

**APPOINTMENT OF A CAMPAIGN  
TREASURER BY A JUDICIAL CANDIDATE**

**FORM JCTA**

**PG 1**

See JCTA Instruction Guide for detailed instructions.

1 Total pages filed:

<b>2 JUDICIAL CANDIDATE NAME</b>		MS/MRS/MR <input checked="" type="radio"/>	FIRST <i>Michael</i>	MI <i>H</i>	<b>OFFICE USE ONLY</b>	
		NICKNAME	LAST <i>Biehle</i>	SUFFIX	Filer ID #	
<b>3 JUDICIAL CANDIDATE MAILING ADDRESS</b>		ADDRESS / PO BOX: <i>308</i>	APT / SUITE #: <i>Holcombe</i>	CITY: <i>Tex</i>	STATE: <i>Tex</i>	ZIP CODE <i>78944</i>
<b>4 JUDICIAL CANDIDATE PHONE</b>		AREA CODE <i>(979)</i>	PHONE NUMBER <i>255-4138</i>	EXTENSION		
<b>5 OFFICE HELD (if any)</b>		<i>N/A</i>				
<b>6 OFFICE SOUGHT (if known)</b>		<i>Justice of The Peace</i>				
<b>7 CAMPAIGN TREASURER NAME</b>		MS/MRS/MR	FIRST <i>Lola</i>	MI <i>M</i>	NICKNAME	LAST <i>Wiederholt</i>
<b>8 CAMPAIGN TREASURER STREET ADDRESS (Residence or business)</b>		STREET ADDRESS; <i>3260 E. FM. 196</i>	APT / SUITE #: <i></i>	CITY: <i>Lexington, TX</i>	STATE: <i></i>	ZIP CODE <i>78947</i>
<b>9 CAMPAIGN TREASURER PHONE</b>		AREA CODE <i>(979)</i>	PHONE NUMBER <i>220-6435</i>	EXTENSION <i>N/A</i>		
<b>10 CANDIDATE SIGNATURE</b>		<p>I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.</p> <p>I am aware of my responsibility to file timely reports as required by Title 15 of the Election Code.</p> <p>I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p><i>Michael H Biehle</i></p>				
		<p>Signature of Candidate</p> <p><i>2-1-2026</i></p> <p>Date Signed</p>				

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# JUDICIAL CANDIDATE MODIFIED REPORTING DECLARATION

FORM JCTA

PG 2

11 JUDICIAL  
CANDIDATE  
NAME

Michael D Biehle

12 MODIFIED  
REPORTING  
DECLARATION

**COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING. PLEASE READ THE EXPLANATION OF MODIFIED REPORTING IN THE INSTRUCTIONS TO THIS FORM.**

**•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••**

**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

I do not intend to accept more than \$1,110 in political contributions or make more than \$1,110 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

\_\_\_\_\_  
Year of election(s) or election  
cycle to which declaration applies

Michael D Biehle

Signature of Candidate

TEC Filers may send this form to the TEC electronically at [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)  
or mail to  
Texas Ethics Commission  
P.O. Box 12070  
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority  
DO NOT SEND TO TEC

For more information about where to file go to:  
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 1

The JC/QH 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 <u>Michael</u> FIRST NICKNAME <u>Buehler</u> LAST MI <u>B</u> SUFFIX			OFFICE USE ONLY Date Received		
	ADDRESS / PO BOX: <u>308 Holcombe Street</u> APT / SUITE #: <u>Texas 78947</u> CITY: <u>Lexington</u> STATE: ZIP CODE					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
<u>(979) 253-4138</u>				Receipt # <u></u> Amount \$ <u></u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>Lola</u>	FIRST <u>Lola</u>	MI <u>M</u>	Date Processed		
	NICKNAME <u>Wiederhold</u>	LAST	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>3260 E. FM 196</u> CITY: <u>Lexington, TX</u> STATE: ZIP CODE <u>78947</u>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
<u>(979) 220-6435</u>			<u>N/A</u>			
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 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	Month	Day	Year
	<u>/</u>	<u>/</u>		<u>/</u>	<u>/</u>	
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description <u></u>
<u>03/03/2026</u>			<input type="checkbox"/> General	<input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>Justice of Peace Dist 3</u>			13 OFFICE SOUGHT (if known) <u>Justice of Peace Dist 3</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.					
	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 2**

16 JC/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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

**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/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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

(city)

(stat)

.) (zip code)

(country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

**Signature of Candidate/Officeholder (Declarant)**

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

<b>19 FILER NAME</b>	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ <b>Ø</b>	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ <b>Ø</b>	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$ <b>Ø</b>	
4. <input type="checkbox"/> SCHEDULE E: LOANS \$ <b>Ø</b>	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ <b>Ø</b>	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ <b>Ø</b>	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ <b>Ø</b>	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ <b>Ø</b>	
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ <b>29400</b>	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ <b>Ø</b>	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ <b>Ø</b>	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ <b>Ø</b>	

# 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 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City; State; Zip Code
<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)	(b) Description
	Printing Expense	Signs
	<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		Office sought
Complete ONLY if direct expenditure to benefit C/OH		Office held
Date	Payee name	
2/4/26	Lexington Leader - TCOM Enterprises LLC	
Amount (\$)	Payee address;	City; State; Zip Code
<del>207.87</del> <input type="checkbox"/> Reimbursement from political contributions intended	PO Box 547	Lexington TX 78947
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Newspaper Ad
	<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		Office sought
Complete ONLY if direct expenditure to benefit C/OH		Office held
Date	Payee name	
1/23/26	Vista Print	
Amount (\$)	Payee address;	City; State; Zip Code
<del>24.89</del> <input type="checkbox"/> Reimbursement from political contributions intended	275 Wyman St.	Waltham, MA 02451
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Adam's Printing Expense	Business Cards
	<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		Office sought
Complete ONLY if direct expenditure to benefit C/OH		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  
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 F1:	2 FILER NAME <i>Michael J. Biehle</i>	3 Filer ID (Ethics Commission Filers) <i>N/A</i>
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;  <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(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;  <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
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;  <input type="checkbox"/> Check if individual's residence address.	City; State; Zip Code
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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$)
	..... 6 Contributor address; City; State; Zip Code	
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$)
..... Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor <input type="checkbox"/> out-of-state PAC ID#:		Amount of contribution (\$)
..... Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.