

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | |
|-------------------------|---|--|
| 15 C/OH NAME | | 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) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 4,088.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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 Cody Mikulencak this the 15 day of January 2020, to certify which, witness my hand and seal of office.

Carly Russell Signature of officer administering oath
Carly Russell 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

| | | |
|---|---|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ ∅ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ ∅ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ ∅ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ ∅ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ ∅ |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ ∅ |
| 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 | \$ 4,088. ¹⁰ / ₁₀₀ |
| 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 | \$ ∅ |

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 | 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 G: | 2 FILER NAME Cody L Mikulencak | 3 Filer ID (Ethics Commission Filers) |
|---------------------------|--|---------------------------------------|

| | |
|-----------------------------|-----------------------------------|
| 4 Date 11/27/2025 | 5 Payee name Vistaprint |
|-----------------------------|-----------------------------------|

| | | | | |
|--|---|-------------------------|---------------------|--------------------------|
| 6 Amount (\$) 2,338.06 | 7 Payee address: [REDACTED] | City: waltham | State: MA | Zip Code 02451 |
| <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) Advertising Expense | (b) Description 4x4 Campaign Signs Car magnets |
| | (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 ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|---------------------------|---|
| Date 12/22/2025 | Payee name Personal Impressions |
|---------------------------|---|

| | | | | |
|--|---|--------------------------|---------------------|--------------------------|
| Amount (\$) 1,365.10 | Payee address: [REDACTED] | City: Gonzales | State: TX | Zip Code 78629 |
| <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) Advertising Expense | Description 4x8 Campaign Signs Door Hangers Business Cards |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

| | |
|------|--|
| Date | Payee name Sage Capital Bank |
|------|--|

| | | | | |
|--|---|--------------------------|---------------------|--------------------------|
| Amount (\$) | Payee address: [REDACTED] | City: Gonzales | State: TX | Zip Code 78629 |
| <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) Accounting / Banking | Description Service Charge |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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
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.

| | | |
|--|--|---|
| 1 Total pages Schedule G: | 2 FILER NAME <i>Cody L. Mikulencak</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>11/18/2025</i> | 5 Payee name <i>Gonzales County Republican Party</i> | |
| 6 Amount (\$) <i>375.00</i> | 7 Payee address: <div style="background-color: black; width: 150px; height: 20px; margin: 5px 0;"></div> | City: <i>Gonzales</i> State: <i>TX</i> Zip Code: <i>78629</i> |
| <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) <i>Fees</i> | (b) Description <i>Filing Fee</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 |
| 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 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | 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 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |

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