

# 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:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MRS</b>	FIRST <b>MEREDITH</b>	MI <b>M</b>
	NICKNAME	LAST <b>CHACON</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>PO BOX 12721, SAN ANTONIO, TX 78212</b>		
<input type="checkbox"/> Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>( 210 )</b>	PHONE NUMBER <b>393-9902</b>	EXTENSION
	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR</b>	FIRST <b>ROBERT</b>	MI <b>DOUGLAS</b>
	NICKNAME	LAST <b>CAMPBELL</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS		Date Received	
(Residence or Business)		Date Hand-delivered or Date Postmarked	
214 Dwyer Ave, Suite 300 SAN ANTONIO, TX 78204		Receipt #      Amount \$	
8 CAMPAIGN TREASURER PHONE		Date Processed	
AREA CODE      PHONE NUMBER      EXTENSION		Date Imaged	
( 210 )      560-2260			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>02 / 02 / 2026</b> THROUGH <b>02 / 23 / 2026</b>		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month      Day      Year <b>03 / 03 / 2026</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		<b>BEXAR COUNTY DISTRICT ATTORNEY</b>	
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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

RECEIVED  
 FEB 23 PM 2:26  
 BEXAR COUNTY  
 ELECTIONS ADMINISTRATION  
 MICHELLE CAREW  
 COUNTY CLERK

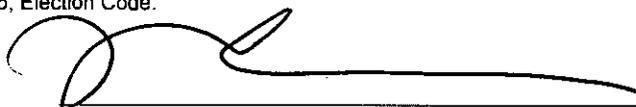
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

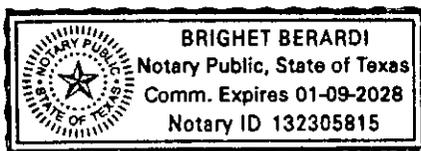
15 C/OH NAME MEREDITH M. CHACON		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 26120.62
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12520.04
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 6953.31
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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Meredith Chacon this the 23 day of February, 2026, to certify which, witness my hand and seal of office.

Brighet Berardi  
Signature of officer administering oath

Brighet Berardi  
Printed name of officer administering oath

Notary  
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

<b>19 FILER NAME</b> MEREDITH M. CHACON		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 12875.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 13245.62
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	\$ 12520.04
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4750.00
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

