

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: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS.	FIRST JHIELA	MI M	OFFICE USE ONLY		
	NICKNAME GIGI	LAST POYNTER	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / P O BOX: PO BOX 1093	APT / SUITE #: 	CITY: REFUGIO	STATE: TX	ZIP CODE 78377	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (361)	PHONE NUMBER 724-0111	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS.	FIRST JHIELA	MI M	RECEIVED Date Received Feb 06 2006 ELECTIONS ADMINISTRATOR REFUGIO COUNTY, TEXAS Date Hand Delivered or Date Postmarked TV Receipt # _____ Amount \$ _____		
	NICKNAME GIGI	LAST POYNTER	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 704 O BRIEN ROAD			CITY: REFUGIO	STATE, ZIP CODE TX 78377	
8 CAMPAIGN TREASURER PHONE	AREA CODE (361)	PHONE NUMBER 724-0111	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 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 1	Day 1	Year 26	Month 1	Day 22	Year 26
11 ELECTION	ELECTION DATE Month 3 / Day 3 / Year 26			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special _____		
12 OFFICE	OFFICE HELD (if any) REFUGIO COUNTY JUDGE			13 OFFICE SOUGHT (if known) REFUGIO COUNTY JUDGE		
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.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

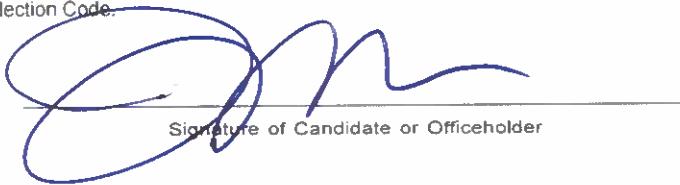
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME JHIELA "GIGI" POYNTER	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
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 0.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 1,006.07
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,450.88
	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 _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

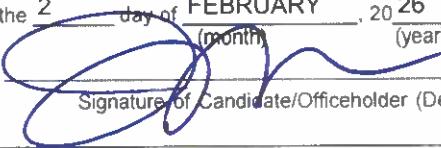
Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is JHIELA "GIGI" POYNTER, and my date of birth is 3/14/1986
 My address is 704 O BRIEN ROAD REFUGIO TX 78377 USA
 (street) (city) (state) (zip code) (country)
 Executed in REFUGIO County, State of TEXAS, on the 2 day of FEBRUARY, 2026
 (month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME JHIELA "GIGI" POYNTER	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 350.00
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 656.07
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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME JHIELA "GIGI" POYNTER	3 Filer ID (Ethics Commission Filers)	
4 Date 01/05/2026	5 Payee name REFUGIO COUNTY		
6 Amount (\$) 150.00	7 Payee address 808 COMMERCE <small>Check if individual's residence address.</small>	City: REFUGIO State: TX Zip Code 78377	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description BONNIE VIEW CC RENTAL	
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 01/07/2026	Payee name TOWN OF REFUGIO		
Amount (\$) 200.00	Payee address 609 COMMERCE <small>Check if individual's residence address.</small>	City: REFUGIO State: TX Zip Code 78377	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description CITY HALL RENTAL	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; <small>Check if individual's residence address.</small>	City,	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX officeholder living expense</small>	
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 PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 2	2 FILER NAME JHIELA "GIGI" POYNTER	3 Filer ID (Ethics Commission Fliers)
4 Date 01/01/2026	5 Payee name META PLATFORMS, INC	
6 Amount (\$) 59.83 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 1 META WAY <small>Check if individual's residence address.</small>	City: MENLO PARK State: CA Zip Code 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description SOCIAL MEDIA AD
	(c) Check if travel outside of Texas. Complete Schedule T. <small>Check if Austin, TX, officeholder living expense</small>	
9 Candidate / Officeholder name <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Office sought	Office held
Date 01/06/2026	Payee name YIWU JIAHAO IMPORT AND EXPORT CO., LTD.	
Amount (\$) 290.44 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: BUILDING 35 FUXING HUTANXI <small>Check if individual's residence address.</small>	City: ZHEJIANG State: CHINA Zip Code 1-111
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description HATS
	Check if travel outside of Texas. Complete Schedule T. <small>Check if Austin, TX, officeholder living expense</small>	
Candidate / Officeholder name <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Office sought	Office held
Date 01/07/2026	Payee name OFFICE DEPOT	
Amount (\$) 164.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 5106 N NAVARRO <small>Check if individual's residence address.</small>	City: VICTORIA State: TX Zip Code 77904
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description POSTERS
	Check if travel outside of Texas. Complete Schedule T. <small>Check if Austin, TX, officeholder living expense</small>	
Candidate / Officeholder name <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME JHIELA "GIGI" POYNTER	3 Filer ID (Ethics Commission Filers)
4 Date 01/14/2026	5 Payee name OFFICE DEPOT	
6 Amount (\$) 123.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 5106 N NAVARRO <small>Check if individual's residence address.</small>	City: VICTORIA State: TX Zip Code 77904
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description POSTER MATERIALS FOR EVENT
	(c) Check if travel outside of Texas. Complete Schedule T. <small>Check if Austin, TX, officeholder living expense</small>	
9 Candidate / Officeholder name <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Office sought	Office held
Date 01/15/2026	Payee name AMAZON.COM	
Amount (\$) 18.05 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 410 TERRY AVE. N. <small>Check if individual's residence address.</small>	City: SEATTLE State: WA Zip Code 98109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description BROCHURE HOLDERS
	<small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	
Candidate / Officeholder name <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Office sought	Office held
Date	Payee name	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address <small>Check if individual's residence address.</small>	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense</small>	
Candidate / Officeholder name <small>Complete ONLY if direct expenditure to benefit C/OH</small>	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		