

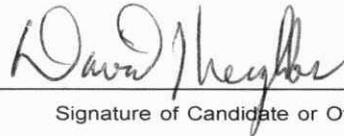


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> David J Neighbor		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3450.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5650.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5564.11
	4. TOTAL POLITICAL EXPENDITURES	\$ 5564.11
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ -14.11
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6000.00

**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.



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.

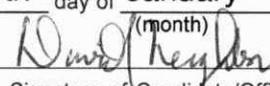
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is David J Neighbor, and my date of birth is 25 Feb 1953.  
My address is 201 E. San Antonio Ave, Boerne TX 78006 USA.  
(street) (city) (state) (zip code) (country)

Executed in Kendall County, State of Texas, on the 15th day of January, 2026.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

<b>19</b> FILER NAME David J Neighbor		<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3450.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	SCHEDULE E: LOANS	\$ 6000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5410.47
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1000.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 153.64
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.10

# 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>3</b>
2 FILER NAME <b>David J. Neighbor</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>9/3/2025</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Clifton E. Meier Jr.</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>241 Greely Street, San Antonio, TX 78209-4410</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>		9 Employer (See Instructions)
Date <b>9/30/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DR. ELIZABETH ANNE SCOTT</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>3215 ANNANDALE RD., FALLS CHURCH, VA 22042</b>		
Principal occupation / Job title (See Instructions) <b>CONSULTING</b>		Employer (See Instructions) <b>SELF</b>
Date <b>10/2/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>DR. ELIZABETH ANNE SCOTT</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>3215 ANNANDALE RD., FALLS CHURCH, VA 22042</b>		
Principal occupation / Job title (See Instructions) <b>CONSULTING</b>		Employer (See Instructions) <b>SELF</b>
Date <b>10/24/2025</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>KATE MCCARTHY CARLSON</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>6510 CITY PLACE FINEWATER NJ 07020</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: <b>3</b>
2 FILER NAME <b>DAVID J NEIGHBOR</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/08/2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>JEFF + MARY SMITH</b>	7 Amount of contribution (\$) <b>2,500.00</b>
6 Contributor address; City; State; Zip Code <b>16 CYPRESS PT BOERNE, TX 78006-6158</b>		
8 Principal occupation / Job title (See Instructions) <b>CO-CEO - WORK AMERICA</b>		9 Employer (See Instructions) <b>WORK AMERICA.</b>
Date <b>12/19/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>ART HUMPHRIES</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>102 RUSTY LANE BOERNE, TX 78006</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>12/26/2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>BERNIE STOECKER</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address; City; State; Zip Code <b>113 SUNRISE DR BOERNE, TX 78006</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>1/10/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>STEVE W. STORMOEN</b>	Amount of contribution (\$) <b>\$1,000.00</b>
Contributor address; City; State; Zip Code <b>2055 EAKINS CT., RESTON, VA 20191</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: <b>3</b>
2 FILER NAME <b>DAVID J. NEIGHBOR</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/11/26</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ARTHUR HUMPHRIES</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>102 RUSTY LAKE BOERNE, TX 78006</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>1/4/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BYRON GREEN</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>110 SWITCH GRASS LN BOERNE, TX 78006</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>1/12/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARK W ROLL</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>88 GRANADILLA BOERNE, TX 78006</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>1/12/26</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARC + MIKI MARTEL</b>	Amount of contribution (\$) <b>\$250</b>
Contributor address; City; State; Zip Code <b>220 HOSKINS BOERNE, TX 78006</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.