# 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: 7
2 FILER NAME MEREDITH M. CHACON		3 Filer ID (Ethics Commission Filers)
4 Date 02/03/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ELIZABETH SAHIN	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 143 PARK DR SAN ANTONIO, TX 78213		
8 Principal occupation / Job title (See Instructions) NOT EMPLOYED		9 Employer (See Instructions)
Date 02/05/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VICTORIA YACKEVICZ	Amount of contribution (\$) 20.00
Contributor address; City; State; Zip Code 8003 SILVER GROVE SAN ANTONIO, TX 78254		
Principal occupation / Job title (See Instructions) COUNSELOR		Employer (See Instructions) SELF-EMPLOYED
Date 02/06/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALCIDE LONGORIA	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 130 E TRAVIS, SUITE 350 SAN ANTONIO, TX 78205		
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) LAW OFFICES OF AFL 3 PC
Date 02/10/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AUDREY LEE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 161 LOVERA BLVD SAN ANTONIO, TX 78212		
Principal occupation / Job title (See Instructions) NOT EMPLOYED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME <b>MEREDITH M. CHACON</b>		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARY GREEN</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>116 BRYN MAWR, SAN ANTONIO, TX 78209</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>VALERIE RABAGO</b>	Amount of contribution (\$) <b>25.00</b>
Contributor address; City; State; Zip Code <b>205 VANCE SAN ANTONIO, TX 78210</b>		
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SUMMER GARCIA</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>7668 CASCADE OAK DR, SAN ANTONIO, TX 78249</b>		
Principal occupation / Job title (See Instructions) <b>RECRUITER</b>		Employer (See Instructions) <b>WINGSTOP</b>
Date 02/11/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>GLORIA CHACON</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>6711 AMBUSH DR, SAN ANTONIO, TX 78240</b>		
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>7</b>
2 FILER NAME <b>MEREDITH M. CHACON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/11/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JORGE SANCHEZ</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>434 NORTH DR SAN ANTONIO, TX 78202</b>		
8 Principal occupation / Job title (See Instructions) <b>AGENT</b>		9 Employer (See Instructions) <b>FARMER'S INSURANCE</b>
Date <b>02/11/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LEANN DINSDALE</b>	Amount of contribution (\$) <b>20.00</b>
Contributor address; City; State; Zip Code <b>400 MENLO BLVD SAN ANTONIO, TX 78223</b>		
Principal occupation / Job title (See Instructions) <b>EDUCATION</b>		Employer (See Instructions) <b>ALAMO COLLEGES</b>
Date <b>02/12/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ELIZABETH SAHIN</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>143 PARK DR SAN ANTONIO, TX 78213</b>		
Principal occupation / Job title (See Instructions) <b>NOT EMPLOYED</b>		Employer (See Instructions)
Date <b>02/12/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JOSEPH HOELSCHER</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>909 NORTHEAST I-410, SUITE 500 SAN ANTONIO, TX 78209</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>HGC LAW FIRM, PLLC</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>MEREDITH M. CHACON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/12/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BETSY SIMMANG</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>8731 JACK BEAN, SAN ANTONIO, TX 78240</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>02/13/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>HOLLY WILLSON</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>4518 WRANGLER VW, SAN ANTONIO, TX 78223</b>		
Principal occupation / Job title (See Instructions) <b>SOCIAL WORKER</b>		Employer (See Instructions) <b>TORTICITY</b>
Date <b>02/13/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JASON OLIVO</b>	Amount of contribution (\$) <b>10.00</b>
Contributor address; City; State; Zip Code <b>9738 LOGANS RIDGE DR, CONVERSE, TX 78109</b>		
Principal occupation / Job title (See Instructions) <b>IT MANAGER</b>		Employer (See Instructions) <b>BRIDGEHEAD IT</b>
Date <b>02/13/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DEBORAH SANHEINRICH</b>	Amount of contribution (\$) <b>3000.00</b>
Contributor address; City; State; Zip Code <b>214 E TRAVIS, #304, SAN ANTONIO, TX 78205</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>DUNHAM &amp; JONES, ATTORNEYS AT LAW PC</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>MEREDITH M .CHACON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/16/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>SAM MCCALL</b>	7 Amount of contribution (\$) <b>100.00</b>
6 Contributor address; City; State; Zip Code <b>8307 PRICKLY OAK, SAN ANTONIO, TX 78223</b>		
8 Principal occupation / Job title (See Instructions) <b>PROFESSOR</b>		9 Employer (See Instructions) <b>ALAMO COLLEGES</b>
Date <b>02/11/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>WILLIAM H. HUNTER, JR</b>	Amount of contribution (\$) <b>2500.00</b>
Contributor address; City; State; Zip Code <b>4848 SINCLAIR RD, SAN ANTONIO, TX 78222</b>		
Principal occupation / Job title (See Instructions) <b>PRESIDENT/ CHIEF ESTIMATOR</b>		Employer (See Instructions) <b>PESADO CONSTRUCTION COMPANY INC.</b>
Date <b>02/08/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CARLOS J. ORTIZ</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>8602 TIMBER BUSH, SAN ANTONIO, TX 78250</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>02/10/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RAMOS &amp; DELCUETO, PLLC</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>823 HOEFGEN AVE, SAN ANTONIO, TX 78210</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEYS</b>		Employer (See Instructions) <b>SELF- EMPLOYED</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>MEREDITH M. CHACON</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>02/10/2026</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MINERVA A. SANCHEZ</b>	7 Amount of contribution (\$) <b>200.00</b>
6 Contributor address; City; State; Zip Code <b>3711 RIVER FALLS, SAN ANTONIO, TX 78259</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>02/21/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DANTE DOMINGUEZ</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>125 LILY CREEK, BOERNE, TX 78006</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>DED LAW, PLLC</b>
Date <b>02/21/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT BIRDWELL</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>3952 FOSSIL ROCK, SAN ANTONIO, TX 78261</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>02/22/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JACLYN COLLINS</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>8818 QUEEN HEIGHTS, SAN ANTONIO TX 78254</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME MEREDITH M. CHACON		3 Filer ID (Ethics Commission Filers)
4 Date 02/20/2026	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEREDITH CHACON	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 214 Dwyer Ave, Suite 300, SAN ANTONIO, TX 78204		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chacon, Campbell & Alexander, PLLC	Amount of contribution (\$) 2200.00
Contributor address; City; State; Zip Code 214 Dwyer Ave, Suite 300, SAN ANTONIO, TX 78204		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/23/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MEREDITH CHACON	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 214 Dwyer Ave, Suite 300, SAN ANTONIO, TX 78204		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>2</b>	
2 FILER NAME <b>MEREDITH M. CHACON</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>02/12/2026</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>RICK VIELMANN</b>	8 Amount of Contribution \$ <b>983.12</b>	9 In-kind contribution description <b>FOOD/ BEV</b>
7 Contributor address; City; State; Zip Code <b>3701 MENGER, SAN ANTONIO, TX 78259</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>CONTRACTOR</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>SELF- EMPLOYED</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>02/19/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JESSE CASTARENO</b>	Amount of Contribution \$ <b>262.50</b>	In-kind contribution description <b>SIGNS</b>
Contributor address; City; State; Zip Code <b>6856 ALAMO DOWNS PARKWAY, SAN ANTONIO TX 78247</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>PRINTER</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>SELF- EMPLOYED</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>2</b>	
2 FILER NAME <b>MEREDITH M. CHACON</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <b>02/19/2026</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>CHRISTOPHER FORBRICH</b>	8 Amount of Contribution \$ <b>8000.00</b>	9 In-kind contribution description <b>CONSULTING</b>
7 Contributor address; City; State; Zip Code <b>259 REMOUNT, SAN ANTONIO TX 78218</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>POLITICAL CONSULTANT</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>KISTELER &amp; WOODY</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <b>02/19/2026</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LAHOOD, NORTON, GOSS LAW GROUP</b>	Amount of Contribution \$ <b>4000.00</b>	In-kind contribution description <b>DIGITAL BILLBOARDS</b>
Contributor address; City; State; Zip Code <b>16500 US 281 ACCESS RD, STE 300, SAN ANTONIO , TX 78232</b>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Attorneys</b>		Employer (FOR NON-JUDICIAL)(See Instructions) <b>SELF-EMPLOYED</b>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**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                        | 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>6</b>	<b>2</b> FILER NAME <b>MEREDITH M. CHACON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>02/03/2026</b>	<b>5</b> Payee name <b>MICHAEL SANCHEZ</b>
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<b>6</b> Amount (\$) <b>80.00</b>	<b>7</b> Payee address;  <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>CONTRACT LABOR</b>	<b>(b)</b> Description
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/09/2026</b>	Payee name <b>WAVE PRO</b>
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Amount (\$) <b>19.00</b>	Payee address;  <input type="checkbox"/> Check if individual's residence address.	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	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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Date <b>02/11/2026</b>	Payee name <b>PRINTING AND DESIGNING</b>
---------------------------	---

