

# 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:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI NICKNAME                      LAST                      SUFFIX [Handwritten: SHERY, SANCHEZ]	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE [Handwritten: 1100 Canyon Drive, Seg 4, 78155]	Date Received <b>Guadalupe Co Elections</b> <b>FEB 04 2026</b> Received [Signature]	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION [Handwritten: (830) 214-4722]	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI NICKNAME                      LAST                      SUFFIX [Handwritten: Lizette, Cosulich]	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE [Handwritten: 2988 Carol Way, Seg 4, 78155]		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION [Handwritten: (830) 556-8565]		
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder 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)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year [Handwritten: 01 / 01 / 26 THROUGH 01 / 22 / 26]		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year [Handwritten: 03 / 01 / 26]	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) [Handwritten: JR2]	<b>13 OFFICE SOUGHT</b> (if known)	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

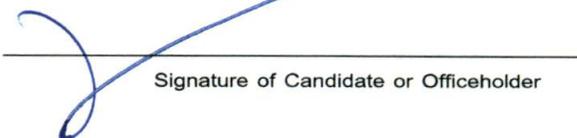
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

<b>15 C/OH NAME</b>	<b>16 Filer ID</b> (Ethics Commission Filers)
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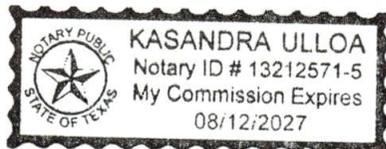
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ _____
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2000</u>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ _____
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <u>5197.03</u>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ _____
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ _____

**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.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Sheryl Sachtleben this the 30 day of January 2020, to certify which, witness my hand and seal of office.

Signature of officer administering oath: [Signature]     
 Printed name of officer administering oath: Kasandra Ulloa     
 Title of officer administering oath: Court Clerk

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19</b> FILER NAME		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 200
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 5197.03
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# 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:
2 FILER NAME <i>Steve Jouston</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>ROOFING SERVICE ASSOCIATION</i>	7 Amount of contribution (\$) <i>200</i>
	6 Contributor address; City; State; Zip Code <i>Spring</i>	
8 Principal occupation / Job title (See Instructions) <i>Roofing</i>		9 Employer (See Instructions) <i>Owner</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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.

# 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Silvia Jaramila</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-16-26</i>	<b>5</b> Payee name <i>SECURITY PRINT</i>	
<b>6</b> Amount (\$) <i>3691.63</i>	<b>7</b> Payee address; <i>E COURT ST - TX 78105</i> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>PRINTING EXPENSE</i>	<b>(b)</b> Description <i>FLYERS, SIGNS</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Silvia Jaramila</i>	Office sought <i>JER</i>
Date <i>1-3-26</i>	Payee name <i>RIVAL CITY STORES</i>	
Amount (\$) <i>623.00</i>	Payee address; <i>San Antonio TX</i> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>STORES &amp; TPOSTERS</i>
	<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 <i>Silvia Jaramila</i>	Office sought <i>JER</i>
Date <i>1-15-26</i>	Payee name <i>CLAUDIA LOZANO</i>	
Amount (\$) <i>715.00</i>	Payee address; <i>San Antonio TX</i> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING</i>	Description <i>SIGNS</i>
	<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 <i>Silvia Jaramila</i>	Office sought <i>JER</i>

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 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:	<b>2</b> FILER NAME <i>Suey Jacobson</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>1-6-26</i>	<b>5</b> Payee name <i>WRISTON.COM</i>	
<b>6</b> Amount (\$) <i>167.40</i>	<b>7</b> Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address. <i>ONLINE</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Suey Jacobson</i>	Office sought Office held <i>DC</i>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	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  <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	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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