

# 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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Kirk</b>	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST <b>Hanath</b>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	Date Received <b>5/18/2026</b> 
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 979 )</b>	PHONE NUMBER <b>277-2044</b>	EXTENSION	Date/Time delivered or Date Postmarked 		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Brandi</b>	MI	Receipt #	Amount \$	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>( 979 )</b>	PHONE NUMBER <b>251-4042</b>	EXTENSION	Date Processed		
9 REPORT TYPE	January 15                      30th day before election                      Runoff  July 15 <input checked="" type="checkbox"/> 8th day before election                      Exceeded Modified Reporting Limit                      Final Report (Attach C/OH - FR)		15th day after campaign treasurer appointment (Officeholder Only)			
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	Runoff	Other Description
	<b>03</b>	<b>03</b>	<b>2026</b>	General	Special	
12 OFFICE	OFFICE HELD (if any) <b>County Commissioner</b>			13 OFFICE SOUGHT (if known) <b>County Judge</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	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

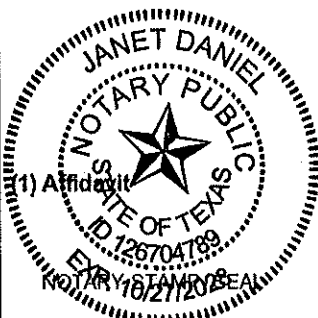
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>Kirk Hanath</b>		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)	\$ 2,600.17
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50,877.37
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 640.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 54,567.78
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,024.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,000.00

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.

*Kirk Hanath*  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Kirk Hanath this the 18 day of May, 2025, to certify which, witness my hand and seal of office.

*Janet Daniel* Signature of officer administering oath  
 Janet Daniel Printed name of officer administering oath  
 Notary Public 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)

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME **Kirk Hanath** 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)	\$ 1,100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,807.54
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 352.57
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,127.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,715.26
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,000.00

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:**

**(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 \_\_\_\_\_, 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 <b>Kirk Hanath</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,707.54
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	\$ 3,774.96
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	\$
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	\$

# 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: <div style="text-align: right; font-size: 1.5em;">23</div>		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mr.</b>	FIRST <b>Kirk</b>	MI	<b>OFFICE USE ONLY</b>	
	NICKNAME	LAST <b>Hanath</b>	SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>645 South Berlin Rd.    Brenham Tx.    77833</b>			Date Received	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>( 979 )</b>	PHONE NUMBER <b>277-2044</b>	EXTENSION	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Brandi</b>	MI	Receipt #	Amount \$
	NICKNAME	LAST <b>Schwartz</b>	SUFFIX	Date Processed	Date Imaged
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>6604 Old Gay Hill Rd.                      Brenham                      Tx.    77833</b>				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 979 )</b>	PHONE NUMBER <b>251-4042</b>	EXTENSION		
<b>9 REPORT TYPE</b>	January 15	30th day before election	<input checked="" type="checkbox"/> Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
<b>10 PERIOD COVERED</b>	Month      Day      Year <b>02 / 23 / 2026</b>	THROUGH	Month      Day      Year <b>05 / 18 / 2026</b>		
<b>11 ELECTION</b>	ELECTION DATE Month      Day      Year <b>05 / 26 / 2026</b>	ELECTION TYPE Primary <input checked="" type="checkbox"/> Runoff      Other Description General      Special			
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>County Commissioner</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>County Judge</b>			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	<small>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.</small>				
<small>Additional Pages</small>	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

