

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

| 1 Filer ID (Ethics Comm | nission Filers) | 2 Total pages filed: | OFFICE USE ONLY |
|--|---|---|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | Date Received | | |
| 4 ORIGINAL REPORT TYPE | 30th day before election limit | eeded modified reporting | Receipt # CSO REAMOUNT S APR 16 25 AMS: 13 Date Processed |
| 5 ORIGINAL PERIOD COVERED | Month Day Year 1 / 1 / 2025 TH | Month Day Year 3 / 24 / 2025 | Date Imaged |
| | ubmitted Designation of F | inal Report and put amount on edule F1, changing the total of | |
| Checonomics Checon | ck ONLY if applicable: reports: I swear, or affirm, that is or misrepre-sent the information of the state of | ing this corrected report not later than ad is inaccurate or incomplete. I swear made in good faith. Signature of Candidate omplete either option below: | aith and without an intent to the 14th business day after the r, or affirm, that any error or e/Officeholder |
| Signature of officer administ | ering oath Printed name | e of officer administering oath | Title of officer administering oath |
| | | OR | |
| (2) Unsworn Declarat | | | |
| My name is Charles | s Lauersdorf | , and my date of birth is | |
| My address is | | | |
| Executed in Tarrant | County, State of _TX | (city) (state of the day of April (month) | e) (zip code) (country) , 20 <u>25</u> (year) |
| | | Signature of Candidate | e/Officeholder (Declarant) |
| Remember To Atta | ach Any Part Of The Campaign | Finance Report Form Needed To Re | port And Explain Corrections |

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

All Reports: A filer who files a corrected report must submit a correction affidavit. The affidavit must identify the information that has changed.

Reports filed with Texas Ethics Commission: A corrected report (other than a report due 8 days before an election) filed with the Ethics Commission after its due date is not considered late for purposes of late-filing penalties if: (1) any error or omission in the report as originally filed was made in good faith, and (2) the person filing the report files a corrected report and a good-faith affidavit not later than the 14th business day after the date the person learns that the report as originally filed is inaccurate or incomplete.

Semiannual Reports: A semiannual report (due January 15 or July 15) that is amended/corrected <u>before</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed. A semiannual report that is amended/corrected <u>on or after</u> the eighth day after the original report was filed is considered to have been filed on the date the original report was filed if: (1) the amendment/correction is made before any complaint is filed with regard to the subject of the amendment/correction; and (2) the original report was made in good faith and without intent to mislead or misrepresent the information contained in the report.

Attach additional pages as necessary.

INSTRUCTIONS FOR COMPLETING THIS FORM

The following numbers correspond to the numbered boxes on the other side.

