

**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:			
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr <b>Travis</b>			MI <b>D</b>			
	NICKNAME <b>Semora</b>			SUFFIX			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>7001 Highway 36 S, Brenham, TX 77833</b>			OFFICE USE ONLY  Date Received <i>1/15/2026</i> <i>JG</i>			
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE <b>(979 )</b>	PHONE NUMBER <b>551-0258</b>	EXTENSION	Date Hand-delivered or Date Postmarked <b>1/15/2026</b>			
				Receipt # <input type="text"/> Amount \$ <input type="text"/>			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mrs <b>Karla</b>			MI <b>G</b>			
	NICKNAME <b>Semora</b>			SUFFIX			
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <b>7001 Highway 36 S, Brenham, TX 77833</b>			STATE; ZIP CODE			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 970 )</b>	PHONE NUMBER <b>759-9426</b>	EXTENSION				
<b>9 REPORT TYPE</b>	<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)			
<b>10 PERIOD COVERED</b>	Month <b>11</b>	Day <b>4</b>	Year <b>26</b>	Month <b>1</b>	Day <b>15</b>	Year <b>26</b>	
				THROUGH			
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE				
	Month <b>3</b>	Day <b>3</b>	Year <b>26</b>	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description <hr/> <hr/>	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Justice of the Peace Pct 2 Pl 1</b>			OFFICE SOUGHT (if known) <b>Justice of the Peace Pct 2 Pl 1</b>			
	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.						
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL						
	<input type="checkbox"/> SPECIFIC						
	COMMITTEE ADDRESS						
	COMMITTEE CAMPAIGN TREASURER NAME						
COMMITTEE CAMPAIGN TREASURER ADDRESS							

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

Travis D Semora

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) \$ 800.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 800.00

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00

CONTRIBUTION  
BALANCE

4. TOTAL POLITICAL EXPENDITURES \$ 1,546.94

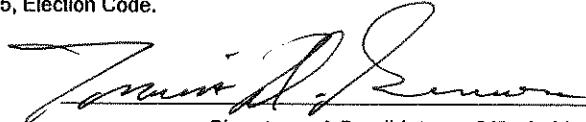
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 700.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 SIGNATURE

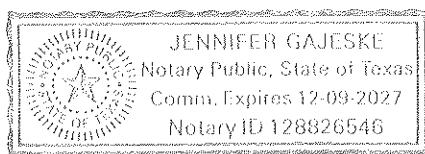
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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, 20 26, 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**

<b>19 FILER NAME</b> Travis D. Semora	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
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 Thomas Gould	out-of-state PAC (ID#: .....)	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; 131 Ahrens Ave, Brenham, TX 77833		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A	
Date 12/28/2025	Full name of contributor Stephanie Riehl	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>100.00</b>
Contributor address; 7429 W Dakota St, West Allis, WI 53219		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Accounting		Employer (See Instructions) Unknown	
Date 01/13/2026	Full name of contributor Ruben Fuentes	out-of-state PAC (ID#: .....)	Amount of contribution (\$) <b>200.00</b>
Contributor address; 11202 Palestine Rd., Brenham, TX 77833		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#: .....)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
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 <b>Travis D. Semora</b>	8 Lender address; City; State; Zip Code <b>7001 Highway 36 S, Brenham, TX 77833</b>	9 Loan Amount (\$) <b>25.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N			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  none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code		19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#:  Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Loan Amount (\$)
			Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral  none		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  not applicable	Name of guarantor  Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <b>Travis D. Semora</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>12/25/2025</b>	5 Payee name <b>Semora for JP2</b>	
6 Amount (\$) <b>25.00</b> <small>✓ Reimbursement from political contributions intended</small>	7 Payee address;  <b>7001 Highway 36 S, Brenham, TX 77833</b>  <input checked="" type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  <b>Other</b>	(b) Description  <b>Loan to my own campaign</b>
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Travis D. Semora</b> Office sought <b>Justice of the Peace PCT2</b> Office held <b>Justice of the Peace PCT2</b>	
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.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
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.	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		