Amount (\$) <b>672.23</b>	Payee address; <b>4536 W COMMERCE SAN ANTONIO, TX 78237</b>	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>DOORHANGERS</b>
	<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**

# 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: 6	<b>2</b> FILER NAME MEREDITH M. CHACON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/11/2026	<b>5</b> Payee name CHRISTOPHER FORBRICH - KISTELER & WOODY	
<b>6</b> Amount (\$) 220.00	<b>7</b> Payee address; City; State; Zip Code 127 REMOUNT, SAN ANTONIO, TX 78218	
<input type="checkbox"/> Check if individual's residence address.		
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	<b>(b)</b> Description LIT DROP
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

Date 02/11/2026	Payee name JVC MEDIA		
Amount (\$) 3537.07	Payee address; City; State; Zip Code 6856 ALAMO DOWNS PARKWAY, SAN ANTONIO TX 78247		
<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGNS	
	<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 02/12/2026	Payee name MAILCHIMP		
Amount (\$) 21.32	Payee address; City; State; Zip Code		
<input type="checkbox"/> Check if individual's residence address.			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description EMAILS	
	<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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# 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: 6	<b>2</b> FILER NAME MEREDITH M. CHACON	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/17/2026	<b>5</b> Payee name OFFICE DEPOT
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<b>6</b> Amount (\$) 87.76	<b>7</b> Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>OFFICE/ OVERHEAD</b>	<b>(b)</b> Description <b>OFFICE SUPPLIES</b>
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/17/2026	Payee name USPS
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Amount (\$) 57.00	Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>OFFICE/ OVERHEAD</b>	Description <b>MAIL BOX</b>
	<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 02/17/2026	Payee name CHRISTOPHER FORBRICH- KISTLELER & WOODY
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Amount (\$) 320.00	Payee address; City; State; Zip Code 127 REMOUNT, SAN ANTONIO, TX 78218 <input type="checkbox"/> Check if individual's residence address.
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	Description <b>LIT DROP</b>
	<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**