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**SUBTOTALS - C/OH**

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

<b>19 FILER NAME</b> Kirk Hanath		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 48,277.20
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,050.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 53,927.78
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	\$
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>13</b>
2 FILER NAME <b>KIRK HANATH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/1</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>SALLY BLACKIE</b>	7 Amount of contribution (\$) <b>\$ 3000.00</b>
6 Contributor address; City; State; Zip Code <b>P.O. BOX 2196 BURKHAM TX 77834</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TERRY LUETKE</b>	Amount of contribution (\$) <b>\$3089.90 X</b>
Contributor address; City; State; Zip Code <b>P.O. Box 390 BURTON TX 77835</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/30</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ANDREA FISHER</b>	Amount of contribution (\$) <b>\$ 250.00 X</b>
Contributor address; City; State; Zip Code <b>9858 FRIENDSHIP CR. BURTON TX 77835</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/29</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TERRY LUETKE</b>	Amount of contribution (\$) <b>\$ 3089.90 X</b>
Contributor address; City; State; Zip Code <b>P.O. Box 390 BURTON TX 77835</b>		
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:
2 FILER NAME <b>KIRK HANATH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/14</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>LILLIAN FARMS BARBARA SIEGEL</b> 6 Contributor address; City; State; Zip Code <b>12570 FM 1155 E WASHINGTON TX 77880</b>	7 Amount of contribution (\$) <b>\$250.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/20</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>TODD + CONNIE BURCH</b> Contributor address; City; State; Zip Code <b>8405 CLARANNO CHARPEL HILL TX 77424</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/27</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BONNIE KOSTER</b> Contributor address; City; State; Zip Code <b>P.O. Box 473 BREWSTER TX 77834</b>	Amount of contribution (\$) <b>\$1000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/30</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CAROL COLLINS</b> Contributor address; City; State; Zip Code <b>P.O. Box 573 BREWSTER TX 77834</b>	Amount of contribution (\$) <b>\$3000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:

2 FILER NAME

KIIZK HANATH

3 Filer ID (Ethics Commission Filers)

4 Date

4/13

5 Full name of contributor

TOR D. BARTLEY

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

8301 FM 2621 BRENTHAM TX 77833

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/14

Full name of contributor

PAUL WEISS + LAURA WEISS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

1700 WEISS LN. BRENTHAM TX 77833

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/15

Full name of contributor

ROBERT FUNK

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$500.00 ✓

Contributor address;

City;

State;

Zip Code

3103 INDIAN CREEK LN. BRENTHAM TX 77833

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/14

Full name of contributor

KATHRYN + SYBREN VAN DER POL

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$300.00

Contributor address;

City;

State;

