

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) | 2 Total pages filed: 15 | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Jeffrey | MI MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/15/2026 <i>8:41 AM Anna</i> <div style="border: 2px solid blue; padding: 5px; display: inline-block; color: blue; font-weight: bold;">RECEIVED</div> JAN 16 2026 Date Hand-delivered or Date Postmarked <div style="border: 1px solid blue; padding: 2px; display: inline-block; color: blue; font-weight: bold;">WILCO ELECTIONS</div> Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____ | | | |
| | NICKNAME | LAST | SUFFIX | | | | |
| Jeff | Mayer | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | ADDRESS / PO BOX; | APT / SUITE #; | | CITY; | STATE; | ZIP CODE |
| <input type="checkbox"/> Change of Address | | 9017 W Sh 29 | Ste 208 | Liberty Hill | TX | 78642 | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | (319) | 360-8856 | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | | | | |
| | NICKNAME | LAST | SUFFIX | | | | |
| | Kathy | Mayer | M | | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #; | CITY; | STATE; | ZIP CODE | |
| (Residence or Business) | 1505 Rodeo Ridge Dr | | | Georgetown | TX | 78628 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | (512) | 415-2031 | | | | | |
| 9 REPORT TYPE | <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | |
| 10 PERIOD COVERED | Month | Day | Year | THROUGH | Month | Day | Year |
| | 09 | 16 | 2025 | | 01 | 15 | 2026 |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | |
| | 03 | 02 | 2026 | <input type="checkbox"/> General | <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) Commissioner PCT #2 | | | |
| 14 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. | | | | | | |
| | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | |
| | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

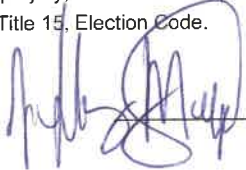
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

| | | |
|--------------------------------------|---|---|
| 15 C/OH NAME Jeffrey Mayes | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 27,900.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 237.50 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 16,943.06 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 13,534.79 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$.00 |

18 SIGNATURE 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.




1/16/26

Please complete either option below.

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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

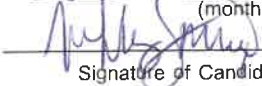
OR

(2) Unsworn Declaration

My name is Jeffrey S. MAYES and my date of birth is September 7, 1978

My address is 450 Shih Oak Ln., Liberty Hill, TX, 78642 U.S.A.
(street) (city) (state) (zip code) (country)

Executed in Williamson County, State of Texas, on the 15th day of January, 20 2026
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|---|--|---|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$\$27,900.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$\$0.00 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$\$0.00 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | | \$\$0.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$\$14,365.21 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$\$0.00 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$\$0.00 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$\$0.00 |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$\$2,577.85 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$\$0.00 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$\$0.00 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$\$0.00 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Jeffrey Mayes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/18/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey Mayes 6 Contributor address; City; State; Zip Code 450 Shin Oak Lane Liberty Hill TX 78642 | 7 Amount of contribution (\$) \$250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 09/23/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Trevino Contributor address; City; State; Zip Code 175 Longhorn Oaks Liberty Hill TX 78642 | Amount of contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/30/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Nicholas McIntyre Contributor address; City; State; Zip Code 1903 Stonewreath Dr Round Rock TX 78681 | Amount of contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 09/29/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthew Voss Contributor address; City; State; Zip Code 105 Summer Oak Ct Georgetown TX 78628 | Amount of contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Jeffrey Mayes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/22/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) T. Walter Hoysa | 7 Amount of contribution (\$) \$200.00 |
| | 6 Contributor address; City; State; Zip Code 2901 CR 212 Bertram TX 78605 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Riley | Amount of contribution (\$) \$900.00 |
| | Contributor address; City; State; Zip Code 757 Buffalo Trl Liberty Hill TX 78642 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clint Stephenson | Amount of contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 600 CR 257 Liberty Hill TX 78642 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 10/27/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jonathan Voight | Amount of contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 1402 Deep Forrest Cove Round Rock TX 78665 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Jeffrey Mayes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/17/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Roland | 7 Amount of contribution (\$) \$1,000.00 |
| | 6 Contributor address; City; State; Zip Code 236 Investment Loop Hutto TX 78634 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 10/01/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Mayes | Amount of contribution (\$) \$2,500.00 |
| | Contributor address; City; State; Zip Code 1505 Rodeo Ridge Dr Georgetown TX 78628 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 11/17/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shelly Morgan | Amount of contribution (\$) \$10,000.00 |
| | Contributor address; City; State; Zip Code 216 Russet Trl Georgetown TX 78628 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/05/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) J. Nicholas McIntyre | Amount of contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 1903 Stonewreath Dr Round Rock TX 78681 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Jeffrey Mayes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/10/2025 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason Turner | 7 Amount of contribution (\$) \$200.00 |
| | 6 Contributor address; City; State; Zip Code 4108 Balcones Woods Dr Austin TX 78759 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Danny Davila III | Amount of contribution (\$) \$1,000.00 |
| | Contributor address; City; State; Zip Code 8329 Lime Creek Rd Volente TX 78641 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/19/2025 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwain Schuh | Amount of contribution (\$) \$500.00 |
| | Contributor address; City; State; Zip Code 112 La Joya Pass Leander TX 78641 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/07/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Newberg | Amount of contribution (\$) \$100.00 |
| | Contributor address; City; State; Zip Code 229 Hobby Horse Liberty Hill TX 78642 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Jeffrey Mayes | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/13/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody Anderson <hr/> 6 Contributor address; City; State; Zip Code 500 Shin Oak Ln Liberty Hill TX 78642 | 7 Amount of contribution (\$) \$550.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 01/01/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Shupe <hr/> Contributor address; City; State; Zip Code 4501 CR 207 Liberty Hill TX 78642 | Amount of contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grant Rollo <hr/> Contributor address; City; State; Zip Code 6300 183A Toll Rd, 240, Cedar Park TX 78641 | Amount of contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 01/09/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melvin Pouncy <hr/> Contributor address; City; State; Zip Code 2340 Pirtle Dr Salado TX 76571 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|--|--------------------------------------|--|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Jeffrey Mayes | 3 Filer ID (Ethics Commission Filers) |
|--|--------------------------------------|--|

| | |
|-----------------------------|--|
| 4 Date 10/01/2025 | 5 Payee name Prosperity Bank |
|-----------------------------|--|

| | | | | |
|----------------------------------|--|---------------------|--------------|-------------------|
| 6 Amount (\$) \$222.71 | 7 Payee address; 650 E Whitestone Blvd | City; Cedar Park | State; TX | Zip Code 78613 |
|----------------------------------|--|---------------------|--------------|-------------------|

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

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

| | |
|--------------------|-----------------------------|
| Date 10/06/2025 | Payee name Teddle-Stuart |
|--------------------|-----------------------------|

| | | | | |
|---------------------------|---|-----------------|--------------|------------------------|
| Amount (\$) \$2,000.00 | Payee address; 1320 Old Thorndale Rd | City; Taylor | State; TX | Zip Code 76574-3148 |
|---------------------------|---|-----------------|--------------|------------------------|

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

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

| | |
|--------------------|-------------------------------|
| Date 10/31/2025 | Payee name Prosperity Bank |
|--------------------|-------------------------------|

| | | | | |
|------------------------|---|---------------------|--------------|-------------------|
| Amount (\$) \$10.00 | Payee address; 650 E Whitestone Blvd | City; Cedar Park | State; TX | Zip Code 78613 |
|------------------------|---|---------------------|--------------|-------------------|