# 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>6</b>	<b>2</b> FILER NAME <b>MEREDITH M. CHACON</b>	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date <b>02/17/2026</b>	<b>5</b> Payee name <b>CHRISTOPHER FORBRICH- KISTELER &amp; WOODY</b>
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<b>6</b> Amount (\$) <b>500.00</b>	<b>7</b> Payee address; <b>127 REMOUNT, SAN ANTONIO, TX 78218</b>	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	<b>(b) Description</b> <b>BLOCK WALKING</b>
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>02/19/2026</b>	Payee name <b>JVC MEDIA</b>
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Amount (\$) <b>1336.63</b>	Payee address; <b>6856 ALAMO DOWNS PARKWAY, SAN ANTONIO TX 78247</b>	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>PRINTING EXPENSE</b>	Description <b>SIGNS</b>
	<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 <b>02/19/2026</b>	Payee name <b>PAPA JOHN'S</b>
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Amount (\$) <b>152.39</b>	Payee address; <b>8455 CRESTWAY #111</b>	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FOOD/ BEV</b>	Description <b>LUNCH FOR VOLUNTEERS</b>
	<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**

# 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: 6	<b>2</b> FILER NAME MEREDITH M. CHACON	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/20/2026	<b>5</b> Payee name CHRISTOPHER FORBRICH- KISTLELER & WOODY	
<b>6</b> Amount (\$) 160.00	<b>7</b> Payee address; City; State; Zip Code 127 REMOUNT, SAN ANTONIO, TX 78218 <input type="checkbox"/> Check if individual's residence address.	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	<b>(b)</b> Description BLOCK WALKING
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name	Office sought	Office held

Date 02/20/2026	Payee name CHRISTOPHER FORBRICH- KISTLELER & WOODY	
Amount (\$) 450.00	Payee address; City; State; Zip Code 127 REMOUNT, SAN ANTONIO, TX 78218 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	Description LIT DROP
	<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 02/20/2026	Payee name CHRISTOPHER FORBRICH- KISTLELER & WOODY	
Amount (\$) 480.00	Payee address; City; State; Zip Code 127 REMOUNT, SAN ANTONIO, TX 78218 <input type="checkbox"/> Check if individual's residence address.	
<b>PURPOSE OF EXPENDITURE</b>	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

**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: 6	<b>2</b> FILER NAME MEREDITH M. CHACON	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 02/23/2026	<b>5</b> Payee name EARL FORBIRCH
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<b>6</b> Amount (\$) 370.00	<b>7</b> Payee address; City; State; Zip Code  <input type="checkbox"/> Check if individual's residence address.
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) AD EXPENSE	<b>(b)</b> Description SIGN DISTRIBUTION
	<b>(c)</b> <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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/20/2026	Payee name CLEAR CHANNEL OUTDOOR
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Amount (\$) 1911.25	Payee address; City; State; Zip Code 3714 N PAN AM EXPRESSWAY, SAN ANTONIO, TX 78219 <input type="checkbox"/> Check if individual's residence address.
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AD EXPENSE	Description DIGITAL BILLBOARD
	<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 02/20/2026	Payee name CLEAR CHANNEL OUTDOOR
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Amount (\$) 2145.39	Payee address; City; State; Zip Code 3714 N PAN AM EXPRESSWAY, SAN ANTONIO, TX 78219 <input type="checkbox"/> Check if individual's residence address.
------------------------	--

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) AD EXPENSE	Description DIGITAL BILLBOARD
	<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**

# 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: 1	<b>2</b> FILER NAME MEREDITH M. CHACON	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 4750.00
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<b>5</b> Date 02/23/2026	<b>6</b> Payee name CHRISTOPHER FORBRICH- KISTELER & WOODY
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<b>7</b> Amount (\$) 4750.00	<b>8</b> Payee address; City; State; Zip Code 127 REMOUNT, SAN ANTONIO, TX 78218 <input type="checkbox"/> Check if individual's residence address.
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<b>9</b> TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) AD EXPENSE	<b>(b)</b> Description SOCIAL MEDIA/ PRODUCTION
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<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
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Amount (\$)	Payee address; City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political
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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**