

# 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: **5**

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: **MR.** FIRST: **JON** MI: **B**

NICKNAME: **"JT"** LAST: **TIPTON** SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX: **PO BOX 432 KENDALIA, TX 78027** APT / SUITE #: CITY: STATE: ZIP CODE:

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: **( 210 )** PHONE NUMBER: **900-2470** EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: **MR.** FIRST: **MAXIE** MI:

NICKNAME: LAST: **ZINSMEISTER** SUFFIX:

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): **24 FRITZ GROSSER ROAD BERGHEIM, TX 78004** APT / SUITE #: CITY: STATE: ZIP CODE:

8 CAMPAIGN TREASURER PHONE

AREA CODE: **( 210 )** PHONE NUMBER: **219-3704** 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: **1** Day: **1** Year: **26** THROUGH Month: **1** Day: **21** Year: **26**

11 ELECTION

ELECTION DATE: Month: **3** Day: **3** Year: **26**

ELECTION TYPE:  Primary  Runoff  Other Description

General  Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): **Justice of the Peace, Pct. 3**

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

|                                   |                |                                      |
|-----------------------------------|----------------|--------------------------------------|
| <input type="checkbox"/> GENERAL  | COMMITTEE TYPE | COMMITTEE NAME                       |
| <input type="checkbox"/> SPECIFIC |                | COMMITTEE ADDRESS                    |
|                                   |                | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

OFFICE USE ONLY

Date Received: **2/12/2026**  
**@ 10:55am**

Date Hand-delivered or Date Postmarked: *[Signature]*

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

Revised 1/1/2025

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                 |   |  |
|---------------------------------|---|--|
| 15 C/OH NAME<br>JON "JT" TIPTON |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS          | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0                                   |
|                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1000 <sup>00</sup>                  |
| EXPENDITURE TOTALS              | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$ 0                                   |
|                                 | 4. TOTAL POLITICAL EXPENDITURES   | \$ 7.30                                |
| CONTRIBUTION BALANCE            | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 1237 <sup>99</sup>                  |
| OUTSTANDING LOAN TOTALS         | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 50 <sup>00</sup>                    |

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 Jon B. Tipton, and my date of birth is 10-06-72  
My address is P.O. BOX 432, Kendalia TX 78027 USA

Executed in Kendall County, State of TEXAS, on the 12 day of FEB, 2020  
(street) (city) (state) (zip code) (country)  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

Jon "JT" Tipton

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |  | SUBTOTAL<br>AMOUNT    |
|-----|--|-----------------------|
| 1.  | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ 1000 <sup>00</sup> |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ —                  |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ —                  |
| 4.  | SCHEDULE E: LOANS  | \$ —                  |
| 5.  | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ 7.30               |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ —                  |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ —                  |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ —                  |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ —                  |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ —                  |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ —                  |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ —                  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **1**

2 FILER NAME

**Jon "JT" Tipton**

3 Filer ID (Ethics Commission Filers)

4 Date

**1/5/26**

5 Full name of contributor

**Jonathan Cluck**

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

7 Amount of contribution (\$)

**250<sup>00</sup>**

6 Contributor address;

**31671 Scobeen**

City;

**F.O.R. TX**

State;

Zip Code

**78015**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**1/12/26**

Full name of contributor

**Joseph Arrieta**

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

Amount of contribution (\$)

**250<sup>00</sup>**

Contributor address;

**230 HONETREE**

City;

**BOERNE TX**

State;

Zip Code

**78006**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**1/19/26**

Full name of contributor

**Robert Saenz**

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

Amount of contribution (\$)

**5<sup>00</sup>**

Contributor address;

**1043 FM 3351 N.**

City;

**Kendalia TX**

State;

Zip Code

**78027**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**1/19/26**

Full name of contributor

**Robert Saenz**

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

Amount of contribution (\$)

**495<sup>00</sup>**

Contributor address;

**1043 FM 3351 N.**

City;

**Kendalia TX**

State;

Zip Code

**78027**

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.

|   |   |                             |
|---|---|-----------------------------|
| <b>1</b> Total pages Schedule F1:   | 1   |                             |
| <b>2</b> FILER NAME   | Jon "JT" Tipton   |                             |
| <b>3</b> Filer ID (Ethics Commission Filers)  |   |                             |
| <b>4</b> Date   | 1/12/26   |                             |
| <b>5</b> Payee name   | Go Daddy  |                             |
| <b>6</b> Amount (\$)  | 7.30  |                             |
| <b>7</b> Payee address:   | City:   | State: Zip Code             |
|   | 2155 E. Go Daddy Way Tempe  | AZ 85284                    |
| <b>8</b><br>PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)  | (b) Description             |
|   | Fees  | CREDIT CARD PROCESSING FEES |
| (c) <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   | Office sought Office held   |
| Date  | Payee name  |                             |
| Amount (\$)   | Payee address: City: State: Zip Code  |                             |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description                 |
|   | (c) <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   |
| Date  | Payee name  |                             |
| Amount (\$)   | Payee address: City: State: Zip Code  |                             |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)  | Description                 |
|   | (c) <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   |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED