

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
		Kyle	P
	NICKNAME	LAST	SUFFIX
		George	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	P. O. Box 18711 Sugar land TX 77496		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	589 2256	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
		Sheeba	
	NICKNAME	LAST	SUFFIX
		George	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1907 Driftstone Court Richmond TX 77469		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(713)	294 4085	
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
	1	/ 1	/ 26
	THROUGH		2 / 2 / 26
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	3	/ 3	/ 26
	<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)	
	County Judge	County Judge	
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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,651.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 49,760.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 106,883.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 153,298.00

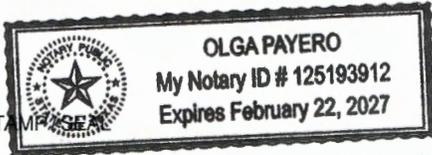
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kyle George

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Kyle George this the 2nd day of February, 2024 to certify which, witness my hand and seal of office.
[Signature] Olga Payero State of Texas Notary Public
 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

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,651.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 49,760.75
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: 1-82
2 FILER NAME Kyle P. George		3 Filer ID (Ethics Commission Filers)
4 Date 1-29-26	5 Full name of contributor out-of-state PAC (ID#: _____) Anjaneyulu Koneru	7 Amount of contribution (\$) 250⁰⁰
6 Contributor address; City; State; Zip Code Norfolk valley ct. Sugar Land TX 77479		
8 Principal occupation / Job title (See Instructions) Retiree		9 Employer (See Instructions)
Date 1-29-26	Full name of contributor out-of-state PAC (ID#: _____) George Joseph	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code W. Wicksburg Estates Missouri city TX 77149		
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions)
Date 1-29-26	Full name of contributor out-of-state PAC (ID#: _____) Ponnu Pillai	Amount of contribution (\$) 201⁰⁰
Contributor address; City; State; Zip Code Lake winds Dr. M. city TX 7759		
Principal occupation / Job title (See Instructions) Retiree -		Employer (See Instructions)
Date 1-29-26	Full name of contributor out-of-state PAC (ID#: _____) Thomas Churukara	Amount of contribution (\$) 100⁰⁰
Contributor address; City; State; Zip Code Ramble creek M. city TX 77459		
Principal occupation / Job title (See Instructions) Retiree -		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 of 2
2 FILER NAME Kyle P. George		3 Filer ID (Ethics Commission Filers)
4 Date 1-29-2026	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Anil Kumar	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; <small>City; State; Zip Code</small> Colony Lakes Estates M. City TX 77459		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 1.30.26	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Texans for Good Government PAC	Amount of contribution (\$) 5000⁰⁰
Contributor address; <small>City; State; Zip Code</small> Defering St. Houston TX 77007		
Principal occupation / Job title (See Instructions) PAC		Employer (See Instructions)

Date 1-28-26	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Daniel Boggio	Amount of contribution (\$) 5000⁰⁰
Contributor address; <small>City; State; Zip Code</small> 11 Greenway Plaza Houston TX 77046		
Principal occupation / Job title (See Instructions) Business owner		Employer (See Instructions)

Date 1-30-26	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> Building The Future PAC	Amount of contribution (\$) 7500⁰⁰
Contributor address; <small>City; State; Zip Code</small> 11000 Equity Dr. Houston TX 77007		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 1	2 FILER NAME Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 1-20-2026	5 Payee name Mailchimp.	
6 Amount (\$) 362.44	7 Payee address; 405 N. Angier Ave. Atlanta	City; State; Zip Code Atlanta GA 30306
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Digital Communication	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-9-2026	Payee name TGM Printing.	
Amount (\$) 1000	Payee address; 13910 Murphy Rd.	City; State; Zip Code Stafford TX 77477.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing material	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-22-26	Payee name Square Inc.	
Amount (\$) 73 ³¹	Payee address; 1455 Market Street	City; State; Zip Code San Francisco CA 94103.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign fund processing.	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 | 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 Kyle P. George	3 Filer ID (Ethics Commission Filers)
4 Date 1-12-2026	5 Payee name Nelson Mullins.	
6 Amount (\$) 10,000 ⁰⁰	7 Payee address; 1111 Bagby St.	City; Houston State; TX Zip Code 77002
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Expense	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-13-2026	Payee name Woodfill Law Firm.	
Amount (\$) 10,000.	Payee address; 5850 San Felipe	City; Houston State; TX Zip Code 77056
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-21-2026	Payee name Nerkazhcha LLC.	
Amount (\$) 1000 ⁰⁰	Payee address; Corporate Dr.	City; Houston State; TX Zip Code 77036
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) News Paper Ad.	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 Kyle P. George	3 Filer ID (Ethics Commission Filers)
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4 Date 1-19-2026	5 Payee name Masala Radio
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6 Amount (\$) 1500 ⁰⁰	7 Payee address; 1699 Overland Pass	City; Sugarland TX	State; TX	Zip Code 77478
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Radio Advertisement.	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-29-2026	Payee name Elite Restaurant.
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Amount (\$) 825 ⁰⁰	Payee address; 11941 S. Texas 6	City; Sugar Land TX	State; TX	Zip Code 77498.
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Event.	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-4-2026	Payee name Woodfill Law Firm
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Amount (\$) 25000 ⁰⁰ / ₁₀₀	Payee address; 5850 Sam Pillape	City; Houston TX	State; TX	Zip Code 77056
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8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Legal Expense	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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