

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:	6		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST JEFFREY	MI J	OFFICE USE ONLY				
	NICKNAME JEFF	LAST LARGE	SUFFIX JR.	Date Received Guadalupe Co Elections JAN 15 2026 Received AHP				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; CIBOLO	STATE; TX	ZIP CODE 78108			
Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210)	PHONE NUMBER 867-1040	EXTENSION					
Date Hand-delivered or Date Postmarked								
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST KURT	MI E	Receipt #				
	NICKNAME HOUSLEY	LAST	SUFFIX	Amount \$				
Date Processed								
Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 321 E. LANGLEY BLVD			CITY; UNIVERSAL CITY	STATE; TX	ZIP CODE 78148		
8 CAMPAIGN TREASURER PHONE	AREA CODE (210)	PHONE NUMBER 215-3281	EXTENSION					
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 7	Day / 1	Year / 25	Month	Day	Year	THROUGH 12 / 31 / 25	
11 ELECTION	ELECTION DATE Month 3 / Day / 28 Year		ELECTION TYPE Primary Runoff General Special Other Description					
12 OFFICE	OFFICE HELD (if any) GUADALUPE COUNTY CONSTABLE, PCT.3			13 OFFICE SOUGHT (if known) GUADALUPE COUNTY CONSTABLE, PCT.3				
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME						
		COMMITTEE ADDRESS						
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

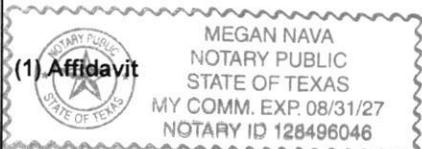
15 C/OH NAME	Jeffrey J Large Jr.	
	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 383.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,053.75
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.



Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jeffrey J. Large Jr. this the 15 day of January
2020, to certify which, witness my hand and seal of office.

Megan Nava Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Jeffrey J Large Jr.	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 383.54
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 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.

1 Total pages Schedule G: 3	2 FILER NAME Jeffrey J Large Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 07/20/2025	5 Payee name Data Ecology LLC	
6 Amount (\$) 52.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: PO Box 118 Still River, MA 01467	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description Website Hosting
	(c) Check if travel outside of Texas. Complete Schedule T. _____ Check if Austin, TX, officeholder living expense _____	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought _____ Office held _____
Date 08/20/2025	Payee name Data Ecology LLC	
Amount (\$) 52.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: PO Box 118 Still River, MA 01467	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website	Description Website Hosting
	Check if travel outside of Texas. Complete Schedule T. _____ Check if Austin, TX, officeholder living expense _____	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought _____ Office held _____
Date 09/20/2025	Payee name Data Ecology LLC	
Amount (\$) 52.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: PO Box 118 Still River, MA 01467	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website	Description Website Hosting
	Check if travel outside of Texas. Complete Schedule T. _____ Check if Austin, TX, officeholder living expense _____	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought _____ Office held _____
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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)

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1 Total pages Schedule G: 3	2 FILER NAME Jeffrey J Large Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2025	5 Payee name Data Ecology LLC	
6 Amount (\$) 52.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: PO Box 118 Still River, MA 01467	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description Website Hosting
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought _____ Office held _____
Date 11/20/2025	Payee name Data Ecology LLC	
Amount (\$) 52.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: PO Box 118 Still River, MA 01467	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website	Description Website Hosting
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought _____ Office held _____
Date 12/20/2025	Payee name Data Ecology LLC	
Amount (\$) 52.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: PO Box 118 Still River, MA 01467	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website	Description Website Hosting
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought _____ Office held _____
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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
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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)

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1 Total pages Schedule G: 3	2 FILER NAME Jeffrey J Large Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 09/05/2025	5 Payee name Hostgator	
6 Amount (\$) 34.18 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 5005 Mitchelldale St Ste 100. Houston, TX 77092-7244	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description Website Hosting
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Office sought	Office held
Date 10/25/2025	Payee name Namecheap Inc.	
Amount (\$) 37.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 4600 East Washington Street Suite 305 Phoenix, AZ 85034	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website	Description Website Hosting
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	Office held
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Date	Payee name	Office held
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		