

# 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 Filer)	2 Total pages filed: 8	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Willie	MI	OFFICE USE ONLY  Date Received <b>Guadalupe Co Elections</b> <b>Feb 02 2026</b> <i>Received Tina Johnson</i>		
	NICKNAME Ybarra	LAST	SUFFIX Jr			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 919 E Cedar St, Seguin Texas 78155					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (210 )	PHONE NUMBER 885-8779	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$  Date Processed  Date Imaged		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs	FIRST Kelly	MI C			
	NICKNAME Ybarra	LAST	SUFFIX			
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 919 E Cedar St, Seguin Texas 78155					
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STATE; ZIP CODE					
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 512 )	PHONE NUMBER 968-2658	EXTENSION			
9 REPORT TYPE	<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 (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 1	Day / 1	Year / 26	Month 1	Day / 22	Year / 26
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month 3	Day / 3	Year / 26	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description _____
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <b>Guad Co Justice of the Peace Pct 2</b>		
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.					
Additional Pages	COMMITTEE TYPE  <input type="checkbox"/> GENERAL	COMMITTEE NAME  COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

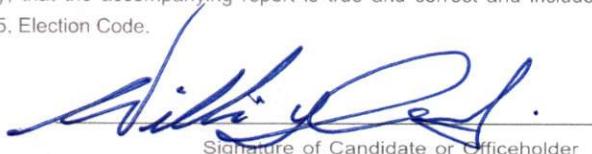
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME	Willie Ybarra 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)	\$ 500.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,300.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 67.51
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 989.43
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,560.57
	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 \_\_\_\_\_ 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 Willie Ybarra Jr, and my date of birth is 06/22/1967.  
 My address is 919 E Cedar St, Seguin, TX, 78155, USA.  
 Executed in Guadalupe County, State of Texas, on the 1st day of February, 2026.

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)
Willie Ybarra Jr	
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,800.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 921.92
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 140.61
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	\$

# 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: <b>2</b>
<b>2 FILER NAME</b> Willie Ybarra Jr			<b>3 Filer ID</b> (Ethics Commission Filers)
<b>4 Date</b> 01/12/2026	<b>5 Full name of contributor</b> Dan Burger	out-of-state PAC (ID#: .....)	<b>7 Amount of contribution (\$)</b> <b>100.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b> Retired		<b>9 Employer (See Instructions)</b>	
Date	Full name of contributor .....	out-of-state PAC (ID#: .....) Contributor address; .....	Amount of contribution (\$) .....
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor .....	out-of-state PAC (ID#: .....) Contributor address; .....	Amount of contribution (\$) .....
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor .....	out-of-state PAC (ID#: .....) Contributor address; .....	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.			

# 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: <b>2</b>
<b>2 FILER NAME</b> Willie Ybarra Jr			3 Filer ID (Ethics Commission Filers)
<b>4 Date</b> 01/12/2026	<b>5 Full name of contributor</b> Karen Maldonado	out-of-state PAC (ID# _____)	<b>7 Amount of contribution (\$)</b> <b>800.00</b>
<b>6 Contributor address:</b> 3011 Hwy 90 W, Seguin Tx 78155		City; State; Zip Code	
<b>8 Principal occupation / Job title (See Instructions)</b> Nursery/Landscape Owner		<b>9 Employer (See Instructions)</b> Maldonado Nursery	
<b>Date</b> 01/07/2026	<b>Full name of contributor</b> Kim Grier	out-of-state PAC (ID# _____)	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Contributor address:</b> 4822 Weil Rd, Marion Tx 78124		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Rancher	
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> Bob Seeger	out-of-state PAC (ID# _____)	<b>Amount of contribution (\$)</b> <b>200.00</b>
<b>Contributor address:</b> 840 Boenig St, Seguin Tx 78155		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> 01/14/2026	<b>Full name of contributor</b> Steven Koehler	out-of-state PAC (ID# _____)	<b>Amount of contribution (\$)</b> <b>200.00</b>
<b>Contributor address:</b> 250 Pfullmann Rd, Seguin Tx 78155		City; State; Zip Code	
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b> Self	

