

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: **6**

OFFICE USE ONLY

Date Received

RECVD VIA EMAIL
07/15/2026

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

MR

FIRST

MARK

MI

A

NICKNAME

LAST

RUBAL

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

10330 HWY. 6, STE D52, MISSOURI CITY, TX
77459

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(281) 486-2305

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

MRS

FIRST

STACEY

MI

NICKNAME

LAST

GARDNER

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5323 ARTHUR LN. MISSOURI CITY TX 77459

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

9 REPORT TYPE

☐ January 15

☐ 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

02 / 22 / 2026

THROUGH

Month

Day

Year

06 / 30 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 2026

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

FT. BEND CO. DISTRICT ATTORNEY

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 <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>1,220.51</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,030.22</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1,901.38</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>16,761.07</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:

(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 MARK RUBAL, and my date of birth is 9-19-1960.
My address is 10330 HWY. 6, STE D52, MISSOURI CITY, TX, 77459, USA.
(street) (city) (state) (zip code) (country)
Executed in FORT BEND County, State of TEXAS, on the 15TH day of JULY, 2026.
(month) (year)

[Signature]
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>MARK A. RVEAL</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,220.51</i>
2.	☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	☐ SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	☐ SCHEDULE E: LOANS	\$ <i>—</i>
5.	☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,060.22</i>
6.	☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	☒ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>209.00</i>
12.	☐ 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: <u>1</u>
2 FILER NAME <u>MARK A. RUBAL</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/25/26</u>	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>JOEY DURVIS</u>	7 Amount of contribution (\$) <u>\$ 520.51</u>
6 Contributor address; City; State; Zip Code <u>54 COMMANDERS COVE MISSOURI CITY TX 77459</u>		
8 Principal occupation / Job title (See Instructions) <u>GENERAL MANAGER</u>		9 Employer (See Instructions)
Date <u>3/10/26</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>HYACINTHE WILLIAMS</u>	Amount of contribution (\$) <u>\$ 400.00</u>
Contributor address; City; State; Zip Code <u>2206 WATERFALL DR. MISSOURI CITY TX 77459</u>		
Principal occupation / Job title (See Instructions) <u>CLERK</u>		Employer (See Instructions)
Date <u>3/10/26</u>	Full name of contributor ☐ out-of-state PAC (ID#: _____) <u>JEFF FARRAR</u>	Amount of contribution (\$) <u>\$ 300.00</u>
Contributor address; City; State; Zip Code <u>9119 HWY. 6 STE 230 MISSOURI CITY TX 77459</u>		
Principal occupation / Job title (See Instructions) <u>ACCOUNT SALES</u>		Employer (See Instructions)
Date	Full name of contributor ☐ 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.		

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: 1		2 FILER NAME MARK A. RUBAL		3 Filer ID (Ethics Commission Filers)	
4 Date 2/26/26		5 Payee name T-SHIRT DEPOT			
6 Amount (\$) \$927.50		7 Payee address: 1902 FM 1092, MISSOURI CITY TX 77459		City: State: Zip Code	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description VOLUNTEER/ROLL TSHIRTS	
		(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 MARK A. RUBAL		Office sought FT. BOND CO DISTRICT ATTORNEY	
Date 3/9/26		Payee name U-HAUL MINING			
Amount (\$) \$132.21		Payee address: 603 FM 1092, STAFFORD TX 77477		City: State: Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) TRANSPORTATION EQUIP.		Description PICKUP & SIGN REMOVAL	
		☐ 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 MARK A. RUBAL		Office sought FT. BOND CO DISTRICT ATTORNEY	
Date 2/25/26		Payee name WINRED			
Amount (\$) \$20.51		Payee address: 4250 FAIRFAX DR. STE 600, ARLINGTON VA 22203		City: State: Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ACCOUNTING/BANKING		Description SERVICE FEE	
		☐ 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 MARK A. RUBAL		Office sought FT. BOND CO DISTRICT ATTORNEY	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 MMRX RUBAL	3 Filer ID (Ethics Commission Filers)
4 Date 3/11/26	5 Payee name CLAR BUS	
6 Amount (\$) \$209.00	7 Payee address; BS 10TH AVE., 9TH FLOOR	City State Zip Code NEW YORK, NY 10011
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) OTHER - MISTAKEN USE of DEBIT CARD	(b) Description (See instructions regarding type of information required.) AIRPORT SECURITY
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.)
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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