

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC  
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  <div style="text-align: center; font-size: 24px;">2</div>
<b>3</b> COMMITTEE NAME  <div style="font-size: 24px;">Clean Water Fred</div>		<b>OFFICE USE ONLY</b>	
<b>4</b> COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <div style="font-size: 24px; text-align: center;">Fredericksburg, Tx 78624</div>		Date Received  <div style="font-size: 24px; text-align: center;">Rec'd Jan. 7, 2026 GVAUT</div>
<b>5</b> CAMPAIGN TREASURER NAME  <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI  <div style="font-size: 24px; text-align: center;">Ms Jeannette</div>	Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged	
<b>6</b> CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
<b>7</b> CAMPAIGN TREASURER MAILING ADDRESS  <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
<b>9</b> REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
<b>10</b> PERIOD COVERED	Month Day Year      THROUGH      Month Day Year  <div style="font-size: 24px; text-align: center;">07 / 01 / 2025      THROUGH      12 / 31 / 2025</div>		
<b>11</b> ELECTION	ELECTION DATE Month Day Year  <div style="font-size: 24px; text-align: center;">11 / 05 / 2019</div>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special      Description _____	

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

**FORM SPAC  
COVER SHEET PG 2**

**12 COMMITTEE NAME** Clean Water Fred **13 Filer ID (Ethics Commission Filers)**

**14 COMMITTEE PURPOSE**  
(Attach lists on plain paper to complete this report if necessary.)

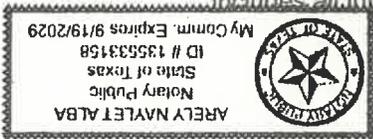
CANDIDATE  
 OFFICEHOLDER  
 MEASURE

SUPPORT (Candidate or Measure)  
 OPPOSE (Candidate or Measure)  
 ASSIST (Officeholder)

CANDIDATE / OFFICEHOLDER NAME  
OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)  
BALLOT IDENTIFICATION / #  
ELECTION DATE  
Month / Day / Year  
DESCRIPTION  
BAN WATER FLUORIDATION

<b>15 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ - 0 -
	4. TOTAL POLITICAL EXPENDITURES	\$ - 0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 71.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

**16 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.



Jeannette Hormuth  
Signature of Campaign Treasurer (Declarant)

Please complete either option below:

**(1) Affidavit**

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeannette Hormuth, this the 7<sup>th</sup> day of Jan, 2026, to certify which, witness my hand and seal of office.

Arely Alba Signature of officer administering oath  
Arely Alba Printed name of officer administering oath  
UB Title of officer administering oath

**(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 Campaign Treasurer (Declarant)