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**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.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Willie Ybarra Jr</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>01/07/2026</b>	5 Payee name <b>Guadalupe Print Solutions</b>		
6 Amount (\$) <b>37.89</b>	7 Payee address: <b>107 N Camp St, Seguin TX 78155</b> <small>Check if individual's residence address.</small>	City: <b></b> State: <b></b> Zip Code <b></b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Business Cards</b>	
	(c) Check if travel outside of Texas. Complete Schedule T. <b></b>	Check if Austin, TX, officeholder living expense <b></b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Willie Ybarra Jr</b>	Office sought <b>Guad Co JP Pct 2</b> Office held	
Date <b>01/05/2026</b>	Payee name <b>Seguin Print Shop</b>		
Amount (\$) <b>216.50</b>	Payee address: <b>410E Court St, Seguin Texas 78155</b> <small>Check if individual's residence address.</small>	City: <b></b> State: <b></b> Zip Code <b></b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>4x6 ft signs</b>	
	Check if travel outside of Texas. Complete Schedule T. <b></b>	Check if Austin, TX, officeholder living expense <b></b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Willie Ybarra Jr</b>	Office sought <b>Guad Co JP Pct 2</b> Office held	
Date <b>01/15/2026</b>	Payee name <b>HEB</b>		
Amount (\$) <b>220.02</b>	Payee address: <b>1340 East Court t, Seguin Texas 78155</b> <small>Check if individual's residence address.</small>	City: <b></b> State: <b></b> Zip Code <b></b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food beverage expense</b>	Description <b>Meet and Greet food</b>	
	Check if travel outside of Texas. Complete Schedule T. <b></b>	Check if Austin, TX, officeholder living expense <b></b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Willie Ybarra JP Pct 2</b>	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Willie Ybarra Jr</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>01/15/2026</b>	5 Payee name <b>Seguin Print Shop</b>		
6 Amount (\$) <b>297.69</b>	7 Payee address: <b>410 E Court St, Seguin Tx 78155</b> <small>Check if individual's residence address.</small>	City: State: Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expenses</b>	(b) Description <b>Yard Signs</b>	
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Willie Ybarra Jr</b>	Office sought <b>Guad Co JP Pct 2</b>	Office held
Date <b>01/15/2026</b>	Payee name <b>Seguin Elks #1229</b>		
Amount (\$) <b>119.88</b>	Payee address: <b>1331 CH Matthies Jr, Seguin Tx 78155</b> <small>Check if individual's residence address.</small>	City: State: Zip Code	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Meet and Greet</b>	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Willie Ybarra Jr</b>	Office sought <b>Guad C JP Pct 2</b>	Office held
Date <b>01/03/2026</b>	Payee name <b>Wal Mart</b>		
Amount (\$) <b>29.94</b>	Payee address: <b>550 South 123 Bypass, Seguin Tx 78155</b> <small>Check if individual's residence address.</small>	City: State: Zip Code	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Card stock for fliers</b>	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Willie Ybarra Jr</b>	Office sought <b>Guad Co JP Pct 2</b>	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 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Willie Ybarra Jr	
4 Date	5 Payee name	
02/01/2026	Amazon	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
86.59	San Marcos, Texas 78666	
✓ Reimbursement from political contributions intended	Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard sign metal stakes
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Willie Ybarra Jr	Guad Co JP Pct 2
Date	Payee name	
01/05/2026	Amazon	
Amount (\$)	Payee address:	City; State; Zip Code
54.02	San Marcos, Texas 78666	
✓ Reimbursement from political contributions intended	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Paper cutter for fliers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address:	City; State; Zip Code
Reimbursement from political contributions intended	Check if individual's residence address.	
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
Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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