

# 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: <span style="font-size: 24px; color: blue;">17</span>								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <span style="font-size: 18px; color: blue;">MR</span> FIRST: <span style="font-size: 18px; color: blue;">MARK</span> MI: <span style="font-size: 18px; color: blue;">A</span> NICKNAME: _____      LAST: <span style="font-size: 18px; color: blue;">RUBAL</span> SUFFIX: _____	<div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">OFFICE USE ONLY</div> Date Received  <div style="text-align: center; font-weight: bold; font-size: 14px;">RECVD VIA EMAIL</div> 02/23/26  Date Hand-delivered or Date Postmarked  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Date Processed</td> <td style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed	Date Imaged				
Receipt #	Amount \$										
Date Processed	Date Imaged										
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:      APT / SUITE #:      CITY:      STATE:      ZIP CODE <span style="font-size: 18px; color: blue;">10330 Hwy. 6, STE D52 MISSOURI CITY, TX 77459</span>										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 18px; color: blue;">(281) 486-2305</span>										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <span style="font-size: 18px; color: blue;">MRS</span> FIRST: <span style="font-size: 18px; color: blue;">STACEY</span> MI: <span style="font-size: 18px; color: blue;">P</span> NICKNAME: _____      LAST: <span style="font-size: 18px; color: blue;">GARDNER</span> SUFFIX: _____										
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):      APT / SUITE #:      CITY:      STATE:      ZIP CODE <span style="font-size: 18px; color: blue;">5323 ATOURWAY LN. MISSOURI CITY, TX 77459</span>										
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <span style="font-size: 18px; color: blue;">(346) 955-1520</span>										
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input 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 checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<input 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 checked="" 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      THROUGH      Month      Day      Year <span style="font-size: 18px; color: blue;">01 / 23 / 2026</span> THROUGH <span style="font-size: 18px; color: blue;">02 / 21 / 2026</span>										
11 ELECTION	ELECTION DATE      ELECTION TYPE Month      Day      Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <span style="font-size: 18px; color: blue;">03 / 03 / 2026</span> <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <span style="font-size: 18px; color: blue;">FORT BEND CO. DISTRICT ATTORNEY</span>									
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									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

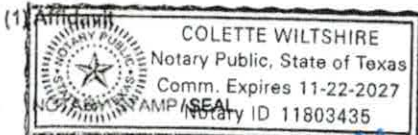
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>MARK A. RUBAL</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>8,740.99</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>15,598.39</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,374.03</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>16,970.07</u>

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]  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Mark A. Rubal this the 23rd day of February

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

[Signature] Colette Wiltshire Notary  
Signature of officer administering oath Printed name of officer administering oath Title of office 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 <i>MARK A. RUBAL</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>8,520.99</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>220.40</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>-</i>
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ <i>9,865.22</i>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>7,083.17</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>-</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>-</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>8,512.22</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>-</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>-</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>-</i>

# 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: <b>7</b>
2 FILER NAME <b>MARK A. RUBAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/24/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MANSOOR CHAUDHARY</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>2015 S. SHEPHERD, STE 200 HOUSTON, TX 77019</b>		
8 Principal occupation / Job title (See Instructions) <b>TITLE SPECIALIST</b>		9 Employer (See Instructions)
Date <b>1/31/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAISY OHNIMUS</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>6343 BAIN DR. MISSOURI CITY TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>1/31/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RENÉE CLINKSCALES</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>P.O. BOX 1254. CANTON LAKE TX 78133</b>		
Principal occupation / Job title (See Instructions) <b>VOLUNTEER</b>		Employer (See Instructions)
Date <b>2/2/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFF FARRAR</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>9119 HWY. 6 STE 230 MISSOURI CITY TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>ACCOUNT SALES</b>		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:
2 FILER NAME <b>MARK A. RUBAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/7/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUSANNA JAKUBIK</b>	7 Amount of contribution (\$) <b>\$52.05</b>
6 Contributor address; City; State; Zip Code <b>9206 S. FITZGERALD WAY MISSOURI CITY TX 77459</b>		
8 Principal occupation / Job title (See Instructions) <b>MARKETING MANAGER</b>		9 Employer (See Instructions)
Date <b>2/7/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LINDA RUCKMAN</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>9603 BLUE SPRUCE CT. MISSOURI CITY TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>2/10/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHARLEY DAVIDSON</b>	Amount of contribution (\$) <b>\$52.05</b>
Contributor address; City; State; Zip Code <b>8418 WINNINGHAM LN. HUSTON TX 77055</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)
Date <b>2/10/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ASHLEY MAGLIARO</b>	Amount of contribution (\$) <b>\$520.51</b>
Contributor address; City; State; Zip Code <b>9615 FM 521 ROSHARON TX 77583</b>		
Principal occupation / Job title (See Instructions) <b>PRES. SIGMA MUCH</b>		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# 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 FILER NAME

