rpt: 29/30 | <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882 |
|---|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>01/24/2026 | <b>5</b> Payee name<br>WOODFOREST AREA REPUBLICANS |
|-----------------------------|--|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br>\$100.00<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br><br>TX |
|--|---|

|                                 |  |   |
|---------------------------------|--|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>TABLE AT FORUM |
|---------------------------------|--|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                                  |
|--------------------|----------------------------------|
| Date<br>01/31/2026 | Payee name<br>WOODLANDS BAR ASSN |
|--------------------|----------------------------------|

|  |  |
|--|--|
| Amount (\$)<br>\$500.00<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br><br>TX |
|--|--|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)<br>Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>EVENT SPONSORSHIP |
|---------------------------------|---|---|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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# OUTSTANDING LOANS

## SCHEDULE L

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>                |  | <b>1</b> Total pages Schedule L:<br>Sch: 1/1 Rpt: 30/30  |
| <b>2</b> FILER NAME<br>Linzer, Jo A (Mrs.)                                      |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081882 |
| LENDER INFORMATION  | <b>4</b> Name of lender<br>LINZER, JO ANN                              |  |
|   | <b>5</b> Lender address; City; State; Zip Code<br><br>CONROE, TX 77301 |  |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | <b>6</b> Name of guarantor   |  |
|   | <b>7</b> Guarantor address; City; State; Zip Code                      |  |
| LENDER INFORMATION  | Name of lender<br>LINZER LAW   |  |
|   | Lender address; City; State; Zip Code<br><br>CONROE, TX 77301          |  |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable | Name of guarantor  |  |
|   | Guarantor address; City; State; Zip Code                               |  |