

FORM C/OH  
COVER SHEET PG 1

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Kerri Sawyer Laffoon

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,237.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,721.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 99.47
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Kerri Laffoon  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kerri Laffoon this the 14<sup>th</sup> day of January, 2026, to certify which, witness my hand and seal of office.

Kelsey Hansen Kelsey Hansen Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer 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****Kerri Sawyer Laffoon****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,821.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2,416.55
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,721.53
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

**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.		<b>1</b> Total pages Schedule A1: <b>3</b>
<b>2</b> FILER NAME <b>Kerri Sawyer Laffoon</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/20/2025</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>Kerri Laffoon opening acct for JP Campaign</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code <b>Kingsland, TX 78639</b>	<b>7</b> Amount of contribution (\$)  <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>09/04/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Vicky S. Mumau</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>Kingsland, TX 78639</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>09/07/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Rebecca D. Lange</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>Horseshoe Bay, TX 78657</b>	<b>Amount of contribution (\$)</b>  <b>300.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>09/18/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>Dan Sawyer</b> <hr/> <b>Contributor address;</b> City; State; Zip Code <b>Waco, TX 76712</b>	<b>Amount of contribution (\$)</b>  <b>200.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>
<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.		

**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: **3****2 FILER NAME****Kerri Sawyer Laffoon**

3 Filer ID (Ethics Commission Filers)

**4 Date**

09/29/2025

**5 Full name of contributor****Sherry Simpson**

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

7 Amount of contribution (\$)

**1.00**

Contributor address;

City;

State;

Zip Code

**Llano, TX 78643**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

**Date**

10/01/2025

**Full name of contributor****Sherry Simpson**

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

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**Llano, TX 78643**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Date**

10/19/2025

**Full name of contributor****Grace Amici**

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

Amount of contribution (\$)

**20.00**

Contributor address;

City;

State;

Zip Code

**Kingsland, TX 78639**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**Date**

10/20/2025

**Full name of contributor****James Brian Gatliff**

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

Amount of contribution (\$)

**200.00**

Contributor address;

City;

State;

Zip Code

**San Saba, TX 76877**

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.



**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: **3****2 FILER NAME****Kerri Sawyer Laffoon****3** Filer ID (Ethics Commission Filers)**4 Date**

10/22/2025

**5 Full name of contributor**

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

Linebarger Goggan Blair &amp; Sampson LLP Attorney At Law

**7 Amount of contribution (\$)****200.00****6 Contributor address;**

City;

State;

Zip Code

Austin, TX 78746

**8 Principal occupation / Job title (See Instructions)****9 Employer (See Instructions)****Date**

12/16/2025

**Full name of contributor**

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

John Sawyer

**Amount of contribution (\$)****600.00****Contributor address;**

City;

State;

Zip Code

Llano, TX 78643

**Principal occupation / Job title (See Instructions)****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)****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**

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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  
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: <b>4</b>		<b>2</b> FILER NAME <b>Kerri Sawyer Laffoon</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>09/11/2025</b>		<b>5</b> Payee name <b>Llano News</b>			
<b>6</b> Amount (\$) <b>189.00</b>		<b>7</b> Payee address; <b>Llano</b>		<b>City;</b> <b>TX</b>	<b>State;</b> <b>78643</b>
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		<b>(b)</b> Description <b>Newspaper ad</b>		
	<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>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name <b>Office sought</b> <b>Office held</b>					
<b>Date</b> <b>09/29/2025</b>		<b>Payee name</b> <b>Venmo</b>			
<b>Amount (\$)</b> <b>0.11</b>		<b>Payee address;</b> <b>San Jose</b>		<b>City;</b> <b>CA</b>	<b>State;</b> <b>95131</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Fees</b>		<b>Description</b> <b>Transaction fee</b>		
	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 <b>Office sought</b> <b>Office held</b>					
<b>Date</b> <b>10/01/2025</b>		<b>Payee name</b> <b>Venmo</b>			
<b>Amount (\$)</b> <b>2.00</b>		<b>Payee address;</b> <b>San Jose</b>		<b>City;</b> <b>CA</b>	<b>State;</b> <b>95131</b>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <b>Fees</b>		<b>Description</b> <b>Transaction fee</b>		
	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 <b>Office sought</b> <b>Office held</b>					

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	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>4</b>	<b>2</b> FILER NAME <b>Kerri Sawyer Laffoon</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>10/19/2025</b>	<b>5</b> Payee name <b>Venmo</b>	
<b>6</b> Amount (\$) <b>0.48</b>	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: right;"><b>San Jose CA 95131</b></div>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Transaction fee</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date <b>10/20/2025</b>	Payee name <b>Venmo</b>	
Amount (\$) <b>3.90</b>	Payee address; City; State; Zip Code <div style="text-align: right;"><b>San Jose CA 95131</b></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Transaction fee</b>
	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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date <b>10/22/2025</b>	Payee name <b>Vistaprint</b>	
Amount (\$) <b>73.82</b>	Payee address; City; State; Zip Code <div style="text-align: right;"><b>Waltham MA 02451</b></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Campaign business cards</b>
	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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		

**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	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>4</b>	<b>2</b> FILER NAME <b>Kerri Sawyer Laffoon</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/24/2025</b>	<b>5</b> Payee name <b>Vistaprint</b>	
<b>6</b> Amount (\$) <b>205.03</b>	<b>7</b> Payee address; City; State; Zip Code <div style="text-align: right;"><b>Waltham MA 02451</b></div>	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>Large banners</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date <b>12/15/2025</b>	Payee name <b>Agency Sign &amp; Lighting, Inc.</b>	
Amount (\$) <b>408.65</b>	Payee address; City; State; Zip Code <div style="text-align: right;"><b>Marble Falls TX 78654</b></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>partial payment on large &amp; small signs</b>
	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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
Date <b>12/18/2025</b>	Payee name <b>Agency Sign &amp; Lighting, Inc.</b>	
Amount (\$) <b>538.54</b>	Payee address; City; State; Zip Code <div style="text-align: right;"><b>Marble Falls TX 78654</b></div>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>balance due at pick up on large &amp; small signs</b>
	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 <div style="display: flex; justify-content: space-between;"> <span>Candidate / Officeholder name</span> <span>Office sought</span> <span>Office held</span> </div>		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# 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.

1 Total pages Schedule F1: <b>4</b>	2 FILER NAME <b>Kerri Sawyer Laffoon</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/23/2025</b>	5 Payee name <b>Helen Clary through Hill Country Scanner</b>
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6 Amount (\$) <b>300.00</b>	7 Payee address; <b>Kingsland TX 78639</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Campaign ad through Facebook</b>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	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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