MARK A. RUBAL

3 Filer ID (Ethics Commission Filers)

4 Date

2/10/26

5 Full name of contributor

DONNA HASELOW

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$260.25

6 Contributor address;

City;

State;

Zip Code

3522 THUNDERBIRD ST. MISSOURI CITY TX 77459

8 Principal occupation / Job title (See Instructions)

OFFICE MANAGER

9 Employer (See Instructions)

Date

2/11/26

Full name of contributor

HUBERT GARDNER

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$52.05

Contributor address;

City;

State;

Zip Code

5323 ARTHURAN LN. MISSOURI CITY TX 77459

Principal occupation / Job title (See Instructions)

CONTROL OPERATOR

Employer (See Instructions)

Date

2/11/26

Full name of contributor

MARC SCHNODER

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

1515 MIDDLEBROOK DR. HOUSTON, TX 77058

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

Date

2/11/26

Full name of contributor

RICHARD SIMMONS

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

1515 MIDDLEBROOK DR. HOUSTON, TX 77058

Principal occupation / Job title (See Instructions)

ATTORNEY

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:
2 FILER NAME <b>MARK A. RUBAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/11/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TERRY YATES</b>	7 Amount of contribution (\$) <b>\$1,000.00</b>
6 Contributor address; City; State; Zip Code <b>6750 W. LOOP SOUTH STE 845 HOUSTON, TX 77401</b>		
8 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		9 Employer (See Instructions)
Date <b>2/11/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JEFFRY ODEA</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>6655 BAYOU GLENN RD. HOUSTON, TX 77057</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>2/14/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SHANNON BOWEN</b>	Amount of contribution (\$) <b>\$260.25</b>
Contributor address; City; State; Zip Code <b>9615 BIRCH CT. MISSOURI CITY TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>OUTSET MEDICAL</b>		Employer (See Instructions)
Date <b>2/15/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM BISHOP</b>	Amount of contribution (\$) <b>\$520.51</b>
Contributor address; City; State; Zip Code <b>16 WATERS LAKE MISSOURI CITY TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>MEDICAL SALES</b>		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:
2 FILER NAME <b>MARK A. RUBAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/16/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LISA JAKS</b>	7 Amount of contribution (\$) <b>\$52.05</b>
6 Contributor address; City; State; Zip Code <b>3906 HART CIRCLES MISSOURI CITY TX 77459</b>		
8 Principal occupation / Job title (See Instructions) <b>HOME MAKER</b>		9 Employer (See Instructions)
Date <b>2/16/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOLI HENDERSON</b>	Amount of contribution (\$) <b>\$260.25</b>
Contributor address; City; State; Zip Code <b>1030 HAYDEN CREEK SUGAR LAND TX 77479</b>		
Principal occupation / Job title (See Instructions) <b>MEDICAL DEVICE SALES</b>		Employer (See Instructions)
Date <b>2/5/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVID MONICO</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>1803 COTTON WOOD CT. SUGAR LAND, TX 77498</b>		
Principal occupation / Job title (See Instructions) <b>SALES</b>		Employer (See Instructions)
Date <b>2/17/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JIM TRUITT</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>3 WESTPOINT DR MISSOURI CITY TX 77459</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		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:

2 FILER NAME

MARK A. RUBAL

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/26

5 Full name of contributor

KIM TRUITT

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City;

State;

Zip Code

3 WESTPOINT ER MISSOURI CITY TX 77459

8 Principal occupation / Job title (See Instructions)

REAL ESTATE AGENT

9 Employer (See Instructions)

Date

2/17/26

Full name of contributor

ENRICO GIANNETTI, JR

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

3907 TRANS CT. MISSOURI CITY TX 77459

Principal occupation / Job title (See Instructions)

MANUFACTURER'S REP.

Employer (See Instructions)

Date

2/17/26

Full name of contributor

PJ NELSON

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$520.51

Contributor address;

City;

State;

Zip Code

4807 CALHUN CIRCLE MISSOURI CITY TX 77459

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

2/18/26

Full name of contributor

MARK FONT

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

4811 CALADUM DR. SUBARLAND TX 77479

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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 FILER NAME <b>MARK A. RUBAL</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2/21/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOEY DUPUIS</b>	7 Amount of contribution (\$) <b>\$520.51</b>
6 Contributor address; City; State; Zip Code <b>54 COMMANDERS COVE MISSOURI CITY TX 77459</b>		
8 Principal occupation / Job title (See Instructions) <b>GM GROUP I AUTO</b>		9 Employer (See Instructions)
Date <b>2/17/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK RUBAL</b>	Amount of contribution (\$) <b>\$1350.00</b>
Contributor address; City; State; Zip Code <b>1515 MIDDLEBROCK DR HOUSTON TX 77058</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <u>1</u>	
2 FILER NAME <u>MARK A. RUGAL</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date <u>2/11/26</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>GEORGE MURPHY</u>	8 Amount of Contribution \$ <u>\$220.00</u>	9 In-kind contribution description <u>FOOD</u>
7 Contributor address; City; State; Zip Code <u>700 LOUISIANA, STE 2350 HOUSTON TX 77002</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>ATTORNEY</u>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <u>SELF</u>	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: <b>3</b>
2 FILER NAME <b>MARK A. RUBAL</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>2/4/26 - 2/8/26</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MARK RUBAL</b>	9 Loan Amount (\$) <b>\$49.02</b>
6 Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	8 Lender address; City; State; Zip Code <b>15150 MIDDLEBROCK DR. HURSTEN, TX 77058</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>—</b>
12 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		13 Employer (See Instructions) <b>WALDRON E SCHNEIDER PLLC</b>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan <b>2/6/26</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MARK RUBAL</b>	Loan Amount (\$) <b>\$138.56</b>
Is lender a financial institution? <b>Y</b> <input checked="" type="radio"/> <b>N</b>	Lender address; City; State; Zip Code <b>15150 MIDDLEBROCK DR. HURSTEN, TX 77058</b>	Interest rate <b>0</b>
		Maturity date <b>—</b>
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>WALDRON E SCHNEIDER PLLC</b>
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

**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:
2 FILER NAME <b>MARK A. RUBAL</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>2/6/26</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MARK RUBAL</b>	9 Loan Amount (\$) <b>\$7,995.00</b>
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <b>15150 MIDDLEBROOK DR. HOUSTON, TX 77058</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>—</b>
12 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		13 Employer (See Instructions) <b>WALDRON &amp; SCHMIDT P/C</b>
14 Description of Collateral <input checked="" type="checkbox"/> none	15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>2/13/26</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MARK RUBAL</b>	Loan Amount (\$) <b>51.83</b>
Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	Lender address; City; State; Zip Code <b>15150 MIDDLEBROOK DR. HOUSTON, TX 77058</b>	Interest rate <b>0</b>
		Maturity date <b>—</b>
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>WALDRON &amp; SCHMIDT P/C</b>
Description of Collateral <input checked="" type="checkbox"/> none	<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

# 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:
2 FILER NAME <b>MARK A. RUBAL</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0</b>
5 Date of loan <b>2/13/26</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MARK RUBAL</b>	9 Loan Amount (\$) <b>\$280.91</b>
6 Is lender a financial institution? Y. <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>15150 MIDDLEBROOK DR. HOUSTON, TX 77058</b>	10 Interest rate <b>0</b>
		11 Maturity date _____
12 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		13 Employer (See Instructions) <b>WALDRON &amp; SCHLIDER PLLC</b>
14 Description of Collateral <input checked="" type="checkbox"/> none	15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>2/17/26</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>MARK RUBAL</b>	Loan Amount (\$) <b>\$1,350.00</b>
Is lender a financial institution? Y N	Lender address; City; State; Zip Code <b>15150 MIDDLEBROOK DR. HOUSTON, TX 77058</b>	Interest rate <b>0</b>
		Maturity date _____
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>WALDRON &amp; SCHNEIDER PLLC</b>
Description of Collateral <input checked="" type="checkbox"/> none	<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

<b>1</b> Total pages Schedule F1: <u>1</u>	<b>2</b> FILER NAME <u>MARK A. RUBAL</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>1/28/26</u>	<b>5</b> Payee name <u>FORT BOND HERALD</u>	
<b>6</b> Amount (\$) <u>\$ 500.00</u>	<b>7</b> Payee address; City; State; Zip Code <u>1902 S. 4TH STREET, ROSENBERG, TX 77471</u> <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	<b>(b)</b> Description <u>HALF PAGE AD</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>MARK A. RUBAL</u>	Office sought <u>FT-BOND CO. DISTRICT ATTORNEY</u>
Date <u>1/31/26 - 2/21/26</u>	Payee name <u>WINRED</u>	
Amount (\$) <u>\$ 128.07</u>	Payee address; City; State; Zip Code <u>4250 FAIRFAX DR. STE 600 ARLINGTON, VA 22203</u> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ACCOUNTING/BANKING</u>	Description <u>SERVICE FEE</u>
	<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 <u>MARK A. RUBAL</u>	Office sought <u>FT-BOND CO. DISTRICT ATTORNEY</u>
Date <u>2/18/26</u>	Payee name <u>TEXANS FOR CONSERVATIVE GOVERNMENT</u>	
Amount (\$) <u>\$6,454.30</u>	Payee address; City; State; Zip Code <u>WINRED - 4250 FAIRFAX DR, STE 600, ARLINGTON, VA 22203</u> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONTRIBUTION BY CANDIDATE</u>	Description <u>DENATION</u>
	<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 <u>MARK A. RUBAL</u>	Office sought <u>FT. BOND CO. DISTRICT ATTORNEY</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule G: <u>2</u>	<b>2</b> FILER NAME <u>MARK A. RUBAL</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <u>2/4/26 - 2/18/26</u>	<b>5</b> Payee name <u>META PLATFORMS, INC.</u>	
<b>6</b> Amount (\$) <u>\$49.02</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <u>1 META WAY, MENLO PARK, CA 94025</u> <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXP</u>	<b>(b)</b> Description <u>BOOST SOCIAL MEDIA POSTS</u>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>MARK A. RUBAL</u>	Office sought <u>FT. BEND CO. DISTRICT ATTORNEY</u>
Date <u>2/4/26</u>	Payee name <u>OFFICE DEPOT</u>	
Amount (\$) <u>\$138.56</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <u>5766 HWY. 6, MISSOURI CITY, TX 77459</u> <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXP.</u>	Description <u>PUSH CARDS</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>MARK A. RUBAL</u>	Office sought <u>FT. BEND CO. DISTRICT ATTORNEY</u>
Date <u>2/6/26</u>	Payee name <u>SIZ NEW MEDIA</u>	
Amount (\$) <u>\$7,095.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <u>5959 RICHMOND AVE. STE 310, HOUSTON, TX 77057</u> <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONSULTING</u>	Description <u>DIGITAL MEDIA &amp; MARKETING</u>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>MARK A. RUBAL</u>	Office sought <u>FT. BEND CO. DISTRICT ATTORNEY</u>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>MARKA RUBAL</i>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <i>2/13/26</i>	<b>5</b> Payee name <i>OFFICE DEPOT</i>
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<b>6</b> Amount (\$) <i>\$280.81</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <i>5766 HWY. 6, MISSOURI CITY, TX 77459</i> <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXP.</i>	<b>(b)</b> Description <i>VOTING-SITE PUSH CARDS</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>MARKA RUBAL</i>	Office sought <i>FT. BEND CO. DISTRICT ATTORNEY</i>	Office held
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Date <i>2/13/26</i>	Payee name <i>HOME DEPOT</i>
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Amount (\$) <i>\$51.83</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>5900 HWY. 6 SOUTH, MISSOURI CITY, TX 77459</i> <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>OTHER</i>	Description <i>T-POSTS FOR SIGNS</i>
	<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 <i>MARKA RUBAL</i>	Office sought <i>FT. BEND CO. DISTRICT ATTORNEY</i>	Office held
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Date	Payee name
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Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED