

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

|   |   |  |  |  |        |
|---|---|--|--|--|--------|
| 1 Filer ID (Ethics Commission Filers)<br>00085950 |   | 2 Total pages filed:<br>21   |  | <b>OFFICE USE ONLY</b>                                     |        |
| 3 CANDIDATE / OFFICEHOLDER NAME                   | MS / MRS / MR<br>The Honorable                              | FIRST<br>Mark E.   | MI<br>MI                                 | Date Received<br><b>ELECTRONICALLY FILED</b><br>02/25/2026 |        |
|   | NICKNAME  | LAST<br>Dorazio  | SUFFIX                                   |  |        |
| 4 ORIGINAL REPORT TYPE                            | <input type="checkbox"/> January 15                         | <input type="checkbox"/> Runoff  | <input type="checkbox"/> Other (specify) | Date Hand-delivered or Date Postmarked                     |        |
|   | <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) |  | Receipt #  | Amount |
|   | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |  | Date Processed   |        |
|   | 5 ORIGINAL PERIOD COVERED                                   |  |  | Date Imaged  |        |
| Month   | Day   | Year   | Month                                    | Day  | Year   |
|   | 01/23/2026  |  | THROUGH                                  | 02/21/2026   |        |

6 EXPLANATION OF CORRECTION  
I missed the initial communication regarding the in-kind contribution. I acted immediately to update the report upon learning of their omission.

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.

The Honorable Mark E. Dorazio  
\_\_\_\_\_  
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**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |   |  |  |
|---|--|---|--|--|
| <b>The C/OH Instruction Guide explains how to complete this form.</b>                               |  | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00085950 | <b>2</b> Total pages filed:<br>21  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable   | FIRST<br>Mark E.  | MI<br>   | <b>OFFICE USE ONLY</b><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>02/25/2026 |
|   | NICKNAME   | LAST<br>Dorazio   | 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>PO Box 461341<br><br>San Antonio, TX 78246  |   | Date Hand-delivered or Date Postmarked   |  |
|   |  |   | Receipt #      Amount  |  |
|   |  |   | Date Processed   |  |
|   |  |   | Date Imaged  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mrs.  | FIRST<br>Monica A.  | MI<br>   |  |
|   | NICKNAME   | LAST<br>Dorazio   | 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>143 N. Tower<br><br>San Antonio, TX 78232   |   |  |  |
|   |  |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(210)   | PHONE NUMBER<br>495-3944                                    | 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<br><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)<br>State Representative District 122  |   | <b>12</b> OFFICE SOUGHT (if known)<br>State Representative District 122  |  |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

3 of 21

**13 C / OH NAME** Dorazio, Mark E. (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00085950

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

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

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

|                               |   |               |
|-------------------------------|---|---------------|
| <b>16 CONTRIBUTION TOTALS</b> | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00       |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ 131,020.09 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  | \$ 0.00       |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ 320,264.36 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ 180,950.61 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 550,000.00 |

**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.

The Honorable Mark E. Dorazio  
\_\_\_\_\_  
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**

4 of 21

|  |  |                                |                            |
|--|--|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Dorazio, Mark E. (The Honorable) |  | <b>19 Filer ID</b><br>00085950 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE         |  | SUBTOTAL AMOUNT                |                            |
| 1.   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$                             | 89,008.00                  |
| 2.   | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                             | 42,012.09                  |
| 3.   | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS   | \$                             |                            |
| 4.   | <input type="checkbox"/> SCHEDULE E: LOANS   | \$                             |                            |
| 5.   | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                             | 320,264.36                 |
| 6.   | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  | \$                             |                            |
| 7.   | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                             | \$                             |                            |
| 8.   | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD   | \$                             |                            |
| 9.   | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS  | \$                             |                            |
| 10.  | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH                        | \$                             |                            |
| 11.  | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                           | \$                             |                            |
| 12.  | <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             | 993.44                     |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>     |   | <b>1</b> Total pages Schedule A1:<br>Sch: 1/9 Rpt: 5/21  |
| <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950 |
| <b>4</b> Date<br>01/28/2026  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bettac, Suzanne<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209-0893 | <b>7</b> Amount of Contribution (\$)<br><br>\$250.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)         |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/04/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bexar County Justice PAC of SATLA<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78216      | Amount of Contribution (\$)<br><br>\$5,000.00            |
| Principal occupation / Job title (See Instructions)                  |   | Employer (See Instructions)                              |
| Date<br>01/27/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bowers, Alicia<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78255                         | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)<br>Retired       |   | Employer (See Instructions)<br>Retired                   |
| Date<br>02/02/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Brewer, John<br><hr/> Contributor address; City; State; Zip Code<br><br>New Braunfels, TX 78132                         | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Retired       |   | Employer (See Instructions)<br>Retired                   |
| Date<br>02/16/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bunger Sr., Richard<br><hr/> Contributor address; City; State; Zip Code<br><br>Spring Branch , TX 78070-7014            | Amount of Contribution (\$)<br><br>\$250.00              |
| Principal occupation / Job title (See Instructions)<br>Self Employed |   | Employer (See Instructions)<br>Self Employed             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>        |  | <b>1</b> Total pages Schedule A1:<br>Sch: 2/9 Rpt: 6/21  |
| <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)                 |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950 |
| <b>4</b> Date<br>02/06/2026   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Bush, Sandra<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio , TX 78261       | <b>7</b> Amount of Contribution (\$)<br><br>\$2,500.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired |  | <b>9</b> Employer (See Instructions)<br>Retired          |
| Date<br>02/08/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Chapman, Linda<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78257                        | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)                              |
| Date<br>02/06/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Charter Schools Now PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78704                    | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)                              |
| Date<br>02/06/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Coalition for Working Families PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Corpus Christi, TX 78466 | Amount of Contribution (\$)<br><br>\$25,000.00           |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)                              |
| Date<br>02/07/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Courtines, Michel<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78258                     | Amount of Contribution (\$)<br><br>\$200.00              |
| Principal occupation / Job title (See Instructions)                     |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 3/9 Rpt: 7/21               |
| <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950              |
| <b>4</b> Date<br>02/16/2026  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Dollar, Suzanne<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78248 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00                  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Minister |  | <b>9</b> Employer (See Instructions)<br>CRU Military Gateway Ministry |
| Date<br>02/10/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Drewry , Sabrina<br><hr/> Contributor address; City; State; Zip Code<br><br>Hollywood Park , TX 78232              | Amount of Contribution (\$)<br><br>\$50.00                            |
| Principal occupation / Job title (See Instructions)                      |  | Employer (See Instructions)   |
| Date<br>01/28/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gainey, Mark<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209                      | Amount of Contribution (\$)<br><br>\$750.00                           |
| Principal occupation / Job title (See Instructions)<br>Attorney          |  | Employer (See Instructions)<br>Self                                   |
| Date<br>02/15/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Gebbia, Joe<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78703                            | Amount of Contribution (\$)<br><br>\$2,500.00                         |
| Principal occupation / Job title (See Instructions)<br>Retired           |  | Employer (See Instructions)<br>Retired                                |
| Date<br>01/27/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Graham, Jimmie<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78232                    | Amount of Contribution (\$)<br><br>\$100.00                           |
| Principal occupation / Job title (See Instructions)                      |  | Employer (See Instructions)   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>         |  | <b>1</b> Total pages Schedule A1:<br>Sch: 4/9 Rpt: 8/21  |
| <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)                  |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950 |
| <b>4</b> Date<br>01/28/2026  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Grusendorf, Kent<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Austin, TX 78746 | <b>7</b> Amount of Contribution (\$)<br><br>\$1,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Investor |  | <b>9</b> Employer (See Instructions)<br>Self Employed    |
| Date<br>02/17/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Guido, Patricia<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78249               | Amount of Contribution (\$)<br><br>\$150.00              |
| Principal occupation / Job title (See Instructions)                      |  | Employer (See Instructions)                              |
| Date<br>02/11/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hendrix, Jennifer<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78257             | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)                      |  | Employer (See Instructions)                              |
| Date<br>02/04/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hill, Justin<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78216                  | Amount of Contribution (\$)<br><br>\$2,500.00            |
| Principal occupation / Job title (See Instructions)<br>Attorney          |  | Employer (See Instructions)<br>Hill Law Firm             |
| Date<br>01/28/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Hoggatt, Kristen<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78232              | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)                      |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 5/9 Rpt: 9/21  |
| <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950 |
| <b>4</b> Date<br>02/12/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>JRL Business Household<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78230 | <b>7</b> Amount of Contribution (\$)<br><br>\$10,000.00  |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/02/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Justice for Texas Victims PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75201                 | Amount of Contribution (\$)<br><br>\$10,000.00           |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>02/10/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Kirchoff, Don<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78260                            | Amount of Contribution (\$)<br><br>\$150.00              |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>01/23/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>May, Linda<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78232                               | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)<br>Physician |   | Employer (See Instructions)<br>United Healthcare         |
| Date<br>02/04/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McDougall, Nora<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78257                          | Amount of Contribution (\$)<br><br>\$50.00               |
| Principal occupation / Job title (See Instructions)<br>Retired   |   | Employer (See Instructions)<br>Retired                   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>         |   | <b>1</b> Total pages Schedule A1:<br>Sch: 6/9 Rpt: 10/21 |
| <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)                  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950 |
| <b>4</b> Date<br>02/13/2026  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>McKee, Aaron<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78209 | <b>7</b> Amount of Contribution (\$)<br><br>\$5,000.00   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>COO      |   | <b>9</b> Employer (See Instructions)<br>FEDITC LLC       |
| Date<br>02/16/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Mlcak, Wes<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78248                     | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>Financial Advisor |   | Employer (See Instructions)<br>Self                      |
| Date<br>01/28/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Moak Casey PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701                      | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)                      |   | Employer (See Instructions)                              |
| Date<br>02/11/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Nunnely, Philip<br><hr/> Contributor address; City; State; Zip Code<br><br>Fair Oaks Ranch, TX 78015            | Amount of Contribution (\$)<br><br>\$25.00               |
| Principal occupation / Job title (See Instructions)                      |   | Employer (See Instructions)                              |
| Date<br>02/16/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Parker , Allan<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio , TX 78216                | Amount of Contribution (\$)<br><br>\$333.00              |
| Principal occupation / Job title (See Instructions)<br>Attorney          |   | Employer (See Instructions)<br>The Justice Foundation    |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | <b>1</b> Total pages Schedule A1:<br>Sch: 7/9 Rpt: 11/21 |
| <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)          |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950 |
| <b>4</b> Date<br>01/30/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Pipe Fitters Local Union 211 Political Action Committee<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Deer Park, TX 77536 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |  | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/20/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Plumbers Local #68 PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77249  | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>02/13/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Stewart, James<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78253  | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>01/30/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Texans United for a Conservative Majority PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Victoria, TX 77901                              | Amount of Contribution (\$)<br><br>\$10,000.00           |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |
| Date<br>02/17/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Texas Dental Association PAC<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78704   | Amount of Contribution (\$)<br><br>\$500.00              |
| Principal occupation / Job title (See Instructions)              |  | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule A1:<br>Sch: 8/9 Rpt: 12/21 |
| <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950 |
| <b>4</b> Date<br>02/09/2026                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Texas Farm Bureau AGFUND<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Waco, TX 76702-2689           | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00     |
| <b>8</b> Principal occupation / Job title (See Instructions)     |   | <b>9</b> Employer (See Instructions)                     |
| Date<br>02/17/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Texas Oil and Gas Association Good Government Committee<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701 | Amount of Contribution (\$)<br><br>\$2,000.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>01/28/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>The Garcia Group<br><hr/> Contributor address; City; State; Zip Code<br><br>Austin, TX 78701  | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>02/02/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>US Anesthesia Partners Texas<br><hr/> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75251                            | Amount of Contribution (\$)<br><br>\$2,000.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |
| Date<br>02/16/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Urology Locums, LLC<br><hr/> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78232-4815                           | Amount of Contribution (\$)<br><br>\$1,000.00            |
| Principal occupation / Job title (See Instructions)              |   | Employer (See Instructions)                              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                 |   | <b>1</b> Total pages Schedule A1:<br>Sch: 9/9 Rpt: 13/21 |
| <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)                          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950 |
| <b>4</b> Date<br>02/16/2026  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wachsmuth, Deborah | <b>7</b> Amount of Contribution (\$) \$250.00            |
| <b>6</b> Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78257 |   |  |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Retired          |   | <b>9</b> Employer (See Instructions)<br>Retired          |
| Date<br>01/28/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Warner, Brynn               | Amount of Contribution (\$) \$25.00                      |
| Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78230          |   |  |
| Principal occupation / Job title (See Instructions)                              |   | Employer (See Instructions)                              |
| Date<br>02/12/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Wenger, Leslie              | Amount of Contribution (\$) \$750.00                     |
| Contributor address; City; State; Zip Code<br><br>Castle Hills, TX 78213         |   |  |
| Principal occupation / Job title (See Instructions)                              |   | Employer (See Instructions)                              |
| Date<br>02/02/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Williamson, Patricia        | Amount of Contribution (\$) \$100.00                     |
| Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78255          |   |  |
| Principal occupation / Job title (See Instructions)<br>Retired                   |   | Employer (See Instructions)<br>Retired                   |

