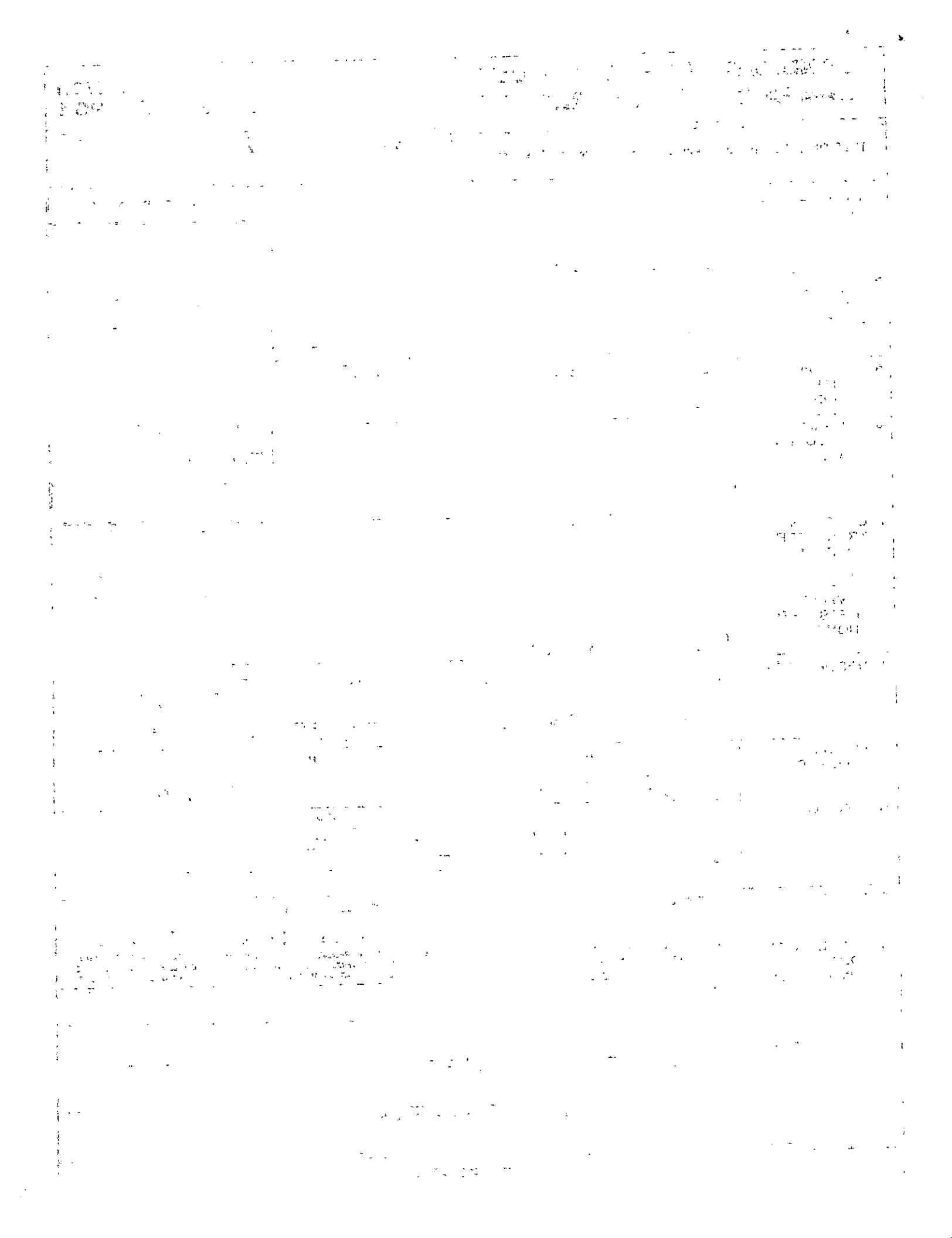


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 NICKNAME	FIRST LAST	MI SUFFIX	OFFICE USE ONLY		
	Albert Siebenhor III Victor			Date Received A E T I JAN 13 2026 DENTON VALLES TEXAS DENTON COUNTY TEXAS KINNABUSHIN		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2302 W. and Monahans, Tx. 79756					
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (432)	PHONE NUMBER 208-5385	EXTENSION	Date Hand-delivered or Date Postmarked A JAN 13 2026		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX	Receipt # Amount \$ Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1100 W 23rd St. Monahans Tx. 79756					
8 CAMPAIGN TREASURER PHONE	AREA CODE (432)	PHONE NUMBER 940-4100	EXTENSION			
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 12	Day 1	Year 2025	Month 1	Day 15	Year 2026
11 ELECTION	ELECTION DATE Month 03/03 Day 2026 Year	THROUGH ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Justice of the Peace Pct. 1,4		
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <i>2,968.53</i>
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 _____ 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 Albert Victor Siebenharter II, and my date of birth is July 20 1984.
My address is 2302 W. 2nd St, Monahans, TX, 79256, USA

