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): 00090173

2 Total pages filed: 5

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 02/24/2026

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mr.	Joseph	

NICKNAME	LAST	SUFFIX
Joe	Shellhart	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

P.O. Box 27

Adkins, TX 78101

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Mr.	Joseph	

NICKNAME	LAST	SUFFIX
Joe	Shellhart	

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 27

Adkins, TX 78101

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 503-0257

8 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☒ 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: 02/24/2026

10 ELECTION

ELECTION DATE: Month Day Year: 03/03/2026

ELECTION TYPE

- ☒ Primary
- ☐ General
- ☐ Runoff
- ☐ Special
- ☐ Other

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

State Representative Place San Antonio District 118

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

13 C / OH NAME	Shellhart, Joseph (Mr.)	**14** Filer ID (Ethics Commission Filers)
		00090173

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

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	**$** 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$** 312.30
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$** 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	**$** 1,082.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 312.30
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 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. Joseph Shellhart

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)
Shellhart, Joseph (Mr.)	00090173

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	[X]	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 312.30
2.	[ ]	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$**
3.	[ ]	SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4.	[ ]	SCHEDULE E: LOANS	**$**
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 1,082.00
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
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: 4/5

2 FILER NAME: Shellhart, Joseph (Mr.)

3 Filer ID (Ethics Commission Filers): 00090173

4 Date	**5** Full name of contributor / out-of-state PAC (ID#:_____)	**7** Amount of Contribution ($)
02/23/2026	A, Joe (Mr.)	$104.10
	6 Contributor address; City; State; Zip Code: San Antonio, TX 78214	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Retired	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/18/2026	Brontsema, K (Mrs.)	$104.10
	Contributor address; City; State; Zip Code: Camarillo, CA 93010	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/03/2026	Ruiz, B	$104.10
	Contributor address; City; State; Zip Code: San Antonio, TX 78221	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Real Estate	

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: 1/1 Rpt: 5/5	**2** FILER NAME Shellhart, Joseph (Mr.)	**3** Filer ID (Ethics Commission Filers) 00090173
4 Date 01/29/2026	**5** Payee name 3D Signs	
6 Amount ($) $1,082.00	**7** Payee address; City; State; Zip Code 7986 1st Somerset, TX 78069	
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 Political signs
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held