# 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: 14/21                               |  |
| 2 FILER NAME<br>Dorazio, Mark E. (The Honorable)                                     |   | 3 Filer ID (Ethics Commission Filers)<br>00085950                               |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                |   | \$  |  |
| 5 Date<br>02/13/2026   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fails , Chris                  | 8 Amount of contribution (\$)<br>\$945.00                                       | 9 In-kind contribution description<br>Event Host Expenses    |
|  | 7 Contributor address; City; State; Zip Code<br><br>Hollywood Park , TX 78232                                       | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)<br>Landman |   | 11 Employer (FOR NON-JUDICIAL) (See instructions)<br>NextEra Energy             |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)                                 |   | 13 Contributor's job title (FOR JUDICIAL) (See instructions)                    |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                                    |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)                     |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)          |   |   |  |
| Date<br>01/23/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texans for Truth and Liberty PAC | Amount of contribution (\$)<br>\$6,000.00                                       | In-kind contribution description<br>Polling                  |
|  | Contributor address; City; State; Zip Code<br><br>Austin, TX 78701  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 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>02/06/2026   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Conservative Coalition PAC | Amount of contribution (\$)<br>\$20.00  | In-kind contribution description<br>Graphics for Advertising |
|  | Contributor address; City; State; Zip Code<br><br>Austin, TX 78768  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |
| 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: 15/21            |  |
| 2 FILER NAME<br>Dorazio, Mark E. (The Honorable)                            |  | 3 Filer ID (Ethics Commission Filers)<br>00085950            |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                       |  | \$   |  |
| 5 Date<br>02/12/2026  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Farm Bureau AGFUND          | 8 Amount of contribution (\$)<br>\$11.09                     | 9 In-kind contribution description<br>website/social media endorsement |
|   | 7 Contributor address; City; State; Zip Code<br><br>Waco, TX 76702-2689  |  |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)   |  | 11 Employer (FOR NON-JUDICIAL) (See instructions)            |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)                        |  | 13 Contributor's job title (FOR JUDICIAL) (See instructions) |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                           |  | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)  |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) |  |  |  |
| Date<br>01/27/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Trial Lawyers Association PAC | Amount of contribution (\$)<br>\$18,284.19                   | In-kind contribution description<br>Direct Mail                        |
|   | Contributor address; City; State; Zip Code<br><br>Austin, TX 78701   |  |  |
| 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>02/10/2026  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Texas Trial Lawyers Association PAC | Amount of contribution (\$)<br>\$16,751.81                   | In-kind contribution description<br>Direct Mail                        |
|   | Contributor address; City; State; Zip Code<br><br>Austin, TX 78701   |  |  |
| 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)    |  |  |  |

# 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: 1/5 Rpt: 16/21     | <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950   |
| <b>4</b> Date<br>02/06/2026                                  | <b>5</b> Payee name<br>Broadway Bank  |  |
| <b>6</b> Amount (\$)<br>\$35.00                              | <b>7</b> Payee address; City; State; Zip Code<br>18700 Stone Oak Parkway<br><br>San Antonio, TX 78258     |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                           | <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>Check Stop Fee               |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/31/2026   | Payee name<br>Cashdollar, Caleb   |  |
| Amount (\$)<br>\$5,047.50                                    | Payee address; City; State; Zip Code<br><b>REDACTED PER 254.0401, ELEC. CODE</b><br>San Antonio, TX 78232 |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  | <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>Campaign Services            |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>01/28/2026   | Payee name<br>Conservative Republicans of Texas PAC   |  |
| Amount (\$)<br>\$15,000.00                                   | Payee address; City; State; Zip Code<br>20214 Braidwood Dr<br>Suite 215<br>Katy, TX 77450                 |  |
| <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>Promotional Campaign Expense |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/5 Rpt: 17/21 | <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950 |
|--|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>01/30/2026 | <b>5</b> Payee name<br>Griffin Communications LLC |
|-----------------------------|---|

|                                     |  |
|-------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$29,814.95 | <b>7</b> Payee address; City; State; Zip Code<br>176 Venice Cove<br><br>Austin, TX 78737 |
|-------------------------------------|--|

|                                 |   |   |
|---------------------------------|---|---|
| <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>Consulting Services |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <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>Griffin Communications LLC |
|--------------------|--|

|                            |   |
|----------------------------|---|
| Amount (\$)<br>\$58,284.19 | Payee address; City; State; Zip Code<br>176 Venice Cove<br><br>Austin, TX 78737 |
|----------------------------|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense | (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 Services |
|------------------------|--|--|

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

|                    |  |
|--------------------|--|
| Date<br>02/02/2026 | Payee name<br>Griffin Communications LLC |
|--------------------|--|

|                            |   |
|----------------------------|---|
| Amount (\$)<br>\$58,504.00 | Payee address; City; State; Zip Code<br>176 Venice Cove<br><br>Austin, TX 78737 |
|----------------------------|---|

|                        |  |  |
|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense | (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 Services |
|------------------------|--|--|

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

|  |  |
|--|--|
|  |  |
|--|--|

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/5 Rpt: 18/21 | <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950 |
|--|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>02/09/2026 | <b>5</b> Payee name<br>Griffin Communications LLC |
|-----------------------------|---|

|                                    |  |
|------------------------------------|--|
| <b>6</b> Amount (\$)<br>\$1,532.38 | <b>7</b> Payee address; City; State; Zip Code<br>176 Venice Cove<br><br>Austin, TX 78737 |
|------------------------------------|--|

|                                 |   |   |
|---------------------------------|---|---|
| <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>Consulting Services |
|---------------------------------|---|---|

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

|                    |  |
|--------------------|--|
| Date<br>02/11/2026 | Payee name<br>Griffin Communications LLC |
|--------------------|--|

|                            |   |
|----------------------------|---|
| Amount (\$)<br>\$18,284.19 | Payee address; City; State; Zip Code<br>176 Venice Cove<br><br>Austin, TX 78737 |
|----------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <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 Services |
|-------------------------------|---|---|

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

|                    |  |
|--------------------|--|
| Date<br>02/12/2026 | Payee name<br>Griffin Communications LLC |
|--------------------|--|

|                            |   |
|----------------------------|---|
| Amount (\$)<br>\$18,284.19 | Payee address; City; State; Zip Code<br>176 Venice Cove<br><br>Austin, TX 78737 |
|----------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <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 Services |
|-------------------------------|---|---|

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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: 4/5 Rpt: 19/21     | <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950  |
| <b>4</b> Date<br>02/13/2026                                  | <b>5</b> Payee name<br>Griffin Communications LLC   |   |
| <b>6</b> Amount (\$)<br>\$75,243.00                          | <b>7</b> Payee address; City; State; Zip Code<br>176 Venice Cove<br><br>Austin, TX 78737  |   |
| <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>Consulting Services |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>02/09/2026   | Payee name<br>Hein Strategies   |   |
| Amount (\$)<br>\$21,151.78                                   | Payee address; City; State; Zip Code<br>1270 N. Loop 1604 E.<br>Ste 1211<br>San Antonio, TX 78232   |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  | <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>Campaign Services   |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held   |
| Date<br>01/26/2026   | Payee name<br>Hughes, David   |   |
| Amount (\$)<br>\$3,700.00                                    | Payee address; City; State; Zip Code<br><div style="background-color: black; color: white; text-align: center; padding: 2px;"><b>REDACTED PER 254.0401, ELEC. CODE</b></div><br>Sioux Falls, SD 57108 |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor  | <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>Campaign Services   |
| 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: 5/5 Rpt: 20/21     | <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950   |
| <b>4</b> Date<br>01/31/2026                                  | <b>5</b> Payee name<br>Texas Conservative Review   |  |
| <b>6</b> Amount (\$)<br>\$5,000.00                           | <b>7</b> Payee address; City; State; Zip Code<br>1533 W. Alabama<br><br>Houston, TX 77006      |  |
| <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>Promotional Campaign Expense |
| <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>The What's Up Radio Program  |  |
| Amount (\$)<br>\$10,000.00                                   | Payee address; City; State; Zip Code<br>10924 Grant Road<br>Suite 133<br>Houston, TX 77070     |  |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense        | (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>Promotional Campaign Expense        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>02/21/2026   | Payee name<br>WinRed   |  |
| Amount (\$)<br>\$383.18                                      | Payee address; City; State; Zip Code<br>1776 Wilson Blvd Ste 530<br><br>Arlington , VA 22209   |  |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Fees                       | (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>Fundraising Fees                    |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

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

SCHEDULE K

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | <b>1</b> Total pages Schedule K:<br>Sch: 1/1 Rpt: 21/21                    |
| <b>2</b> FILER NAME<br>Dorazio, Mark E. (The Honorable)          |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00085950                   |
| <b>4</b> Date<br>01/31/2026                                      | <b>5</b> Name of person from whom amount is received<br>Broadway Bank                                       | <b>8</b> Amount (\$)<br>\$993.44   |
|  | <b>6</b> Address of person from whom amount is received; City; State; Zip Code<br><br>San Antonio, TX 78217 |  |
|  | <b>7</b> Purpose for which amount is received<br>Interest   | <input type="checkbox"/> Check if political contribution returned to filer |