

# 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 Travis D	OFFICE USE ONLY Date Received 1/15/2026 <i>JS</i>	
	NICKNAME LAST SUFFIX Semora		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7001 Highway 36 S, Brenham, TX 77833		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 551-0258	Date Hand-delivered or Date Postmarked 1/15/2026	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Karla G	Receipt # Amount \$	
	NICKNAME LAST SUFFIX Semora	Date Processed 1/15/2026	
		Date Imaged 1/15/2026	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7001 Highway 36 S, Brenham, TX 77833		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (970) 759-9426		
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 11 / 4 / 26    THROUGH    1 / 15 / 26		
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 / 26 <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Justice of the Peace Pct 2 PI 1	13 OFFICE SOUGHT (if known) Justice of the Peace Pct 2 PI 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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

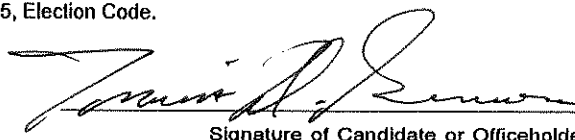
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

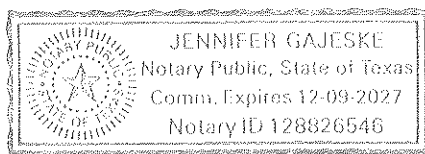
<b>15 C/OH NAME</b> Travis D Semora		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 800.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 800.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,546.94
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 700.00
<b>OUTSTANDING LOAN TOTALS</b>	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:

(1) Affidavit



NOTARY STAMP / SEAL

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

Jennifer Gajeske 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 \_\_\_\_\_, 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****Travis D. Semora****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 800.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,546.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,171.94
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 400.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**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 Travis D. Semora		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Thomas Gould 6 Contributor address; City; State; Zip Code 131 Ahrens Ave, Brenham, TX 77833	7 Amount of contribution (\$)  500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 12/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Stephanie Riehl Contributor address; City; State; Zip Code 7429 W Dakota St, West Allis, WI 53219	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Unknown
Date 01/13/2026	Full name of contributor out-of-state PAC (ID#: _____) Ruben Fuentes Contributor address; City; State; Zip Code 11202 Palestine Rd., Brenham, TX 77833	Amount of contribution (\$)  200.00
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.		

**LOANS****SCHEDULE E**

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 E:
2 FILER NAME <b>Travis D. Semora</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>12/25/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Travis D. Semora</b>	9 Loan Amount (\$) <b>25.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>7001 Highway 36 S, Brenham, TX 77833</b>	10 Interest rate <b>0.00</b>
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>Justice of the Peace Pct 2</b>		13 Employer (See Instructions) <b>Washington County, TX</b>
14 Description of Collateral <b>none</b>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME Travis D. Semora		<b>3</b> Filer ID (Ethics Commission Filers)				
<b>4</b> Date 01/02/2026		<b>5</b> Payee name Kwik Kopy						
<b>6</b> Amount (\$) 163.99		<b>7</b> Payee address; City; State; Zip Code 2305 S Day St, Brenham, TX 77833 <small>Check if individual's residence address.</small>						
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense		<b>(b)</b> Description Business cards, Push Cards					
	<b>(c)</b> <small>Check if travel outside of Texas. Complete Schedule T.</small>		<small>Check if Austin, TX, officeholder living expense</small>					
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table border="0" style="width:100%;"> <tr> <td>Candidate / Officeholder name Travis D. Semora</td> <td>Office sought Justice of the Peace PCT2</td> <td>Office held Justice of the Peace PCT 2</td> </tr> </table>						Candidate / Officeholder name Travis D. Semora	Office sought Justice of the Peace PCT2	Office held Justice of the Peace PCT 2
Candidate / Officeholder name Travis D. Semora	Office sought Justice of the Peace PCT2	Office held Justice of the Peace PCT 2						
Date 01/13/2026		Payee name Uhaul						
Amount (\$) 32.95		Payee address; City; State; Zip Code 4205 Hwy 36 N, Brenham, TX 77833 <small>Check if individual's residence address.</small>						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense		Description Uhaul trailer to transport 4x4 signs					
	<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 <table border="0" style="width:100%;"> <tr> <td>Candidate / Officeholder name Travis D. Semora</td> <td>Office sought Justice of the Peace PCT2</td> <td>Office held Justice of the Peace PCT 2</td> </tr> </table>						Candidate / Officeholder name Travis D. Semora	Office sought Justice of the Peace PCT2	Office held Justice of the Peace PCT 2
Candidate / Officeholder name Travis D. Semora	Office sought Justice of the Peace PCT2	Office held Justice of the Peace PCT 2						
Date 01/13/2026		Payee name SignTex Outdoor						
Amount (\$) 975.00		Payee address; City; State; Zip Code 1225 Alma St, Suite D, Tomball, TX 77375 <small>Check if individual's residence address.</small>						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description 4x4 signs					
	<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 <table border="0" style="width:100%;"> <tr> <td>Candidate / Officeholder name Travis D. Semora</td> <td>Office sought Justice of the Peace PCT 2</td> <td>Office held Justice of the Peace PCT 2</td> </tr> </table>						Candidate / Officeholder name Travis D. Semora	Office sought Justice of the Peace PCT 2	Office held Justice of the Peace PCT 2
Candidate / Officeholder name Travis D. Semora	Office sought Justice of the Peace PCT 2	Office held Justice of the Peace PCT 2						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

# 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	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 G:	<b>2</b> FILER NAME Travis D. Semora		<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date 12/25/2025	<b>5</b> Payee name Semora for JP2					
<b>6</b> Amount (\$) 25.00  <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 7001 Highway 36 S, Brenham, TX 77833 <input checked="" type="checkbox"/> Check if individual's residence address.					
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Other		<b>(b)</b> Description Loan to my own campaign			
	<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 <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name Travis D. Semora</td> <td style="width:33%; border: none;">Office sought Justice of the Peace PCT2</td> <td style="width:33%; border: none;">Office held Justice of the Peace PCT2</td> </tr> </table>				Candidate / Officeholder name Travis D. Semora	Office sought Justice of the Peace PCT2	Office held Justice of the Peace PCT2
Candidate / Officeholder name Travis D. Semora	Office sought Justice of the Peace PCT2	Office held Justice of the Peace PCT2				
Date	Payee name					
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				
Date	Payee name					
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Candidate / Officeholder name</td> <td style="width:33%; border: none;">Office sought</td> <td style="width:33%; border: none;">Office held</td> </tr> </table>				Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED