

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

11

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
 ..Mr.....Stephen.....R.....
 NICKNAME LAST SUFFIX
 Longoria

OFFICE USE ONLY

Date Received

RECVD VIA EMAIL
01/15/2026

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
 54 Sugar Creek Ctr., Suite 204
 Sugar Land, TX 77478

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (281) 743-2103

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
 Mr. Sardar Q.
 NICKNAME LAST SUFFIX
 Imam

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
 19 Saint Christopher Ct.
 Sugar Land, TX 77479

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
 (281) 467-9545

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 Month Day Year
 07 / 01 / 25 THROUGH 12 / 31 / 25

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
 11 / 03 / 26 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Judge - Fort Bend County Court at Law No. 6

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

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 2**

15 JC/OH NAME <i>STEPHEN R. LONGORIA</i>		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)	\$ <i>9,112.25</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5,210.00</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>4,056.33</i>
OUTSTANDING LOAN TOTALS	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.

Stephen R. Longoria

Signature of Candidate/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



(2) Unsworn Declaration

My name is Stephen Longoria, and my date of birth is 11/22/65.
My address is 9414 Plaza Terrace Dr, Missouri City TX 77459 USA.
(street) (city) (state) (zip code) (country)

Executed in Fort Bend County, State of Texas, on the 14th day of January, 2026.
(month) (year)

Stephen R. Longoria

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - JC/OH

**FORM JC/OH
COVER SHEET PG 3**

19 FILER NAME STEPHEN R. LONGORIA		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,112.25
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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,210.00
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
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	\$

**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: <i>1 of 6</i>
2 FILER NAME <i>STEPHEN R. LONGORIA</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/22/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>BIRDIE KELLEY</i>	7 Amount of contribution (\$) <i>60.00</i>
6 Contributor address; City; State; Zip Code <i>7631 SOUTH GLEN WILLOW LN., MOULTON, TX 77489</i>		
8 Contributor's principal occupation <i>ASSISTANT</i>		9 Contributor's job title <i>ASSISTANT</i>
10 Contributor's employer/law firm <i>STATE SENATOR BORIS MILES</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>9/22/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>DAVID KIATTA</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address; City; State; Zip Code <i>345 COMMERCE GREEN, S.L. TX 77478</i>		
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title <i>ATTORNEY</i>
Contributor's employer/law firm <i>SEGURA + KIATTA</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>9/22/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>JAMES + ROSARIO HUFF</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>2523 CHURCHILL'S FERRY CROSSING, RICHMOND TX 77406</i>		
Contributor's principal occupation <i>RETIRED</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: 2 of 6
2 FILER NAME STEPHEN R. LONGORIA		3 Filer ID (Ethics Commission Filers)
4 Date 9/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ EVELYN TRAYLOR	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 4927 CAMBRIDGE ST, SUGAR LAND TX 77479		
8 Contributor's principal occupation RETIRED		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 9/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ AMARO LAW FIRM	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 448 W. 19th ST, STE 335 HOUSTON TX 77008		
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 9/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ DR. + MRS PAUL RAFFOUL	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 20643 GARDEN RIDGE CYN RICHMOND TX 77407		
Contributor's principal occupation RETIRED		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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**MONETARY POLITICAL CONTRIBUTIONS
(JUDICIAL)**

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: 3 of 6
2 FILER NAME STEPHEN R. LONGORIA		3 Filer ID (Ethics Commission Filers)
4 Date 9/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ MICHAEL LONGORIA	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code 8210 CAMPDOLCINO, CORPUS CHRISTI TX 78414		
8 Contributor's principal occupation BANKER		9 Contributor's job title LOAN OFFICER
10 Contributor's employer/law firm TEXAS CHAMPION BANK		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 9/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ASHLEY LONGORIA	Amount of contribution (\$) 5.00
Contributor address; City; State; Zip Code 9414 PLAZA TERRACE DR. MO CITY TX 77459		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 9/22/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ KEN BRYANT	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 301 S. 9TH ST, SUITE 105 RICHMOND TX 77469		
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY
Contributor's employer/law firm THE LAW OFFICE OF KEN BRYANT		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: <i>4 of 6</i>
2 FILER NAME <i>STEPHEN R. LONGORIA</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>9/22/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>EDUARDO + LETICIA FRANCO</i>	7 Amount of contribution (\$) <i>250.00</i>
	6 Contributor address; City; State; Zip Code <i>11444 FM 361 RD. RICHMOND TX</i>	
8 Contributor's principal occupation <i>ATTORNEY</i>		9 Contributor's job title <i>ATTORNEY</i>
10 Contributor's employer/law firm <i>THE LAW OFFICES OF EDUARDO J. FRANCO PC</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>9/22/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>FELICIA + JAMES THOMAS</i>	Amount of contribution (\$) <i>50.00</i>
	Contributor address; City; State; Zip Code <i>3311 RALEIGH ROW, MIDCITY TX 77459</i>	
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>9/22/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>KLOFOWSKY LAW OFFICE</i>	Amount of contribution (\$) <i>500.00</i>
	Contributor address; City; State; Zip Code <i>14015 S.W. FERRY, SUITE 14, SL TX 77478</i>	
Contributor's principal occupation <i>ATTORNEY</i>		Contributor's job title <i>ATTORNEY</i>
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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
(JUDICIAL)**

SCHEDULE A(J)1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: <i>5 of 6</i>
2 FILER NAME <i>STEPHEN R. LONGORIA</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/31/25</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>BETTY JEAN LONGORIA</i>	7 Amount of contribution (\$) <i>200.00</i>
6 Contributor address; City; State; Zip Code <i>8210 CAMPODOLLINO DR, CORPUS CHRISTI, TX 78414</i>		
8 Contributor's principal occupation <i>RETIRED</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/31/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>PAUL LONGORIA</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address; City; State; Zip Code <i>20813 WINDMILL RIDGE ST, PFLUGERVILLE, TX 78660</i>		
Contributor's principal occupation <i>GOVERNMENT</i>		Contributor's job title <i>CASE MANAGER</i>
Contributor's employer/law firm <i>TEXAS ATTORNEY GENERAL OFFICE</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/31/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>TRACY LONGORIA</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>9414 PLAZA TERRALE DR, MID CITY TX 77459</i>		
Contributor's principal occupation <i>RETIRED</i>		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any) <i>STEPHEN R. LONGORIA</i>
If contributor is a child, law firm of parent(s) (if any)		

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
(JUDICIAL)**

SCHEDULE A(J)1

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 A(J)1: 6 of 6
2 FILER NAME STEPHEN R. LONGORIA		3 Filer ID (Ethics Commission Filers)
4 Date 9/22/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ SHAH HALEEM	7 Amount of contribution (\$) 97.25
6 Contributor address; City; State; Zip Code 7514 SAN CLEMENTE PKWY CT, KATY, TX 77494		
8 Contributor's principal occupation REAL ESTATE INVESTMENTS		9 Contributor's job title
10 Contributor's employer/law firm SMZJ HOLDINGS LLC		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 7/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ BETTY JEAN LONGORIA	Amount of contribution (\$) 5,000.00
Contributor address; City; State; Zip Code 8210 CAMPO DOLINO R, CORPUS CHRISTI TX 78414		
Contributor's principal occupation RETIRED		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>1 of 2</i>	2 FILER NAME <i>STEPHEN R. LONGORIA</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>7/31/25</i>	5 Payee name <i>PROSPERITY BANK</i>	
6 Amount (\$) <i>10.00</i>	7 Payee address; City; State; Zip Code <i>14060 S.W. FRWY. SUGARLAND TX 77478</i>	
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>BANKING</i>	(b) Description <i>ACCOUNT FEE</i>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>8/4/25 - 12/7/25</i>	Payee name <i>CSPAC, LLC - LYNTHIA GINYARD</i>		
Amount (\$) <i>1,200.00</i>	Payee address; City; State; Zip Code <i>11418 OAK LAKE RIDGE, SUGARLAND, TX 77498</i>		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>CONSULTING EXPENSES</i>	Description <i>CONSULTING</i>	
	<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	Office sought	Office held

Date <i>10/20/25</i>	Payee name <i>FORT BEND DEMOCRATIC PARTY</i>		
Amount (\$) <i>1,000.00</i>	Payee address; City; State; Zip Code <i>13515 S.W. FRWY., SUITE 204, SUGARLAND TX 77478</i>		
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>EVENT EXPENSE</i>	Description <i>GALA</i>	
	<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	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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2	2 FILER NAME STEPHEN R. LONGORIA	3 Filer ID (Ethics Commission Filers)
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4 Date 11/26/25	5 Payee name FORT BEND DEMOCRATIC PARTY
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6 Amount (\$) 1,500.00	7 Payee address; 13515 S.W. FRWY, SUITE 204, SUGAR LAND TX 77498	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description ADVERTISING + PRINTING
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/26/25	Payee name FORT BEND DEMOCRATIC PARTY			
Amount (\$) 1,500.00	Payee address; 13515 S.W. FRWY, SUITE 204, SUGAR LAND, TX 77498	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description CAMPAIGN FILING FEES
	<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	Office sought	Office held
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Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

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 <u>ONLY</u> 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