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 **Mr** FIRST **Anthony** MI **J**	**OFFICE USE ONLY**
	NICKNAME **AJ** LAST **Pulci** SUFFIX	Date Received **Waller Co. Elections**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **61 Windmill Dr** **Hempstead, Tx 77445**	FEB 23 2026 **RECEIVED**

5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE **(716)** PHONE NUMBER **673-5906** EXTENSION	Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME	MS / MRS / MR **Mr** FIRST **Robert** MI **J**	Receipt #	Amount $
	NICKNAME LAST **Jozwiak** SUFFIX	Date Processed	
		Date Imaged	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE **22043 FM 1887** **Hempstead Tx 77445**

8 CAMPAIGN TREASURER PHONE	AREA CODE **(713)** PHONE NUMBER **724-6187** EXTENSION

9 REPORT TYPE

☐ January 15	☐ 30th day before election	☐ Runoff	☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15	☒ 8th day before election	☐ Exceeded Modified Reporting Limit	☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month **01** Day **23** Year **26** THROUGH Month **02** Day **21** Year **26**

11 ELECTION

ELECTION DATE Month **03** Day **03** Year **26**

ELECTION TYPE
☒ Primary ☐ Runoff ☐ Other Description
☐ General ☐ Special

12 OFFICE	OFFICE HELD (if any) —	**13** OFFICE SOUGHT (if known) *Waller Co Pct 1 Justice of the Peace*

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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.

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

15 C/OH NAME Anthony Pulci

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)	$ 500.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	TOTAL POLITICAL EXPENDITURES	$ 2748.16
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 823.76
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 6861.60

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.

Anthony J Pulci
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 _Anthony J Pulci_, and my date of birth is _03-04-1955_

My address is _61 Windmill Dr_, _Hempstead_, _TX_, _77445_, _USA_
(street)   (city)   (state)   (zip code)   (country)

Executed in _Waller_ County, State of _TX_, on the _21st_ day of _February_, 20_26_.
(month)   (year)

Anthony J Pulci
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Anthony J Pulci	

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 500
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☒	SCHEDULE E: LOANS	$ 1511.60
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 2748.16
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:
	1

2 FILER NAME Anthony Pulci

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
1/29/26	William Ryan	$100
	6 Contributor address; City; State; Zip Code	
	65 Windmill Dr Hempstead Tx 77445	

8 Principal occupation / Job title (See Instructions) **9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
1/29/26	Paul Bailey	$100
	Contributor address; City; State; Zip Code	
	4550 Post Oak Dr Houston Tx 77027	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
2/14/26	Bruce Simmons	$200
	Contributor address; City; State; Zip Code	
	49 Windmill Dr Hempstead Tx 77445	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
2-17-26	Brittany Curne	$100
	Contributor address; City; State; Zip Code	
	85 Otter St Dunkirk NY 14048	

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: *1*

2 FILER NAME

Anthony Pulci

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

$

5 Date of loan 2-2-26	**7** Name of lender ☐ out-of-state PAC (ID#:_____) Anthony Pulci	**9** Loan Amount ($) $1000
6 Is lender a financial Institution? Y N	**8** Lender address; City; State; Zip Code 61 Windmill Hempstead Tx 77445	**10** Interest rate — **11** Maturity date —

12 Principal occupation / Job title (See Instructions)	**13** Employer (See Instructions)

14 Description of Collateral ☑ none	**15** ☒ 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 2/20/26	Name of lender ☐ out-of-state PAC (ID#:_____) Anthony Pulci	Loan Amount ($) 511.60
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code 41 Windmill Dr Hempstead Tx 77445	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	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	2 FILER NAME Anthony Porli	3 Filer ID (Ethics Commission Filers)

4 Date 2-8-26	5 Payee name Godaddy

6 Amount ($) 133.24	7 Payee address; 100 S Mill Av St 1600	City; $ Tempe	State; AZ	Zip Code 85281

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Adv.	(b) Description Website Care

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 2-13-26	Payee name J Loft Co

Amount ($)	Payee address; 5033 Cuggiono Pl	City; St Louis	State; MO	Zip Code 63110

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Text mailing

☐ 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	Office held

Date 2-21-26	Payee name Waller Co Express

Amount ($) 312.00	Payee address; PO Box 104	City; Hempstead	State; TX	Zip Code 77445

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Newspaper Ads

☐ 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	Office held

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	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	2 FILER NAME Anthony Pulci	3 Filer ID (Ethics Commission Filers)

4 Date 02-02-24	5 Payee name C+C sports + Apparel			
6 Amount ($) 140.72	**7 Payee address;** 641 10th St. ☐ Check if individual's residence address.	City; Hempstead	State; TX	Zip Code 77445

8 PURPOSE OF EXPENDITURE	**(a) Category** (See Categories listed at the top of this schedule) Advertising	**(b) Description** Signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete **ONLY** if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

Date 02-02-24	Payee name Postmaster			
Amount ($) $1200.00	Payee address; 901 12th St ☐ Check if individual's residence address.	City; Hempstead	State; TX	Zip Code 77445

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Mailing	Description Campaign Adv.
	☐ 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	Office held

Date 02-02-24	Payee name Kwik Copy			
Amount ($) 310.67	Payee address; 2305 S. Day St ☐ Check if individual's residence address.	City; Brenham	State; TX	Zip Code 77833

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Printing
	☐ 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	Office held

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