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Jeffrey Mayes | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 10/03/2025 | 5 Payee name Liberty Hill Chamber of Commerce | |
| 6 Amount (\$) \$550.00 | 7 Payee address; 1000 Main St | City; State; Zip Code Liberty Hill TX 78642 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) AdvertisingExpense | (b) Description Website Build - Gala Auction Purchase |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 10/03/2025 | Payee name Liberty Hill Chamber of Commerce | |
| Amount (\$) \$550.00 | Payee address; 1000 Main St | City; State; Zip Code Liberty Hill TX 78642 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) AdvertisingExpense | Description LH Independent Advertising - Gala Auction Purchase |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 11/10/2025 | Payee name Teddle-Stuart | |
| Amount (\$) \$2,500.00 | Payee address; 1320 Old Thorndale Rd | City; State; Zip Code Taylor TX 76574-3146 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ConsultingExpense | Description Retainer |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|--|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Jeffrey Mayes | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 11/10/2025 | 5 Payee name Teddlie-Stuart | |
| 6 Amount (\$) \$150.00 | 7 Payee address; 1320 Old Thorndale Rd | City; State; Zip Code Taylor TX 76574-314E |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) AdvertisingExpense | (b) Description Website Domain and Associated Fees |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 11/10/2025 | Payee name Teddlie-Stuart | |
| Amount (\$) \$100.00 | Payee address; 1320 Old Thorndale Rd | City; State; Zip Code Taylor TX 76574-314E |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description Ran over Consultant's Son's Bike |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 11/14/2025 | Payee name Williamson County Republican Party | |
| Amount (\$) \$1,250.00 | Payee address; 716 S. Rock St | City; State; Zip Code Georgetown TX 78626 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Filing Fee |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule F1: 5 | 2 FILER NAME Jeffrey Mayes | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/07/2025 | 5 Payee name Teddlie-Stuart | |
| 6 Amount (\$) \$2,500.00 | 7 Payee address; 1320 Old Thorndale Rd | City; State; Zip Code Taylor TX 76574-3148 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ConsultingExpense | (b) Description Retainer |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/08/2026 | Payee name Teddlie-Stuart | |
| Amount (\$) \$1,000.00 | Payee address; 1320 Old Thorndale Rd | City; State; Zip Code Taylor TX 76574-3148 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ConsultingExpense | Description Retainer |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/08/2026 | Payee name Teddlie-Stuart | |
| Amount (\$) \$2,545.00 | Payee address; 1320 Old Thorndale Rd | City; State; Zip Code Taylor TX 76574-3148 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) AdvertisingExpense | Description Yard Signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 5 | 2 FILER NAME Jeffrey Mayes | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/08/2026 | 5 Payee name Teddlie-Stuart | |
| 6 Amount (\$) \$750.00 | 7 Payee address; 1320 Old Thorndale Rd | City; State; Zip Code Taylor TX 76574 |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) AdvertisingExpense | (b) Description Push Cards |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) | Payee address; | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

| | | |
|---|---|--|
| 1 Total pages Schedule G: 2 | 2 FILER NAME Jeffrey Mayes | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/29/2025 | 5 Payee name Jeffrey Mayes | |
| 6 Amount (\$) \$2,123.87 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; 450 Shin Oak Lane | City; State; Zip Code Liberty Hill TX 78642 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) AdvertisingExpense | (b) Description Dirt Cheap Signs, 100qty x 19.62 each +161.87 tax |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/06/2026 | Payee name Jeffrey Mayes | |
| Amount (\$) \$291.10 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; 450 Shin Oak Lane | City; State; Zip Code Liberty Hill TX 78642 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) AdvertisingExpense | Description Campaign Stickers, \$214.20 (stickers) + \$22.18 tax + \$54.72 Shipping |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date 01/14/2026 | Payee name Jeffrey Mayes | |
| Amount (\$) \$74.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; 450 Shin Oak Lane | City; State; Zip Code Liberty Hill TX 78642 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) AdvertisingExpense | Description Wood for Signs |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, **DO NOT** include this page in the report.

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 G: 2 | 2 FILER NAME Jeffrey Mayes | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/12/2026 | 5 Payee name Jeffrey Mayes | |
| 6 Amount (\$) \$88.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; 450 Shin Oak Lane | City; State; Zip Code Liberty Hill TX 78642 |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) AdvertisingExpense | (b) Description Screws and Other supplies for Signs |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | Payee name | |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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