- 1. Filer ID. If you file with the Ethics Commission, you should have received a letter acknowledging receipt of your campaign treasurer appointment and assigning you a Filer ID. Put that number in this box. If you do not file with the Ethics Commission, skip this box.
- 2. Total Pages Filed. After completing this form and any attachments, count the number of pages. Enter that number in this box. Each side of a two-sided form counts as a page. In other words, this form is two pages.
- 3. Candidate/Officeholder Name. Put your full name here. Enter your name in the same way as on the report you are correcting.
- 4. Original Report Type. Mark the type of report you are correcting.
- **5. Original Period Covered.** Enter the period covered by the report you are correcting. The year is important because filers sometimes correct reports years after filing the original.
- **6. Explanation of Correction.** Attach a complete copy of the corrected campaign finance report and explain corrections. Explain why there was an error on the original report. Also explain what information is being corrected and how the new information is different from the information on the original report. (Use additional pages if you need more space.) You may also use this area to request a waiver or reduction of a late-filing penalty and state the basis of your request.
- 7. Signature. If you are using the paper form, fill this section out by hand after you finish the rest of this report. You have the option to either: (1) take the completed form to a notary public where you will sign above the first line that says "Signature of Candidate/Officeholder" (an electronic signature is not acceptable) and your signature will be notarized, or (2) sign above both lines that say "Signature of Candidate/Officeholder (Declarant)" (an electronic signature is not acceptable), and fill out the unsworn declaration section.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how t | o complete this form. | 1 Filer ID (Ethics Commission File | rs) 2 Total pages fil | led: |
|-------------------------|-----------------------|---------------------------------|--|-------------------------|--|
| 3 CANDIDATE/ | MS / MRS / MR | FIRST | мі | OFFICE | USEONLY |
| OFFICEHOLDER | Mr | Charles | V | | |
| NAME | NICKNAME | LAST | SUFFIX | Date Received | |
| | Charlie | Lauersdorf | | | |
| 4 CANDIDATE/ | ADDRESS / PO BOX; | APT / SUITE #; | CITY; STATE; ZIP CODE | 7 | |
| OFFICEHOLDER | | | | | |
| MAILING ADDRESS | | | | | |
| Change of Address | | | | | |
| 5 CANDIDATE/ | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered | d or Date Postmarked |
| OFFICEHOLDER | | | | | |
| PHONE | 1 | | | Receipt # | Amount S |
| 6 CAMPAIGN TREASURER | MS / MRS / MR | FIRST | MI | | |
| NAME | Mrs | Amanda | | Date Processed | |
| 73.470.730.617 | NICKNAME | LAST | SUFFIX | Date Imaged | |
| | | Lauersdorf | | | |
| 7 CAMPAIGN | STREET ADDRESS (F | NO PO BOX PLEASE); APT / | SUITE #; CITY; | STATE; | ZIP CODE |
| TREASURER ADDRESS | | | | | |
| (Residence or Business) | | | | | |
| 8 CAMPAIGN | AREA CODE | PHONE NUMBER | EXTENSION | | |
| TREASURER | | | | | |
| PHONE | (| | | | |
| 9 REPORT TYPE | January 15 | 30th day before | election Runoff | | after campaign appointment ler Only) |
| | July 15 | 8th day before e | Exceeded Modifie Reporting Limit | d Final Repo | ort (Attach C/OH - FR) |
| 10 PERIOD | Month | Day Year | Mor | nth Day Yea | ar |
| COVERED | 1 1 | / 1 / 25 | THROUGH 3 | / 24 / 25 | 5 |
| 11 ELECTION | ELECTION DA | re l | ELECTION T | TYPE | |
| TI ELECTION | 90 00 00 | Priman | Runoff Other | | |
| | Month Day | Year General | Descripti | lon | |
| | 5 / 3 / | 25 Genera | | | |
| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT (if I | known) | |
| 0, , , , , | City Counc | il - D4 | City Council - | - D4 | |
| 14 NOTICE FROM | THE BOY IS EOD NOTICE | E OF POLITICAL CONTRIBUTION | IS ACCEPTED OR POLITICAL EXPENDITUR | ES MADE BY POLITICAL CO | MMITTEES TO SUPPORT |
| POLITICAL | THE CANDIDATE LOFEIC | EUOLDED THESE EVERNDITUR | RES MAY HAVE BEEN MADE WITHOUT THE UIRED TO REPORT THIS INFORMATION ONL | CANDIDATE'S OR OFFICERO | OLDER'S KNOWLEDGE OR |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | No. 1984 | | | | |
| Additional Dage | GENERAL | COMMITTEE ADDRESS | | | |
| Additional Pages | SPECIFIC | COMMITTEE CAMPAIGN TE | REASURER NAME | | |
| | SPECIFIC | www.commence.com conditions.com | | | |
| | ū. | COMMITTEE CAMPAIGN T | REASURER ADDRESS | | |
| | | | | | |
| | | GO TO | PAGE 2 | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| | 50- 91 (ACC-118) (CAMPA) | | | |
|--|--|--------------|-----------------|-----------------------|
| 15 C/OH NAME | | 16 Filer II | D (Ethics Co | ommission Filers) |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | N | \$ | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS |) | \$ 28 | ,880.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | \$ | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 19 | ,008.00 |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD | AST DAY | \$ 24 | ,187.00 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD | OF THE | \$ | |
| | swear, or affirm, under penalty of perjury, that the accompanying report is true | ue and con | rect and inc | ludes all information |
| re | quired to be reported by me under Title 15, Election Code. | | | |
| | Che | 7 | - | |
| | Signature of C | andidate o | or Officehold | der |
| | | | | |
| | | | | 2 |
| | Please complete either option belo | w: | | |
| | | | | |
| | | | | |
| (1) Affidavit | | | | |
| | | | | |
| NOTARY STAMP/SEA | AL. | | | |
| Sworn to and subscribed | thefore me by this the | e | day of | , |
| Observation and Configure Contraction (Con- | y which, witness my hand and seal of office. | | 0 0= | |
| | | | Title of offic | er administering oath |
| Signature of officer administ | | MERCIE | Title of office | er administering dati |
| (2) Unsworn Declarat | OR | W. W. Co. | | |
| The Australian State of Control o | | | | • |
| My name is Charles I | _auersdorf, and my date of birth | | 6127 | US |
| My address is | | , | (zip code) | (country) |
| Executed in Tarrant | (street) (city) County, State of TX , on the 16 day of Apri | l | 20 25 | |
| | (moi | | (year) | |
| | Signature of Can | diday./Offic | eholder (De | eclarant) |

