

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 FIRST MI Mr. William S.		OFFICE USE ONLY Date Received <div style="font-size: 1.5em; margin-top: 10px;">1/15/2026</div> <div style="font-size: 1.5em; margin-top: 10px;">1/15/2026</div> <div style="font-size: 1.5em; margin-top: 10px;">1/15/2026</div> <div style="font-size: 1.5em; margin-top: 10px;">1/15/2026</div>
	NICKNAME LAST SUFFIX Scott Alwood		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 12175 Jackson Creek Lane, Brenham, TX 77833		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 493-1489		Date Hand-Delivered or Date Postmarked <div style="font-size: 1.5em; margin-top: 10px;">1/15/2026</div>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Joel		Receipt # Amount \$
	NICKNAME LAST SUFFIX Romo		Date Processed <div style="font-size: 1.5em; margin-top: 10px;">1/15/2026</div>
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 114, Chappel Hill, TX 77426		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 423-1598		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 10 / 03 / 2025 THROUGH 12 / 31 / 2025		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 3 / 3 / 2026 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) None Justice of the Peace, Precinct 1		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC		
	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

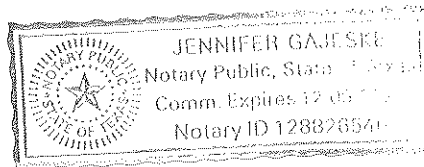
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2875.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2453.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 571.20
OUTSTANDING LOAN TOTALS	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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by William Scott Atwood this the 15 day of January, 2026, to certify which, witness my hand and seal of office.

[Signature] Jennifer Gajeske Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is William S. Atwood, and my date of birth is 12/24/1961.
My address is 12175 Jackson Creek Ln., Brenham, TX, 77833, USA.
(street) (city) (state) (zip code) (country)
Executed in Washington County, State of Texas, on the 14 day of January, 2026.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

William S. Attwood

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2875.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2303.80
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	\$ 150.00
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 William S. Alwood		3 Filer ID (Ethics Commission Filers)
4 Date 11-7-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott & Kelli Alwood 6 Contributor address; City; State; Zip Code 12175 Jackson Creek Lane, Brenham, TX 77833	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Kippers Kountry Store
Date 12-1-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Scott & Kelli Alwood Contributor address; City; State; Zip Code 12175 Jackson Creek Lane, Brenham, TX 77833	Amount of contribution (\$) \$450.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Kippers Kountry Store
Date 11-17-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron Bartay Contributor address; City; State; Zip Code 325 Stone Hill Dr., Brenham, TX 77833	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chiropractor		Employer (See Instructions) Bartay Group
Date 11-21-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roy Mease Contributor address; City; State; Zip Code 4008 Vista Rd., Ste. 101, Pasadena, TX 77054	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self

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 William S. Atwood		3 Filer ID (Ethics Commission Filers)
4 Date 12/01/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Lester Rorick 6 Contributor address; City; State; Zip Code 4934 Julia Ct., Pasadena, TX 77505	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Business		9 Employer (See Instructions) Self
Date 12/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Sandra Kindt Contributor address; City; State; Zip Code 1205 FM 390E, Brenham, TX 77833	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 12/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Penny Spreen Contributor address; City; State; Zip Code 1507 McKinney Ct., Brenham, TX 77833	Amount of contribution (\$) 35.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
Date 12/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Joe Sharkey Contributor address; City; State; Zip Code 2442 Rau Rd., Brenham, TX 77833	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
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 William S. Atwood		3 Filer ID (Ethics Commission Filers)
4 Date 12/03/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Larry Plocheck 6 Contributor address; City; State; Zip Code 12700 Jackson Creek Ln., Brenham, TX 77833	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Business		9 Employer (See Instructions) Self
Date 12/03/2025	Full name of contributor out-of-state PAC (ID#: _____) Wayne Kleasen Contributor address; City; State; Zip Code 11839 Hwy. 105, Brenham, TX 77833	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Self
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)
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)
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 11-10-25		5 Payee name Washington County Republican Party			
6 Amount (\$) \$375.00		7 Payee address; City; State; Zip Code PO Box 479, Brenham, Texas 77834			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Fee		(b) Description Filing for primary		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 11-18-25		Payee name Brand It Graphix			
Amount (\$) \$964.40		Payee address; City; State; Zip Code 2507 Becker Drive, Brenham, Texas			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Campaign Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 12-2-25		Payee name Brand It Graphix			
Amount (\$) \$964.40		Payee address; City; State; Zip Code 2507 Becker Dr., Brenham, TX 77833			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisign		Description Campaigns signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule I.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED