

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: <i>6</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>Gerald</i>	MI <i>—</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>Kolarik</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>[REDACTED]</i>				Date Received at <i>1:30</i> FILED <i>P</i> M at <i>1:30</i> o'clock <i>P</i> M JAN 14 2026 LEE H. CHAMBERS COUNTY CLERK, LIBERTY COUNTY, TEXAS <i>Hope Cm</i> DEPUTY	
5 CANDIDATE/ OFFICEHOLDER PHONE						Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs</i>	FIRST <i>Carol</i>	MI <i>L</i>	Receipt # <input type="text"/> Amount \$ <input type="text"/>		
	NICKNAME	LAST <i>Kolarik</i>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>[REDACTED]</i>					
8 CAMPAIGN TREASURER PHONE						
9 REPORT TYPE	<input checked="" 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 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 <i>12 / 04 / 25</i>			Month Day Year THROUGH <i>12 / 31 / 25</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 3 / 25</i>	ELECTION TYPE <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) <i>Pct 4 County Commissioner</i>	13 OFFICE SOUGHT (if known) <i>Pct 4 County Commissioner</i>				
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				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
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15 C/OH NAME <i>Gerald Rolarik</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>318.50</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>4,858.14</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Gerald Kolarik this the 14th day of January.

20 Sept, 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 _____, 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	20 Filer ID (Ethics Commission Filers)
Gerald Kolarik	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <input type="text" value="0"/>
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <input type="text" value="0"/>
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <input type="text" value="0"/>
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ <input type="text" value="0"/>
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <input type="text" value="0"/>
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <input type="text" value="0"/>
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <input type="text" value="0"/>
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <input type="text" value="318.50"/>
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <input type="text" value="4,858.14"/>
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <input type="text" value="0"/>
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <input type="text" value="0"/>
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <input type="text" value="0"/>

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME <i>Gerald Kolarik</i>			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$ <i>318.50</i>	
5 CREDIT CARD ISSUER	Name of financial institution <i>Citi Mastercard</i>			
6 PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name <i>Amazon</i>	(b) Payee address; <i>410 Terry Ave N Seattle WA 98109</i>	City, State, Zip Code	Check if individual's residence address.
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Meet & Greet giveaway</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code	Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address;	City, State, Zip Code	Check if individual's residence address.
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) <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 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 Gerald Kolarik	3 Filer ID (Ethics Commission Filers)				
4 Date 12/4/25	5 Payee name Liberty County Republican Party	6 Amount (\$) \$ 750.00	7 Payee address: Liberty	City: Liberty	State: TX	Zip Code 77575
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Filing Fee			
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought		Office held	
Date 12/18/25	Payee name Liberty County Republican Party		Payee address:	City: Liberty	State: TX	Zip Code 77575
Amount (\$) \$ 150.00			<input type="checkbox"/> Check if individual's residence address.			
<input type="checkbox"/> Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Table for Community meeting			
	<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 12/29/25	Payee name City of Kenefick		Payee address: 3564 FM 1008	City: Dayton	State: TX	Zip Code 77525
Amount (\$) \$ 200.00			<input type="checkbox"/> Check if individual's residence address.			
<input type="checkbox"/> Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Rental for Meet & Greet			
	<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 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)

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1 Total pages Schedule G: 2	2 FILER NAME Gerald Kolarik	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/25	5 Payee name Sprint 2 Print	
6 Amount (\$) 3439.64 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 8748 Clay Rd. <input type="checkbox"/> Check if individual's residence address.	City; Houston State; TX Zip Code 77080
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs for Campaign
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
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
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended	<input type="checkbox"/> Check if individual's residence address.	
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
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		