(street)

(city)

(state)

(zip code)

(country)

Executed in Ward

County, State of TX

, on the 13 day of January, 2026

(month)

(year)

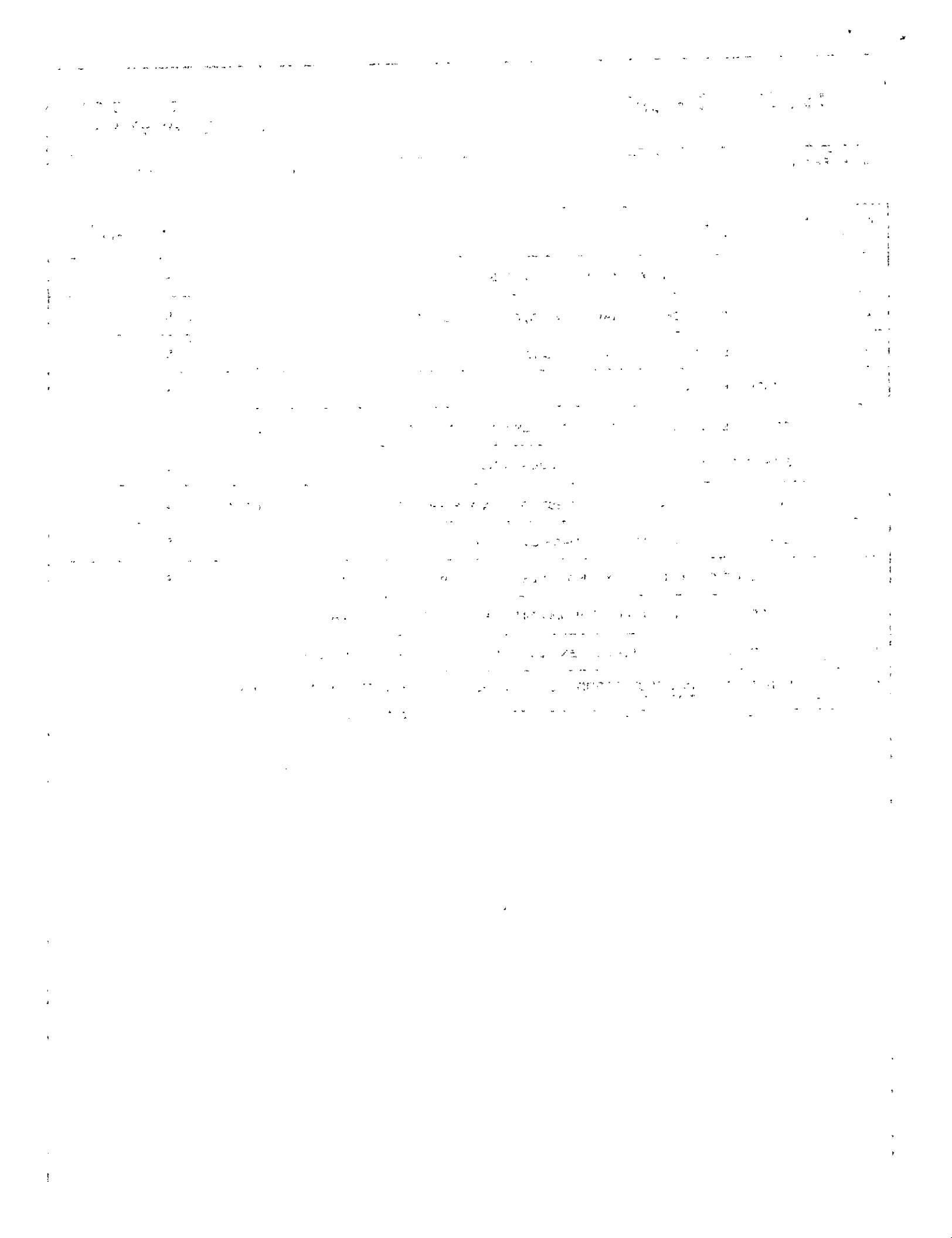
Signature of Candidate/Officeholder (Declarant)