www.ethics.state.tx.us

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 F | ILER N | AME | 20 Filer ID (Ethics Cor | nmissio | n Filers) |
|------|----------------------------|--|-------------------------|----------|--------------------|
| Cha | arles | Lauersdorf | | | |
| | | ILE SUBTOTALS F SCHEDULE | | | SUBTOTAL AMOUNT |
| 1. | | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ 2 | 8,880.00 |
| 2. | н | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 526.00 |
| 3. | | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | | SCHEDULE E: LOANS | | \$ | |
| 5. | 100 | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO | \$ 1 | 9,008.00 | |
| 6. | | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | |
| 7. | | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL | CONTRIBUTIONS | \$ | |
| 8. | | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | |
| 9. | | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FO | JNDS | \$ | |
| 10. | | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO | A BUSINESS OF C/OH | \$ | 3 |
| 11. | | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C | CONTRIBUTIONS | \$ | |
| 12. | AND CONTRIBUTIONS DETURNED | | | | |
| | | | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

| | | n ya kana na | | Medicar constitue |
|----------------------------|--|---|------------------------------|---------------------------------------|
| The | Instruction Guide explains how to | o complete this | form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Charles La | auersdorf | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | SEE ATTACHED | | State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occu | I pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date | Full name of contributor Contributor address; | | C (ID#:) State; Zip Code | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruc | tions) |
| Date | Full name of contributor Contributor address; | | C (ID#:) State; Zip Code | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruc | ctions) |
| Date | | | C (ID#:) State; Zip Code | Amount of contribution (\$) |
| Principal occu | pation / Job title (See Instructions) | | Employer (See Instruc | ections) |
| | | ONAL CODIES | OF THIS SCHEDULE AS I | MEEDED |
| | ATTACH ADDITI | , please see Inst | ruction guide for additional | reporting requirements. |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| 5.5 | 8.3 | | | | |
|-------------------|---|--|--|--|--|
| Th | e Instruction Guide explains how to complete this form | 1 Total pages Schedule A2: | | | |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | | | |
| Charles | Lauersdorf | | | | |
| 4 TOTAL O | F UNITEMIZED IN-KIND POLITICAL CONTRIE | BUTIONS | \$ 526.00 | | |
| 5 Date | 6 Full name of contributor □ out-of-state PAC (ID#: |) | 8 Amount of 9 In-kind contribution Contribution 9 I description | | |
| 01/27/2025 | | Zip Code | 263.00 Food/Beverage | | |
| | 421 W 3rd St, Ft Worth TX 7610 | 2 | Check if travel outside of Texas. Complete Schedule T. | | |
| 10 Principal occ | upation / Job title (FOR NON-JUDICIAL) (See Instructions) | 11 Employe | er (FOR NON-JUDICIAL)(See Instructions) Group | | |
| | principal occupation (FOR JUDICIAL) | | utor's job title (FOR JUDICIAL) (See Instructions) | | |
| 14 Contributor's | employer/law firm (FOR JUDICIAL) | 15 Law firm | n of contributor's spouse (if any) (FOR JUDICIAL) | | |
| 16 If contributor | is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| Date | Full name of contributor ut-of-state PAC (ID#: |) | Amount of In-kind contribution description | | |
| 2 10 10 | Dee Kelly Jr | | Food/Deverons | | |
| 01/27/2025 | Contributor address; City; State; | Zip Code | 263.00 Food/Beverage | | |
| | 201 Main St 2500 Ft Worth TX | 76102 | Check if travel outside of Texas. Complete Schedule T. | | |
| Principal occ | cupation / Job title (FOR NON-JUDICIAL) (See Instructions) | 100 miles 100 miles 100 | er (FOR NON-JUDICIAL)(See Instructions) | | |
| Attorne | | | lly Hart | | |
| Contributor's | s principal occupation (FOR JUDICIAL) | Contrib | Contributor's job title (FOR JUDICIAL) (See Instructions) | | |
| Contributor's | s employer/law firm (FOR JUDICIAL) | Law fire | m of contributor's spouse (if any) (FOR JUDICIAL) | | |
| If contributo | r is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | | |
| | | | | | |
| h . | | | | | |
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| | | | | | |
| | | | | | |
| | | and the second s | TO SAME TO SECULO SECUL | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

| | | EXPENDITURE CATE | GORIES F | OR BOX 8(a) | | |
|--|------------------|---|---------------|---|-----------------------------|--------------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment | / I Committee | | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | |
| Credit Card Payment | | The Instruction Guide explai | ins how to co | omplete this form. | | |
| 1 Total pages Schedule F1: | | IAME Lauersdorf | | | 3 Filer ID (Ethics | Commission Filers) |
| 4 Date | 5 Payeen | ame | | | | |
| | SEE A | TACHED | | | | |
| 6 Amount (\$) | 7 Payee a | ddress; | | City; | State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Catego | ry (See Categories listed at the top of thi | is schedule) | (b) Description | | |
| | (c) | Check if travel outside of Texas, Complete | Schedule T. | Check if Aust | in, TX, officeholder living | j expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | | date / Officeholder name | | Office sought | | Office held |
| Date | Payee n | ame | | | | |
| Amount (\$) | Payee a | address; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Catego | y (See Categories listed at the top of this | s schedule) | Description | | |
| | | Check if travel outside of Texas. Complete | Schedule T. | Check if Aust | tin, TX, officeholder livin | g expense |
| Complete ONLY if direct expenditure to benefit C/OI | | date / Officeholder name | | Office sought | | Office held |
| Date | Payee | name | | | | |
| Amount (\$) | Payee | address; | | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | Catego | ry (See Categories listed at the top of thi | s schedule) | Description | | |
| | | Check if travel outside of Texas. Complete | a Schedule T. | Check if Aus | tin, TX, officeholder livin | g expense |
| Complete ONLY if direct expenditure to benefit C/O | | idate / Officeholder name | | Office sought | | Office held |
| | A | TTACH ADDITIONAL COPIE | S OF THIS | SCHEDULE AS NE | EDED | |

SCHEDULE F1 - POLITICAL EXPENDITURES

| Date +↑ | Expense / Donation | Amount V | Name | ▼ Category ▼ | Address |
|---------|--------------------|-----------|-----------------------------|--------------------|--------------------------------------|
| | Expense | | CubeSmart | | 5637 Basswood Blvd Ft Worth TX 76137 |
| | Expense | (\$500) | Catalyst Advisors Group LLC | Consulting Fees | 1108 Lavaca St Austin TX 78701 |
| | Expense | (\$2,250) | Catalyst Advisors Group LLC | Advertising/Signs | 1108 Lavaca St Austin TX 78701 |
| | Expense | | Catalyst Advisors Group LLC | Consulting Fees | 1108 Lavaca St Austin TX 78701 |
| | Expense | | CubeSmart | | 5637 Basswood Blvd Ft Worth TX 76137 |
| | Expense | | Catalyst Advisors Group LLC | Advertising/Cards | 1108 Lavaca St Austin TX 78701 |
| | Expense | | Catalyst Advisors Group LLC | Consulting Fees | 1108 Lavaca St Austin TX 78701 |
| | Expense | | Catalyst Advisors Group LLC | Advertising/March | 1108 Lavaca St Austin TX 78701 |
| | Expense | | CubeSmart | | 5637 Basswood Blvd Ft Worth TX 76137 |
| | Expense | | Catalyst Advisors Group LLC | Advertising | 1108 Lavaca St Austin TX 78701 |
| | Expense | | Catalyst Advisors Group LLC | Advertising | 1108 Lavaca St Austin TX 78701 |
| | Expense | | Michaels Designs | Advertising/Shirts | |
| | Expense | | Catalyst Advisors Group LLC | Advertising/EVBM | 1108 Lavaca St Austin TX 78701 |

| | | | CCUE | NUE A1 D | OLITICAL CONTRIBUTIONS | | |
|------------------------------------|-------------------|--|---------------------------------------|--|---|----------------------------------|----------------------------------|
| ate -1 | Expense / Donatlo | Amount 7 | | | | Employer = | Occupation |
| | Donation | | Jim Dunaway | Caregor | 500 Alta Dr. Fort Worth, TX 76107 | Retired | Retired |
| | Donation | \$100 | Larry Anfin | | 7020 Castle Creek Court, Fort Worth, TX 76132 | Retired | Retired |
| | Donation | \$100 | Larry Anfin | | 7020 Castle Creek Court Fort Worth TX 76132 | retired | retired |
| | Donation | \$2,500 | Good Government Fund | | | | |
| | Donation | \$100 | Jason Allen | | 4328 Rustic Timbers Dr. Fort Worth TX 76244 | Raba Kistner | Materials Testing Department Man |
| | Donation | \$100 | Curtis Cohen | | 3717 Stone Creek Pkwy Fort Worth TX 76137 | retired | retired |
| THE RESERVE OF THE PERSON NAMED IN | Donation | \$1,000 | Alfred Micallef | A CONTRACTOR OF THE | 1401 N Bowle Drive Weatherford TX 76086 | JMK Holdings Mgmt Co. | Chairman |
| | Donation | \$500 | Monty Pigman | | 200 Texas Way Fort Worth TX 76106 | Texas Jet | Business Owner |
| | Donation | | Arnold Gachman | | 1229 Shady Oaks Ln Fort Worth TX 76107 | Gamtex Industies LP | Chairman |
| | Donation | \$1,000 | Marianne Auld | | 201 Main Street 2500 Fort Worth TX 76102 | Kelly Hart | Managing Partner |
| | Donation | \$100 | Ralph Robb | | 5309 Mount Mckinley Road Fort Worth TX 76137-53. | retired | retired |
| | Donation | \$100 | Tom Galbreath | | 11717 Cambria Ct Aledo TX 76008 | retired | retired |
| | Donation | _ | | V Comment | 2121 Fountain Square Dr Fort Worth TX 76107 | The Rios Group, Inc. | President |
| | Donation | | Mike Moncrief | | 777 Taylor St, Ft Worth TX 76102 | Moncrief Investments | Owner/CEO |
| | Donation | - | Billy Rosenthal | The state of the s | 600 E Exchange Ave Suite 200 Ft Worth TX 76164 | Standard Meat Company | Chairman |
| - Action of the last | Donation | | JR Williams | | 4705 Harley Ave, Ft Wort TX 76107 | Retired | Retired |
| - | Donation | | Cosmo Avato | | 3724 Stone Creek Pkwy Fort Worth TX 76137 | retired | retired |
| | Donation | \$500 | | | 547 Christy Kay Ln Rhome TX 76078 | Self | Realtor |
| | Donation | | Kenneth Barr | | 3101 Avondale Ave Fort Worth TX 76109 | Self Employed | Public Affairs Consultant |
| | Donation | \$1,500 | Mike Berry | | 6217 Genoa Rd, Ft Worth TX 76116 | Hillwood | President |
| - | Donation | | Dee Kelly Jr | | 5756 Merrymount Rd, Ft Worth TX 76107 | Kelly Hart | Managing Partner |
| | Donation | \$500 | Steve Montgomery | | 500 Throckmorton St #1704 Fort Worth TX 76102 | Fort Worth Chamber | President & CEO |
| and the second second | Donation | \$500 | Employees' Political Action Committee | | 2121 Crystal Dr, Arlington VA 22202 | | |
| | Donation | | Wes Turner | | 4919 Westbriar Dr Fort Worth TX 76109 | retired | retired |
| | Donation | and the same of th | Travis Clegg | | 4020 Volk Ct Keller TX 76244 | Westwood Professional Service | s Civil Engi eer |
| - | Donation | \$25 | Kris Kittle | | 4817 Campfire Ct, Ft Worth TX 76244 | DBU | Adjunct Professor |
| | Donation | \$200 | | Witness of Contract | 3705 Dalton St, Fort Worth, TX 76244 | GST Manufacturing | CEO |
| | Donation | | FW Fire Fighters Local 440 | | | | |
| | Donation | \$250 | Mr & Mrs Meadows | | 121 Rivercrest Dr, Ft Worth TX 76107 | Retired | Retired |
| | Donation | | Thao Nguyen | | 2816 Stackhouse St, Ft Worth TX 76244 | NA | Consultant |
| | Donation | \$25 | | a yang a mana | 5508 Thomberry Dr, Fort Worth, TX 76137 | Retired | Retired |
| THE OWNER OF TAXABLE PARTY. | Donation | \$100 | Ronnie Copeland | | 4874 Lodgepole Ln, Fort Worth, TX 76137 | Copeland Floors | Owner/CEO |
| 3/14/2 | Donation | \$1,000 | Edwards Geren | | 4200 S Hulen St, Fort Worth, TX 76109 | NA | NA |
| 3/15/2 | Donation | \$1,000 | Rick Maxey | | 6387 Camp Bowie Blvd, Suite B, Fort Worth, TX 76116 | Retired | Retired |
| | Donation | \$250 | Scott Graham | | 6400 Stone Creek Canyon Ct, Ft Worth TX 76137 | Bus Driver | Texas Central School Bus |
| | Donation | \$100 | Brent Michener | | 4924 Flusche Ct, Ft Worth TX 76244 | Medical Director | Blue Cross Blue Shield |
| | Donation | \$100 | Eli Sanders | AVENUE SENT | 4008 Julian St, Keller TX 76244 | Systems Manager | Waste Connections |
| 3/17/2 | Donation | \$25 | Zhanna Kozar | | 8717 Maple Ridge Trl, Keller Tx 76244 | Homemaker | Homemaker |
| | Donation | \$25 | Gloria Valdivia | A ACCOUNT OF THE PARTY | 9025 McFarland Way, Ft Worth TX 76244 | Homemaker | Homemaker |
| | Donation | \$15 | Jordan Marose | | 3033 Sawtimber Trl, Ft Worth TX 76244 | Analyst | Town of Northlake |
| 3/17/2 | Donation | \$10 | Jennifer Guerrero | | 3938 Stedman Trl, Ft Worth TX 76244 | Self | Business Owner |
| | Donation | \$5 | Allison Allison | | 10421 Aransas Dr, Ft Worth TX 76131 | ESL Tutor | VIPKid |
| 3/18/2 | Donation | \$100 | Jim DeLong | MEMORY SUPPLY | 8704 Granite Court, Fort Worth, TX 76179 | Changing Your City | Founder |
| | Donation | \$25 | Ken Gladeny | | 9701 STRIPLING DR, Fort Worth, TX 76244 | 7-11 Store | Asset Protection |
| | Donation | \$5,000 | Tim Fleet | | 3045 Lackland, Ft Worth TX 76116 | HE MAN TO SHARE VIOLENCE SALENCE | |
| | Donation | \$1,500 | Real Estate Council | | 777 Main St, Ft Worth TX 76102 | | |
| | Donation | \$1,000 | Hammer & Nails PAC | | 100 E 15th St, Ft Worth TX 76102 | | And the second second |
| | Donation | \$250 | Kim and David Berzina | | 6912 Vista Ridge Dr W, Fort Worth, TX 76132 | Insights EDC | Real Estate Developer |