

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 F. Wayne	5	
			NICKNAME LAST SUFFIX	Wayne Faircloth Jr.	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS			ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE	
			Po. Box 321 77975			
			Monton, TX			
5 CANDIDATE/ OFFICEHOLDER PHONE			AREA CODE	PHONE NUMBER	EXTENSION	
			(713) 824-5630			
6 CAMPAIGN TREASURER NAME			MS / MRS / MR	FIRST MI N/A		
			NICKNAME LAST SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)			STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
			N/A			
8 CAMPAIGN TREASURER PHONE			AREA CODE	PHONE NUMBER	EXTENSION	
			()	N/A		
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	12 / 1 / 2025 THROUGH 1 / 15 / 2026		
11 ELECTION			ELECTION DATE Month Day Year	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
			3 / 3 / 2026			
12 OFFICE Commissioner			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
			Commissioner - <i>Loving County</i>	Same		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
				COMMITTEE ADDRESS		
				COMMITTEE CAMPAIGN TREASURER NAME		
				COMMITTEE CAMPAIGN TREASURER ADDRESS		

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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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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:	2 FILER NAME F Wayne Faircloth, Jr		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$		
5 CREDIT CARD ISSUER	Name of financial institution Chase Bank		
6 PAYMENT	(a) Amount Charged \$ —	(b) Date Expenditure Charged —	(c) Date(s) Credit Card Issuer Paid —
7 PAYEE	(a) Payee name USPS	(b) Payee address; 105 E South Main, Mountain TX 77925	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Rental Expense	(b) Description P.O. Box rent	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Wayne Faircloth Commissioner Petz		Office Sought Office Held (same)
PAYMENT	(a) Amount Charged \$ 45.00	(b) Date Expenditure Charged 12-10-25	(c) Date(s) Credit Card Issuer Paid 1-13-26
PAYEE	(a) Payee name Rapid Printing	(b) Payee address; 1708 N. Navarro St, Victoria TX 77901	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Printed Cards	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Wayne Faircloth Commissioner Petz		Office Sought Office Held (same)
PAYMENT	(a) Amount Charged \$ 280.46	(b) Date Expenditure Charged 1-14-26	(c) Date(s) Credit Card Issuer Paid —
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	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:	2 FILER NAME F Wayne Faircloth, Jr		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ —		
5 CREDIT CARD ISSUER	Name of financial institution Chase Bank Visa		
6 PAYMENT	(a) Amount Charged \$ —	(b) Date Expenditure Charged —	(c) Date(s) Credit Card Issuer Paid —
7 PAYEE	(a) Payee name Hallettsville Tribune Herald	(b) Payee address; City, State, Zip Code 504 W Fairwinds Hallettsville TX 77461	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Newspaper Adv.		
	(b) Description Newspaper Advertising		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Wayne Faircloth Commissioner Pct 2 Office Sought Office Held (same)		
PAYMENT	(a) Amount Charged Visa \$216.00	(b) Date Expenditure Charged 1-5-2026	(c) Date(s) Credit Card Issuer Paid — 77901
PAYEE	(a) Payee name Rapid Printing	(b) Payee address; City, State, Zip Code 1708 N. Navarra, Ste 300 Victoria TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Advertising Expense		
	(b) Description Campaign Signs		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Wayne Faircloth Commissioner Pct 2 Office Sought Office Held (same)		
PAYMENT	(a) Amount Charged — \$1468.14	(b) Date Expenditure Charged 1-7-2026	(c) Date(s) Credit Card Issuer Paid — 77901
PAYEE	(a) Payee name Rapid Printing	(b) Payee address; City, State, Zip Code 1708 N. Navarra, Ste 300 Victoria TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <input checked="" type="checkbox"/> Campaign Material		
	(b) Description Printed Cards		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Wayne Faircloth Commissioner Pct 2 Office Sought Office Held (same)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
<i>Wayne Faircloth</i>	
21 SCHEDULE-SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ -0-
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2,009 60
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Wayne Faircloth	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)	\$ — 0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ — 0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,009. 40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ — 0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ — 0 —

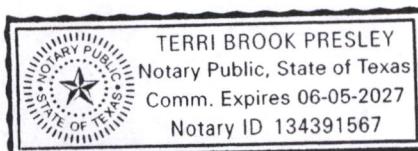
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Wayne Faircloth this the 14th day of January.

20 26 to certify which, witness my hand and seal of office.

Terri Brook Presley
Signature of officer administering oath

Brook Presley
Printed name of officer administering oath

Asst. Auditor
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)