# 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>1</b>
2 FILER NAME <b>David J. Neighbor</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>9/4/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>David J. Neighbor</b>	9 Loan Amount (\$) <b>1,000.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>101 Timber View Drive, Boerne, TX 78006</b>	10 Interest rate <b>0</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>Justice of the Peace, pct 2, Kendall County</b>		13 Employer (See Instructions) <b>Elected official</b>
14 Description of Collateral <b>none</b>		15 Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor <b>Self</b>	19 Amount Guaranteed (\$) <b>1,000.00</b>
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>10/29/2025</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>DAVID J. NEIGHBOR</b>	Loan Amount (\$) <b>\$ 5,000.00</b>
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code <b>101 TIMBER VIEW DR., BOERNE, TX 78006</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <b>JUSTICE OF THE PEACE, PCT 2 KENDALL COUNTY</b>		Employer (See Instructions) <b>ELECTED OFFICIAL</b>
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor <b>SELF</b>	Amount Guaranteed (\$) <b>\$5,000</b>
	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:	<b>2</b> FILER NAME David J Neighbor	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/10/2025	<b>5</b> Payee name Second Phone Number	
<b>6</b> Amount (\$) 69.99	<b>7</b> Payee address; City; State; Zip Code Online via Apple Pay	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Campaign phone number	<b>(b)</b> Description for use on campaign literature
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date 9/10/2025	Payee name Microsoft Word fee	
Amount (\$) 129.99	Payee address; City; State; Zip Code paid via internet	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) software to prepare campaign materials	Description software
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date 9/18/2025	Payee name Square Space	
Amount (\$) 261.81	Payee address; City; State; Zip Code internet payment	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Software for receiving campaign donations	Description software
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME David J Neighbor	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 10/14/2025	<b>5</b> Payee name Bexar Printing	
<b>6</b> Amount (\$) 779.40	<b>7</b> Payee address; City; State; Zip Code 2034 Windy Trail, San Antonio, TX 78232	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Campaign materials	<b>(b)</b> Description Door hangers and push cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date 10/30/2025	Payee name Kendall County Republican Party	
Amount (\$) 375.00	Payee address; City; State; Zip Code P.O. Box 1044, Boerne, TX 78006	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Candidate filing fee
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date various dates	Payee name Raise the Money	
Amount (\$) 109.55	Payee address; City; State; Zip Code P.O. Box 26466, Little Rock, AR 72221	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Accounting of internet based donations	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME David J Neighbor	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 1/8/2026	<b>5</b> Payee name JJ Liquors	
<b>6</b> Amount (\$) 272.40	<b>7</b> Payee address; City; State; Zip Code 1 FM-3351 S, Boerne, TX 78006	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event expense	<b>(b)</b> Description Beverages for campaign events
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date 1/5/2026	Payee name JJ Liquors	
Amount (\$) 635.60	Payee address; City; State; Zip Code 1 FM-3351 S, Boerne, TX 78006	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event expense	Description Beverages for campaign events
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

Date 11/6/2026	Payee name Klein's Smokehouse	
Amount (\$) 31.92	Payee address; City; State; Zip Code 342 North Main Street, Boerne, TX 78006	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) meal for campaign workers	Description campaign event
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

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# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2:	<b>2</b> FILER NAME David J Neighbor	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 1000
--	---------

<b>5</b> Date	<b>6</b> Payee name Nick Eastwood
---------------	--------------------------------------

<b>7</b> Amount (\$) 1000.00	<b>8</b> Payee address; nickeastwood775@gmail.com	City; Austin, TX	State;	Zip Code
---------------------------------	--	---------------------	--------	----------

<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	---	--

<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Consulting expense	<b>(b)</b> Description Campaign advisor
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>11</b> 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
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<b>TYPE OF EXPENDITURE</b>	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
----------------------------	------------------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(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                     |
|  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME DAVID J NEIGHBOR	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
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5 CREDIT CARD ISSUER	Name of financial institution USAA VISA CARD
----------------------	---

6 PAYMENT	(a) Amount Charged \$ 11.67	(b) Date Expenditure Charged 11/26/2025	(c) Date(s) Credit Card Issuer Paid 12/29/2025 12/02/2025
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7 PAYEE	(a) Payee name HOME DEPOT	(b) Payee address; City, State, Zip Code 633 BANDERA RD BOERNE, TX 78006
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8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description ZIP TIES FOR SIGNS
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$ 68.50	(b) Date Expenditure Charged 12/20/2025	(c) Date(s) Credit Card Issuer Paid 12/29/2025
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PAYEE	(a) Payee name HOME DEPOT	(b) Payee address; City, State, Zip Code 633 BANDERA RD BOERNE TX 78006
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) OTHER	(b) Description CAMPAIGN METAL POSTS FOR SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held
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PAYMENT	(a) Amount Charged \$ 44.37	(b) Date Expenditure Charged 12/26/2025	(c) Date(s) Credit Card Issuer Paid 1/3/2026
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PAYEE	(a) Payee name PIZZA VOLTERRA	(b) Payee address; City, State, Zip Code 605 SOUTH MAIN ST BOERNE, TX 78006
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PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) FUND RAISING WITH DONOR	(b) Description LUNCH
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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 K: <u>1</u>
2 FILER NAME <u>DAVID J NEIGHBOR</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>NOV-DEC 2025</u>	5 Name of person from whom amount is received <u>USAA BANKING</u>	8 Amount (\$) <u>0.06</u>
	6 Address of person from whom amount is received; City; State; Zip Code <u>SAN ANTONIO, TX</u>	
	7 Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> <u>INTEREST EARNED FROM THE BANK ON THE CHECKING ACCOUNT.</u>	
Date <u>1/2/26</u>	Name of person from whom amount is received <u>USAA BANKING</u>	Amount (\$) <u>0.04</u>
	Address of person from whom amount is received; City; State; Zip Code <u>SAN ANTONIO, TX</u>	
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span> <u>INTEREST EARNED ON THE CHECKING ACCOUNT.</u>	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <span style="float: right;">Check if political contribution returned to filer</span>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**Reset Form**

**Reset Page**