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

Albert Siebenhor III

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

1. <input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. <input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/>	SCHEDULE E: LOANS	\$
5. <input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. <input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2968.53
10. <input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

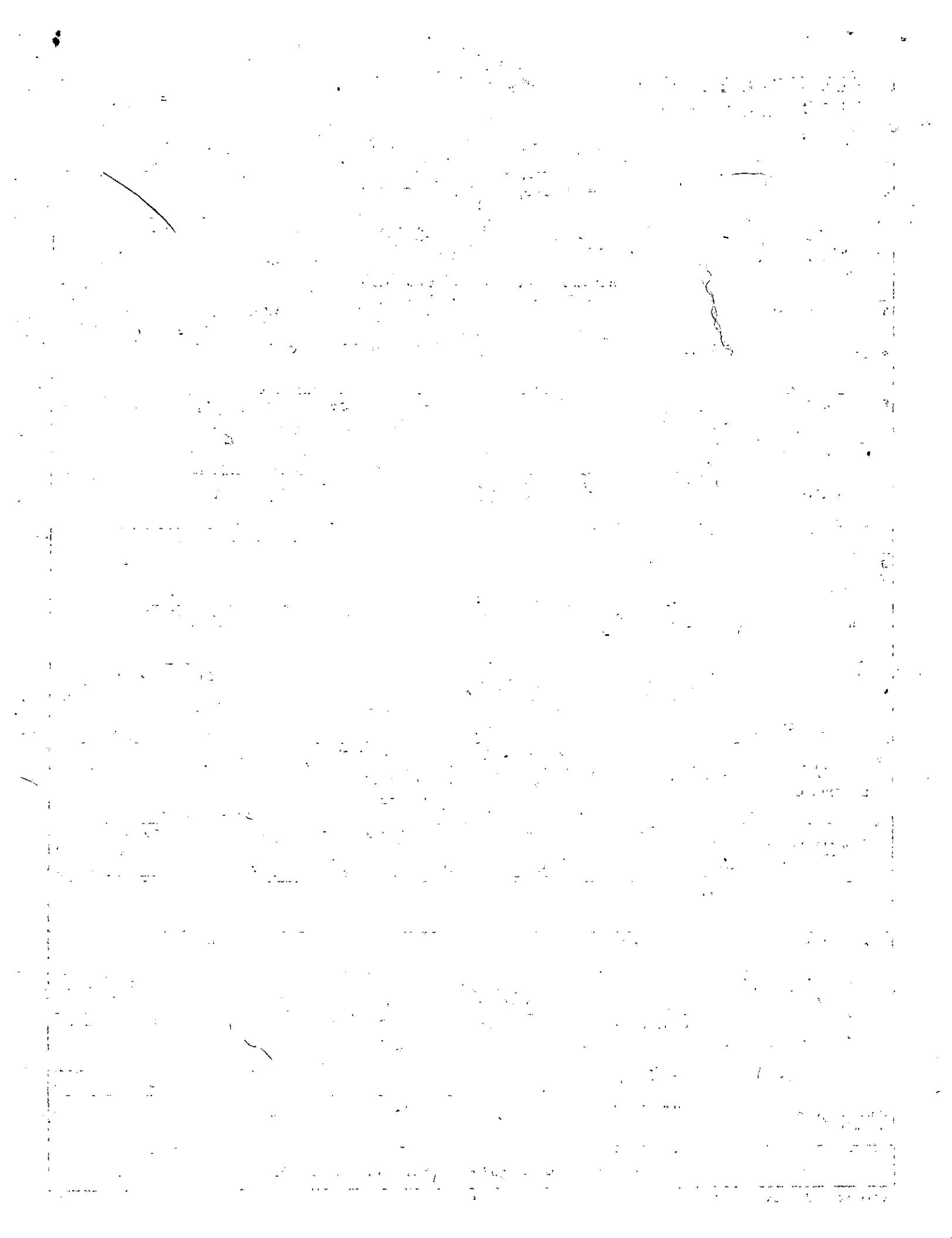
EXPENDITURE CATEGORIES FOR BOX 8(a)

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.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
375.00 <input type="checkbox"/> Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee	(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	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
12-19-2025	Albert Siebenhor III	JP Pct. 184	
Amount (\$) 2593.53 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; https://www.Signsonthecheap.com	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs	
	<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
12-19-2025	Albert Siebenhor III	JP Pct 184	
Date	Payee name		
Amount (\$)	Payee address;	City:	State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended			
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.



Christmas Account in January? Yes, start NOW!

Feeling that familiar post-holiday financial fatigue? We get it, and we can help. A little intentional planning now can make December 2026 feel effortless. With our CCFCU Christmas Account, you can start saving monthly and watch your holiday fund grow throughout the year.

Less stress, more joy—right when you need it most.

REGULAR SHARE - XXXXXXXX0001

Account Summary

Date	Description	Amount	Dividend Paid This Period	Amount
12/01/2025	Beginning Balance	\$25.00	Dividend Paid Year-to-Date	\$0.00
	0 Credit(s) This Period	\$0.00		\$0.00
	0 Debit(s) This Period	\$0.00		
12/31/2025	Ending Balance	\$25.00		

Account Activity

Date	Description	Debits	Credits	Balance
12/01/2025	Beginning Balance			\$25.00
	No activity this statement period			
12/31/2025	Ending Balance			\$25.00

CHECKING - XXXXXXXX0075

Account Summary

Date	Description	Amount	Dividend Paid This Period	Amount
12/01/2025	Beginning Balance	\$4,975.00	Dividend Paid Year-to-Date	\$0.00
	1 Credit(s) This Period	\$252.36		\$0.00
	2 Debit(s) This Period	\$2,968.53		
12/31/2025	Ending Balance	\$2,258.83		

Account Activity

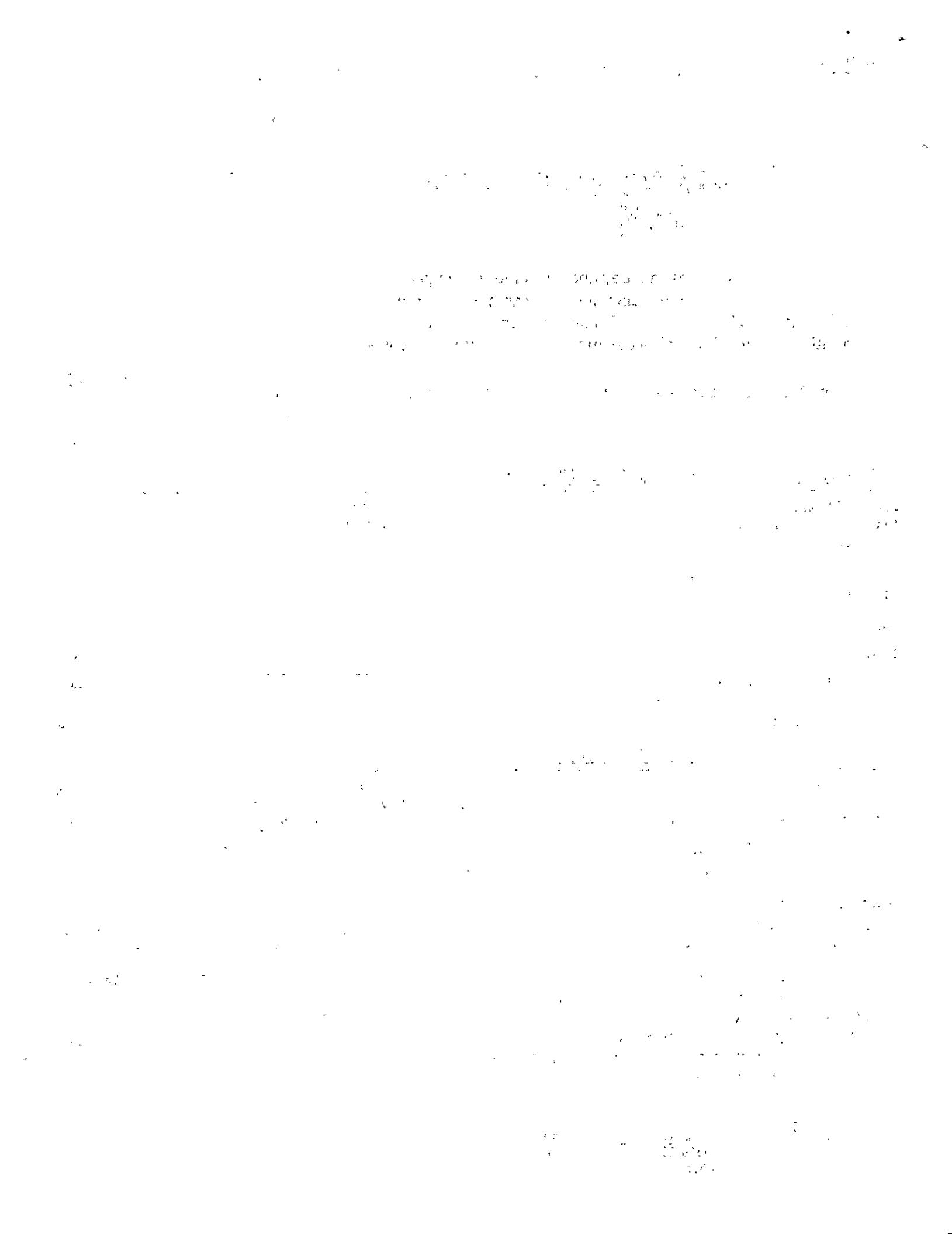
Date	Description	Debits	Credits	Balance
12/01/2025	Beginning Balance			\$4,975.00
12/04/2025	P2P DEPOSIT CASH APP* JO LYNN 4829		\$252.36	\$5,227.36
	CA Oakland CASH APP* JO LYNN SIUS			
12/05/2025	SHR DRAFT 101	\$375.00		\$4,852.36
12/20/2025	DEBIT CARD WITHDRAWAL OTCHEAP* CUSTOMPR 2741	\$2,593.53		\$2,258.83
	TX 866-661-9239 OTCHEAP* CUSTOMPRINTUS			
12/31/2025	Ending Balance			\$2,258.83

Checks Cleared

Check Nbr	Date	Amount
101	12/05/2025	\$375.00

* Indicates skipped check number

015379 1043989 0000000 0531969 015379 1043989



Order# 91228205

<https://www.signsonthecheap.com>

Date: Friday, December 19, 2025

Billing Information:

Name: Albert Siebenhor III
Phone: 4322085385
Address: 2302 W 2nd St
Monahans, Texas 79756
United States

Payment method: Credit Card

Shipping Information:

Name: Albert Siebenhor III
Phone: 4322085385
Address: 2302 W 2nd St
Monahans, Texas 79756
United States

Shipping method: Rush
Get it by: 1/2/2026

Product(s)

Name	Price	Qty	Total
11" x 4.5" Standard Door Hanger (14pt) Glossy Single Sided	\$0.16	500	\$80.00
18" x 24" Corrugated Plastic Double Sided 24" h x 10" w Wire Stake	\$3.23	200	\$646.00
4' x 8' Corrugated Plastic Single Sided Grommets on all 4 corners I already have a way to display my sign	\$46.89	20	\$937.80

Sub-total: \$1,663.80

Shipping: \$732.07

Tax: \$197.66

Order total: \$2,593.53

Albert V Siebenhor III
2302 W 2nd St.
Monahans, TX 79756-6911

89 000013166

0101

DATE 12-1-25

PAY TO Republican Party \$ 375.00
THE ORDER OF Monahans Safety Fund Dollars 375.00

CHURCH
COMMUNITY
400 E. 2ND STREET
COLLEGE STATION, TX 77843-1432 432-659-0126

MEMO Pct 1, 4 JP

103163868327 02104384800 0101

CHURCH COMMUNITY
THE ORDER OF
ACCOUNTANT
INSTRUCTIONS
ENDORSEMENT
TEJAS BANK
MONAHANS, TX
MONAHANS, TX

>112323594<
Tejas Bank
Monahans, TX 79756
Phone: 432-943-4230
Bus Date: 12/04/2025

Branch/Teller 1000/0004
12/04/2025 08:33:18



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a candidate or officeholder who has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all subsequent reports electronically.

Filer name	Filer ID #
Albert Siebenhaar III	

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Complaint report due on Jan 15, 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Signature of Filer

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 Albert Victor Siebenhaar III and my date of birth is July 20 1984.
My address is 2302 W. 2nd St (street) Monahans (city) TX 79256 (state) USA (zip code) (country)

Executed in Monahans County, State of Texas, on the 13 day of January, 20 26.

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

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