

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:

16

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Rafael

D.

NICKNAME

LAST

SUFFIX

Peña

III

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

510 W. 15th St.
Bryan, TX 77803

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

402-9164

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Andrea

NICKNAME

LAST

SUFFIX

Watson

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2606 Allen Forest
Bryan, TX 77803

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(979)

429-3680

9 REPORT TYPE

January 15

X

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

Day

Year

07

30

2026

THROUGH

Month

Day

Year

09

24

2026

11 ELECTION

ELECTION DATE

Month

Day

Year

11

03

2026

Primary

Runoff

Other
Description

X General

Special

12 OFFICE

OFFICE HELD (if any)

Brazos Central Appraisal District Board Director

13 OFFICE SOUGHT (if known)

Mayor, City of Bryan

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Rafael D. Peña III

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)

\$ 520.00

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

\$ 5,032.31

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 155.41

4. TOTAL POLITICAL EXPENDITURES

\$ 3,110.03

CONTRIBUTION
BALANCE

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

\$ 1,224.59

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

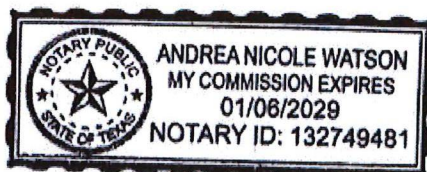
18 SIGNATURE

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 Rafael D. Peña III this the 5th day of Oct

20 20, to certify which, witness my hand and seal of office.

ANW

Signature of officer administering oath

Andrea Nicole Watson

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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Rafael D. Peña III

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,712.31
2.	☒ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 800.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,752.31
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	\$ 202.31
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
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	\$ 100.00
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: 7
2 FILER NAME Rafael D. Peña III		3 Filer ID (Ethics Commission Filers)
4 Date 08/10/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Judy LeUnes 6 Contributor address; City; State; Zip Code 1356 S Oaks Dr, College Station, TX 77845	7 Amount of contribution (\$) 257.94
8 Principal occupation / Job title (See Instructions) Retired educator		9 Employer (See Instructions) N/A - retired
Date 08/10/2026	Full name of contributor out-of-state PAC (ID#: _____) Amber Robertson Contributor address; City; State; Zip Code 1016 Baker Ave, Bryan, TX 77803	Amount of contribution (\$) 5.65
Principal occupation / Job title (See Instructions) Community Advocate		Employer (See Instructions)
Date 08/13/2026	Full name of contributor out-of-state PAC (ID#: _____) Michael (Mike) Southerland Contributor address; City; State; Zip Code 3401 Parkway Terrace, Bryan, TX 77802	Amount of contribution (\$) 1,030.26
Principal occupation / Job title (See Instructions) Retired Army LTC / Business owner		Employer (See Instructions)
Date 08/13/2026	Full name of contributor out-of-state PAC (ID#: _____) Judy LeUnes Contributor address; City; State; Zip Code 1356 S Oaks Dr, College Station, TX 77845	Amount of contribution (\$) 51.89
Principal occupation / Job title (See Instructions) Retired educator		Employer (See Instructions) N/A - retired
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: 7
2 FILER NAME Rafael D. Peña III		3 Filer ID (Ethics Commission Filers)
4 Date 08/14/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Cameron Gallucci 6 Contributor address; City; State; Zip Code 705 Cherry Street, College Station, TX 77840	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/16/2026	Full name of contributor out-of-state PAC (ID#: _____) Kyle Kjerzumaard Contributor address; City; State; Zip Code 44462 Bayview Ave #16306, Clinton Twp, MI 48038	Amount of contribution (\$) 10.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2026	Full name of contributor out-of-state PAC (ID#: _____) Kenan Nowell Contributor address; City; State; Zip Code 4029 Birchman Ave, Fort Worth, TX 76107	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Recruiter		Employer (See Instructions)
Date 08/16/2026	Full name of contributor out-of-state PAC (ID#: _____) Jeremiah O'Sullivan Contributor address; City; State; Zip Code 2029 Autumn Lake Dr, Bryan, TX 77807	Amount of contribution (\$) 10.00
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: 7**2 FILER NAME**

Rafael D. Peña III

3 Filer ID (Ethics Commission Filers)**4 Date**

08/16/2026

5 Full name of contributor

out-of-state PAC (ID#: _____)

Mashudu Mokwebo

7 Amount of contribution (\$)

20.00

6 Contributor address;

City;

State;

Zip Code

3832 Oldenburg Lane, College Station, TX 77845

8 Principal occupation / Job title (See Instructions)

Student

9 Employer (See Instructions)**Date**

08/25/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Lee Johnson

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1305 Barak Lane, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A - retired

Date

08/25/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Michal Hall

Amount of contribution (\$)

51.99

Contributor address;

City;

State;

Zip Code

11831 Great Oaks Dr, College Station, TX 77845

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

N/A - retired

Date

08/26/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Catherine Herrin

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

410 N Coulter Dr, Bryan, TX 77803

Principal occupation / Job title (See Instructions)

School Bus Driver

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: 7
2 FILER NAME Rafael D. Peña III		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Michael David Kessler 6 Contributor address; City; State; Zip Code 207 Karten Lane, College Station, TX 77845	7 Amount of contribution (\$) 21.10
8 Principal occupation / Job title (See Instructions) Higher education professional		9 Employer (See Instructions)
Date 08/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Marianne Arnold Contributor address; City; State; Zip Code 5059 N Oakland Ln, Bryan, TX 77808	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A - retired
Date 08/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Tre Watson Contributor address; City; State; Zip Code 105 Southland St, College Station, TX 77840	Amount of contribution (\$) 26.25
Principal occupation / Job title (See Instructions) Specs		Employer (See Instructions)
Date 08/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Joshua Wilkinson Contributor address; City; State; Zip Code 2910 Chaparral Cir., Bryan, TX 77802	Amount of contribution (\$) 21.10
Principal occupation / Job title (See Instructions) Librarian		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: 7

2 FILER NAME

Rafael D. Peña III

3 Filer ID (Ethics Commission Filers)

4 Date

08/06/2026

5 Full name of contributor

out-of-state PAC (ID# _____)

Mary Kay Moore

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

3085 Peterson Cir., Bryan, TX 77802

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

N/A - retired

Date

08/28/2026

Full name of contributor

out-of-state PAC (ID# _____)

Luke Perkinson

Amount of contribution (\$)

515.38

Contributor address;

City;

State;

Zip Code

212 Whispering Meadows Drive, Hewitt, TX 76643

Principal occupation / Job title (See Instructions)

Air Traffic Controller

Employer (See Instructions)

Date

09/02/2026

Full name of contributor

out-of-state PAC (ID# _____)

Albert Navarro

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1597 Woodbine Court, Bryan, TX 77802

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Date

09/04/2026

Full name of contributor

out-of-state PAC (ID# _____)

Anthony Samuel Jackson

Amount of contribution (\$)

21.10

Contributor address;

City;

State;

Zip Code

809 West 17th Street, Bryan, TX 77803

Principal occupation / Job title (See Instructions)

Student

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: 7
2 FILER NAME Rafael D. Peña III		3 Filer ID (Ethics Commission Filers)
4 Date 09/07/2026	5 Full name of contributor out-of-state PAC (ID#: David Scott Nelson 6 Contributor address; City; State; Zip Code 1206 Skrivaneck Dr., Bryan, TX 77802	7 Amount of contribution (\$) 10.80
8 Principal occupation / Job title (See Instructions) Semi-retired		9 Employer (See Instructions)
Date 09/07/2026	Full name of contributor out-of-state PAC (ID#: TMC Art & Design Contributor address; City; State; Zip Code 2807 Barwick Cr, Bryan, TX 77802	Amount of contribution (\$) 26.25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2026	Full name of contributor out-of-state PAC (ID#: Anita Green Contributor address; City; State; Zip Code 1500 Lopez St, Bryan, TX 77803	Amount of contribution (\$) 21.10
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A - retired
Date 09/21/2026	Full name of contributor out-of-state PAC (ID#: Dana Hanle Contributor address; City; State; Zip Code 1010 E 23rd St, Bryan, TX 77803	Amount of contribution (\$) 31.40
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME Rafael D. Peña III		3 Filer ID (Ethics Commission Filers)
4 Date 08/27/2026	5 Full name of contributor out-of-state PAC (ID#: _____) Mary Kay Moore 6 Contributor address; City; State; Zip Code 3085 Peterson Cir., Bryan, TX 77802	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A - retired
Date 08/27/2026	Full name of contributor out-of-state PAC (ID#: _____) Karen Hall Contributor address; City; State; Zip Code 903 Briar Band, Bryan, TX 77802	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A - retired
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.

SCHEDULE A2

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A2:		1	
2 FILER NAME Rafael D. Peña III				3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 0.00			
5 Date 08/12/2028		6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Michael (Mike) Southerland		8 Amount of Contribution \$ 800.00		9 In-kind contribution description Facebook advertising for Rafael Peña for Mayor campaign	
		7 Contributor address; City; State; Zip Code 3401 Parkway Terrace, Bryan, TX 77802		Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired Army LTC / Business owner				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 ☐ out-of-state PAC (ID#: _____)		Amount of Contribution \$		In-kind contribution description	
		Contributor address; City; State; Zip Code					
				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.							

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: 3	2 FILER NAME Rafael D. Peña III	3 Filer ID (Ethics Commission Filers)
4 Date 08/08/2026	5 Payee name Tahjaleenle Tahji	
6 Amount (\$) 150.00	7 Payee address; City; State; Zip Code Suite #3-s-3, Raihore Park Ameer Road, Lahore, Pakistan Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Website services.
	(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 Office sought Office held		
Date 08/10/2026	Payee name Tahjaleenle Tahji	
Amount (\$) 150.00	Payee address; City; State; Zip Code Suite #3-s-3, Raihore Park Ameer Road, Lahore, Pakistan Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Final payment for website services
	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 Office sought Office held		
Date 08/16/2026	Payee name Tahjaleenle Tahji	
Amount (\$) 100.00	Payee address; City; State; Zip Code Suite #3-s-3, Raihore Park Ameer Road, Lahore, Pakistan Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Logo design / campaign pictures
	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 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 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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Rafael D. Pafia III		3 Filer ID (Ethics Commission Filers)	
4 Date 08/31/2026		5 Payee name Tahjaleanie Tahji			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code Suite #3-s-3, Rathore Park Ameer Road, Lahore, Pakistan Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website updates and logo design		
	(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 09/05/2026		Payee name Beyond The Slogan			
Amount (\$) 500.00		Payee address; City; State; Zip Code 2710 Routh Creek, Richardson, TX 75082 Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign texting / digital messaging		
	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 09/05/2026		Payee name Beyond The Slogan			
Amount (\$) 1,000.00		Payee address; City; State; Zip Code 2710 Routh Creek, Richardson, TX 75082 Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign signs		
	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
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: 3		2 FILER NAME Rafael D. Peña III		3 Filer ID (Ethics Commission Filers)	
4 Date 09/05/2026		5 Payee name Beyond The Slogan			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 2710 Routh Creek, Richardson, TX 75082 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 Campaign mailers / handouts		
	(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 08/14/2026		Payee name Citibank, N.A. / Citi Cards			
Amount (\$) 202.31		Payee address; City; State; Zip Code P.O. Box 9001037, Louisville, KY 40290-1037 Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment		Description Payment of Wix campaign website charges		
	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		Payee name			
Amount (\$)		Payee address; City; State; Zip Code 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.		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

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(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)

The instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1		2 FILER NAME Rafael D. Peña III		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 0.00	
5 CREDIT CARD ISSUER		Name of financial institution Citibank, N.A. (Cit Diamond Preferred)			
6 PAYMENT		(a) Amount Charged \$ 188.35		(b) Date Expenditure Charged 08/02/2026	
				(c) Date(s) Credit Card Issuer Paid 08/14/2026	
7 PAYEE		(a) Payee name Wix.com, Inc.		(b) Payee address; City, State, Zip Code 100 Gansevoort Street, New York, NY 10014 Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign website services	
☒ Political ☐ Non-Political		(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	
PAYMENT		(a) Amount Charged \$ 18.96		(b) Date Expenditure Charged 08/02/2026	
				(c) Date(s) Credit Card Issuer Paid 08/14/2026	
PAYEE		(a) Payee name Wix.com, Inc.		(b) Payee address; City, State, Zip Code 100 Gansevoort Street, New York, NY 10014 Check if individual's residence address.	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign website services	
☒ Political ☐ Non-Political		(c) ☐ 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	
PAYMENT		(a) Amount Charged \$		(b) Date Expenditure Charged	
				(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code Check if individual's residence address.	
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
☐ Political ☐ Non-Political		(c) ☐ 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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NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: 1	2 FILER NAME Rafael D. Peña III	3 Filer ID (Ethics Commission Filers)
4 Date 08/12/2026	5 Payee name PayPal Charitable Giving Fund	
6 Amount (\$) 50.00	7 Payee address; 1202 I Street NW, Washington, DC 20005	City State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Charitable donation	(b) Description (See instructions regarding type of information required.) Non-political charitable donation
Date 08/12/2026	Payee name GoFundMe - HELP THE MILE	
Amount (\$) 50.00	Payee address; 815 E Street, San Diego, CA 92101	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Charitable donation	Description (See instructions regarding type of information required.) Non-political charitable donation
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City State Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)

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