Zip Code

P.O. BOX 354 WASHINGTON TX 77680

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:
2 FILER NAME <b>KIRK HANATH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/16/26</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>CHRISTOPHER ATLEY</b> 6 Contributor address; City; State; Zip Code <b>1251 HARRISBURG, BRENTHAM TX 77833</b>	7 Amount of contribution (\$)  <b>\$500.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/13/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>EMIL MOKRY</b> Contributor address; City; State; Zip Code <b>312 W. VULCAN ST BRENTHAM TX 77833</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/19/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>SERDY JAMBER HOBAN</b> Contributor address; City; State; Zip Code <b>P.O. BOX 1214 BRENTHAM TX 77833</b>	Amount of contribution (\$)  <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4-1-26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>RAY &amp; TIFFANY WEISS</b> Contributor address; City; State; Zip Code <b>4505 SALEM RD. BRENTHAM TX 77833</b>	Amount of contribution (\$)  <b>\$2000.00</b>
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:
2 FILER NAME <b>KIRK HANATH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/3/26</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>WILLIAM DAVIS</b> 6 Contributor address; City; State; Zip Code <b>4891 LOOP 1781 ROCKPORT TX 78382</b>	7 Amount of contribution (\$) <b>\$2058.29</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/3/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CHIP BRYAN</b> Contributor address; City; State; Zip Code <b>1855 OLD BRYAN RD. BRENTHAM TX 77833</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/4/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CARLYN JONES</b> Contributor address; City; State; Zip Code <b>1304 S. AUSTIN ST. BRENTHAM TX 77833</b>	Amount of contribution (\$) <b>\$206.10</b> ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/29/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>WILLIAM LOESCH</b> Contributor address; City; State; Zip Code <b>3275 TIGER POINT BRENTHAM TX 77833</b>	Amount of contribution (\$) <b>\$257.54</b> ✓
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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:
2 FILER NAME <b>KIRK HANATH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/30/26</b>	5 Full name of contributor <b>PEGGY DAVIS</b> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <b>4891 FM 1781 BLENHAM TX 78382</b>	7 Amount of contribution (\$) <b>\$3027.30 ✓</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/31/26</b>	Full name of contributor <b>TERRY LUEDTKE</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>5005 SYLER KRAMER BURTON TX 77875</b>	Amount of contribution (\$) <b>\$2058.29 ✓</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/31/26</b>	Full name of contributor <b>JASON HUESKE</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>2200 FIGER POINT RD BLENHAM TX 77833</b>	Amount of contribution (\$) <b>\$257.54 ✓</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/10/26</b>	Full name of contributor <b>ALAN WORTON</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>6455 HUMMINGBIRD BLENHAM TX 77833</b>	Amount of contribution (\$) <b>\$200.00</b>
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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) KATY STELTER	7 Amount of contribution (\$) \$514.80 ✓
3/31	6 Contributor address; City; State; Zip Code 901 ROCKPIT LN BRENTHAM TX 77833	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) BARNEY LOESCH	Amount of contribution (\$) \$257.54 ✓
4/2	Contributor address; City; State; Zip Code 1806 WALSCH LN BRENTHAM TX 77833	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) WALTER + JOANN JOHNSON	Amount of contribution (\$) \$500.00
3/30	Contributor address; City; State; Zip Code 12205 HERDMANN LN. INDEPENDENCE TX 77833	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) ROBERT + CATHERINE DAVIS	Amount of contribution (\$) \$500.00
4/8	Contributor address; City; State; Zip Code 6070 GIBBS CREEK RD CHAPPEL HILL TX 77426	
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:
2 FILER NAME <b>KIRK HANATH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/6</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>KENNETH TOPEL</b>	7 Amount of contribution (\$) <b>\$200.00</b>
	6 Contributor address; City; State; Zip Code <b>875 COWBOY FARM BRENTHAM TX 77833</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/7</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>AMANDA + PAUL FORBES</b>	Amount of contribution (\$) <b>\$250.00</b>
	Contributor address; City; State; Zip Code <b>4890 MAIN ST. CHAPEL HILL TX 77426</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/8</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>MARVALYN + CHARLES VANEMAN</b>	Amount of contribution (\$) <b>\$500.00</b>
	Contributor address; City; State; Zip Code <b>5900 GLENBLATHERD BRENTHAM TX 77833</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/7</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BUDDY + SUDY KRIZAN</b>	Amount of contribution (\$) <b>\$500.00</b>
	Contributor address; City; State; Zip Code <b>P.O. BOX 75 BRENTHAM TX 77833</b>	
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:
2 FILER NAME <b>KIRK HANATH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/21/26</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>HUGH + MARTHA LITTLE</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>7135 FM 390 E BRENTHAM TX 77833</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/24/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CLAY + KATHY PARKER</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 580 CHAPPELL HILL TX 77426</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/25/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>WILLIAM A. ALLEN</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>700 LOUISIANA ST. SUITE 4100 HOUSTON TX 77002</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/25/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>HELEN HINK</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 166 CHAPPELL HILL TX 77426</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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:
2 FILER NAME <b>KIRK HANATH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/27/26</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>DEBBIE + BRYANT MACKAY</b> 6 Contributor address; City; State; Zip Code <b>1203 FM 2679 BURTON BRENHAM TX 77835</b>	7 Amount of contribution (\$) <b>\$200.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/27/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>CHARLES MACHEMELL</b> Contributor address; City; State; Zip Code <b>2005 MACHEMELL BRENHAM TX 77833</b>	Amount of contribution (\$) <b>\$7500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/30/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>LYNWOOD + SANDRA KINDT</b> Contributor address; City; State; Zip Code <b>1205 FM 390E BRENHAM TX 77833</b>	Amount of contribution (\$) <b>\$1000.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/28/26</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DARRYL HEINE</b> Contributor address; City; State; Zip Code <b>1500 FREEWELL #31 BRENHAM TX 77833</b>	Amount of contribution (\$) <b>\$750.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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 <b>KIRK HANATH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>PAUL KRUSE</b> 6 Contributor address; City; State; Zip Code <b>3880 MILITARY RD. BRENHAM TX 77833</b>	7 Amount of contribution (\$) <b>\$1000.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3/27</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>ROBERT DAVIS</b> Contributor address; City; State; Zip Code <b>1670 BIRCH CREEK RD. CHAPEL HILL NC 27426-5156</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/2</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>THOMAS &amp; LILLIAN STEVENS</b> Contributor address; City; State; Zip Code <b>7301 HWY 290 EAST CHAPEL HILL TX 27426</b>	Amount of contribution (\$) <b>\$250.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3/7</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BUDDY &amp; JUDY KRIZAN</b> Contributor address; City; State; Zip Code <b>P.O. BOX 75 BRENHAM TX 77834</b>	Amount of contribution (\$) <b>\$500.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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 <b>KIRK HANATH</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>James H. Limmer</b>	7 Amount of contribution (\$) <b>\$150.00</b>
6 Contributor address; City; State; Zip Code <b>4800 Mount Vernon Rd Breckham TX 77833</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>4/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Deborah Ann Pruitt</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>555 Happy Hollow Rd Breckham TX 77833</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4/29</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Henry Theodore Hirtz</b>	Amount of contribution (\$) <b>\$300.00</b>
Contributor address; City; State; Zip Code <b>1340 FM 2679 Breckham TX 77833</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/3</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Betty Nuti</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>2151 Helm Rd Burton TX 77835</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# 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>Kirk Hanath</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>5/3</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Tyler Renken</i> 6 Contributor address; City; State; Zip Code <i>2960 Spanish Oaks Brenham TX 77833</i>	7 Amount of contribution (\$) <i>\$ 200.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>5/4</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Jerry F Homan</i> Contributor address; City; State; Zip Code <i>PO Box 1214 Brenham TX 77834</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>5/8</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Lance Warmke</i> Contributor address; City; State; Zip Code <i>495 Happy Hollow Rd Brenham TX 77833</i>	Amount of contribution (\$) <i>\$ 500.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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	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:	2 FILER NAME Kirk Hunath	3 Filer ID (Ethics Commission Filers)
4 Date 3.4.26	5 Payee name Banner Press	
6 Amount (\$) \$ 1265.50	7 Payee address; 2448 Becker Dr <small>Check if individual's residence address.</small>	City; State; Zip Code Brenham TX 77833
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Newspaper Ads
	(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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4.8.26	Payee name 10x Graphics	
Amount (\$) \$ 2223.20	Payee address; 1008 Windswept Dr <small>Check if individual's residence address.</small>	City; State; Zip Code Brenham TX 77833
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising	Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4.16.26	Payee name Eric Pinteralli	
Amount (\$) \$ 4500.00	Payee address; 2258 Green Meadows Dr <small>Check if individual's residence address.</small>	City; State; Zip Code Sealy TX 77474
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Contract Labor	Description Canvassing
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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	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>Kirk Hanath</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>4.22.26</i>	<b>5</b> Payee name <i>10x Graphics</i>	
<b>6</b> Amount (\$) <i>\$ 2214.12</i>	<b>7</b> Payee address; <i>1008 Windswept Dr</i> <small>Check if individual's residence address.</small>	City: <i>Brenham TX</i> State:      Zip Code: <i>77833</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 <i>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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>5.4.26</i>	<b>Payee name</b> <i>Griffin Communications</i>	
<b>Amount (\$)</b> <i>\$ 1500.00</i>	<b>Payee address;</b> <i>176 Nantucket Cir</i> <small>Check if individual's residence address.</small>	City: <i>Austin TX</i> State:      Zip Code: <i>78737</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Consulting</i>	<b>Description</b> <i>campaign Consulting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>5.4.26</i>	<b>Payee name</b> <i>Griffin Communications</i>	
<b>Amount (\$)</b> <i>\$ 1550.00</i>	<b>Payee address;</b> <i>176 Nantucket Cir</i> <small>Check if individual's residence address.</small>	City: <i>Austin TX</i> State:      Zip Code: <i>78737</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Fees</i>	<b>Description</b> <i>data / Software</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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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            | 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>Kirk Hanath</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5.4.26</i>	<b>5</b> Payee name <i>Griffin Communications</i>	
<b>6</b> Amount (\$) <i>\$ 1500.00</i>	<b>7</b> Payee address; <i>176 Nantucket Cir</i> <small>Check if individual's residence address.</small>	City; State; Zip Code <i>Austin TX 78737</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 <i>Text Messages</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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <i>5-4-26</i>	<b>Payee name</b> <i>Griffin Communications</i>	
<b>Amount (\$)</b> <i>\$ 12821.23</i>	<b>Payee address;</b> <i>176 Nantucket Cir</i> <small>Check if individual's residence address.</small>	<b>City; State; Zip Code</b> <i>Austin TX 78737</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>Description</b> <i>Mailers</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	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> <i>5.5.26</i>	<b>Payee name</b> <i>Eric Pinteralli</i>	
<b>Amount (\$)</b> <i>\$ 4500.00</i>	<b>Payee address;</b> <i>2258 Green Meadows Dr Sealy</i> <small>Check if individual's residence address.</small>	<b>City; State; Zip Code</b> <i>TX 77474</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Contract Labor</i>	<b>Description</b> <i>Canvassing</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	
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 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 Kirk Hanath	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 5.8.26	<b>5</b> Payee name Griffin Communications	
<b>6</b> Amount (\$) \$ 1500.00	<b>7</b> Payee address; City; State; Zip Code 176 Nantucket Cir Austin TX 78737 <small>Check if individual's residence address.</small>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Text Messages
	<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	Office sought Office held
<b>Date</b> 5.8.26	<b>Payee name</b> Griffin Communications	
<b>Amount (\$)</b> \$ 12821.23	<b>Payee address; City; State; Zip Code</b> 176 Nantucket Cir - Austin TX 78737 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising	<b>Description</b> Mailers
	<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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
<b>Date</b> 5.15.26	<b>Payee name</b> Griffin Communications	
<b>Amount (\$)</b> \$ 1500.00	<b>Payee address; City; State; Zip Code</b> 176 Nantucket Cir Austin TX 78737 <small>Check if individual's residence address.</small>	
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Consulting	<b>Description</b> Campaign Consulting
	<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	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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            | 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>Kirk Hanath</i>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>5.15.26</i>		<b>5</b> Payee name <i>Griffin Communications</i>			
<b>6</b> Amount (\$) <i>\$ 300.00</i>		<b>7</b> Payee address; City; State; Zip Code <i>176 Nantucket Cir Austin TX 78737</i> <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Fee</i>		<b>(b)</b> Description <i>Software</i>		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>Date</b> <i>5.15.26</i>		<b>Payee name</b> <i>Griffin Communications</i>			
<b>Amount (\$)</b> <i>\$ 3750.00</i>		<b>Payee address; City; State; Zip Code</b> <i>176 Nantucket Cir Austin TX 78737</i> <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising</i>		<b>Description</b> <i>Text Messages</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>Date</b> <i>5.16.26</i>		<b>Payee name</b> <del>Griffin</del> <i>10x Graphics</i>			
<b>Amount (\$)</b> <i>\$ 324.00</i>		<b>Payee address; City; State; Zip Code</b> <i>1008 Windswept Dr Brenham TX 77833</i> <small>Check if individual's residence address.</small>			
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising</i>		<b>Description</b> <i>Social Media</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Kirk Hanath</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5-16-24</i>	<b>5</b> Payee name <i>Lance Jahnke</i>	
<b>6</b> Amount (\$) <i>\$324.00</i>	<b>7</b> Payee address; <i>1008 Windswept Dr</i> <small>Check if individual's residence address.</small>	City; State; Zip Code <i>Brenham TX 77833</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 <i>Social Media</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>4-17-26</i>	<b>Payee name</b> <i>Facebook</i>	
<b>Amount (\$)</b> <i>\$1027.00</i>	<b>Payee address;</b> <i>7311 Menlo Park</i> <small>Check if individual's residence address.</small>	City; State; Zip Code <i>Los Angeles CA 90044</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>Description</b> <i>Social Media</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>Date</b> <i>4-24-26</i>	<b>Payee name</b> <i>Washington-on-the-Brazos State Park Association</i>	
<b>Amount (\$)</b> <i>\$307.50</i>	<b>Payee address;</b> <i>23400 Park Rd 12</i> <small>Check if individual's residence address.</small>	City; State; Zip Code <i>Washington TX 77880</i>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <i>Event</i>	<b>Description</b> <i>Event Banquet</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <i>Kirk Hanath</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>1050.00</i>	
5 Date <i>5-7-20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>10X Graphics</i>	8 Amount of Contribution \$ <i>1050.00</i>	9 In-kind contribution description <i>Social Media Services</i>
7 Contributor address; City; State; Zip Code <i>1008 Windswept Dr Brenham TX 77833</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<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)			

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