OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIG	I FINANCE REPORT		GOVER GILELI). G .
The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR DUBORA	(M)	OFFICE USE ONLY
NAME	NICKNAME PLOPILS	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #:	CITY; STATE; ZIP CODE	CSO REC'D JUL 15 '25 PM3:3
	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	()		Receipt # Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR PIRST	MI	Date Processed
NAME	NICKNAME LAST	SUFFIX	
	400		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT	/ SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	940 E. ANN	in Lynn	Time
(Residence or Business)	940 E. MAN	1E TIW	TX 76104
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(819) 229-36	621	l l
9 REPORT TYPE	January 15 30th day befor	re election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
The second secon	04/30/25	THROUGH &	30/25
11 ELECTION	ELECTION DATE	ELECTION TYP	E
	Month Day Year Prima	Runoff Other Description	
	05 03 25 R Gene	ral Special	
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If know	wn)
	COUNCIL - District		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUS CONSENT. CANDIDATES AND OFFICEHOLDERS ARE RE		
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
- Additional Lagran	SPECIFIC COMMITTEE CAMPAIGN	TREASURER NAME	
	COMMITTEE CAMPAIGN	TREASURER ADDRESS	
		O DACE 2	
1	GOT	O PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN \$
ï	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$24,160.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and correct and includes all information
	Signature of	Candidate or Officeholder
	Please complete either option belo	ow:
		*
(1) Affidavit		\$
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	the, day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	"公共的政治政治" (1955年)
(2) Unsworn Declarati	on	1
My name is	, and my date of birth	h is
My address is		
Evenuted in	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of	onth) (year)
	Signature of Car	andidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAL CONTRIBUTIONS MADE ELECT	CONTRIBUTIONS (OTHER THA NTEES OF LOANS, OR RONICALLY)	N \$
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN		\$24,160.
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDIT	rures	\$ 14,526.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS (PERIOD	\$ 9,633.5D
Notary My Con	Please comple ETTE GOODALL ID #129046183 nmission Expires uly 2, 2028	ete either option belo	w:
NOTARY STAMP/SEA			
	before me by Deborah Pe	coples this the	5 day of July,
20 <u>25</u> , to certify	which, witness my hand and seal of office.	e Coodace er administering oath	Title of officer administering oath
		OR .	
(2) Unsworn Declarati	on		
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(mon	th) , 20_(year) .
		Signature of Cano	lidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FIRST MS / MRS / MR OFFICE USE ONLY 3 CANDIDATE/ **OFFICEHOLDER** Date Received NAME SUFFIX LAST NICKNAME STATE; ZIP CODE APT / SUITE #; 4 CANDIDATE/ ADDRESS / PO BOX; **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION PHONE NUMBER Date Hand-delivered or Date Postmarked AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** PHONE Amount \$ Receipt # MS / MRS / MR FIRST CAMPAIGN TREASURER **Date Processed** NAME NICKNAME LAST Date Imaged ZIP CODE CITY; STATE: STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN TREASURER ADDRESS (Residence or Business) EXTENSION PHONE NUMBER AREA CODE CAMPAIGN TREASURER PHONE L 1 4 -4 - 1 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) Exceeded Modified 8th day before election July 15 Reporting Limit Month Year 10 PERIOD Day COVERED THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Other Description Runoff Primary Year General Special 13 OFFICE SOUGHT (If known) 12 OFFICE OFFICE HELD (if any) 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. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

SUBTOTALS - C/OH

19 F	FILER NAME 20 Filer ID (Ethics Con			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUT	rions	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO	LITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	FICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO TO FILER	NTRIBUTIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The requested information to the approximation	2000-state-multicality
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	otions)
Date Full name of contributor	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru	ctions)
Date Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instru	actions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	NEEDED al reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

if the requeste	d information is not applicable, bolilor inc	idde tills page ill tile re	port.
The In	struction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	RAH PEOPLES		3 Filer ID (Ethics Commission Filers)
4 Date 5-12-25	Full name of contributor out-of-state PAC (AGF Contributor address; City; 435 DLD Fitzhlash 17 DR	State; Zip Code	7 Amount of contribution (\$)
_ ^	THE TYPE	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC Lyworth Profession First Contributor address; City; 2855 Tuks Way Lyw	2fishters State; Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)
Date ,	Full name of contributor out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	ons)
Date ,	Full name of contributor out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru		

SUBTOTALS - C/OH

		COVERS	SHEET PG 3
19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
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 FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

mount f	Paid At Don	or First Name	Donor Last Name	Donor Address Line 1	Donor City	Donor State			Donor Occupation	Donor Employer
15.00	4/30/25 5:15 Deb	ra	Hicks	2936 Volturno	Grand Prairie	TX		United States	Not Employed	Not Employed
200.00	4/30/25 14:34 The	lla	Bowens	2831 Piantino Circle	San Diego	CA		United States	Airport management	San Diego airport authority
15.00	4/30/25 14:35 RA	nnette	Briggs	1002 Rosewood Ct.	Euless	TX		United States	Not Employed	Not Employed
15.00	4/30/25 14:37 Keo	sha	BAKER	6840 Norma St.	Fort Worth	TX		United States	Mortkian	Historic Baker Funeral Home, Inc.
100.00	4/30/25 14:43 Mai	ry p	Hely	1220 Westwood Dr	Keller	TX		United States	Not Employed	Not Employed
500.00	4/30/25 14:45 Jaso	on	Smith	600 8th Ave	Fort Worth	TX		United States	Attorney	Law Offices of Jason Smith
50.00	4/30/25 14:58 Dar	rick	Eugene	1700 Resaca Blvd	Austin	TX		United States	Attorney	Self
10.00	4/30/25 15:26 Mk	helle	Dooley	1716 Thomas Place	Fort Worth	TX		United States	Not Employed	Not Employed
30.00	4/30/25 15:35 Line	ia .	Archangel	Sorano Way, Act. 412	Fort Worth	TX	76177	United States	Not Employed	Not Employed
25.00	4/30/25 16:59 Rob		Horton	9104 Autumn Falls Drive	Fort Worth	TX	76118	United States	Not Employed	Not Employed
15.00	4/30/25 18:23 Phy		Redmon	7476 Arbor Park Drive	Fort Worth	TX	76120	United States	Not Employed	Not Employed
50.00	4/30/25 21:35 Ann		Bracey	6150 Oakmont Trail #122	Fort Worth	TX	76132	United States	Not Employed	Not Employed
50.00	4/30/25 21:38 Joh		Barnes	Po 8 ox 100836	Fort Worth	TX	76185	United States	Lawyer	Self
100.00	4/30/25 21:50 Bar		Cager	4100 Aragon Drive	Fort Worth	TX	76133	United States	Not Employed	Not Employed
50.00	4/30/25 21:53 Ma		Dumas	708 High Woods Trail	Fort Worth	TX	76112	United States	Not Employed	Not Employed
			Donovan	6509 Makolm Drive	Dallas	TX	75214	United States	Not Employed	Not Employed
1,000.00	5/1/25 9:23 Car	or or Dan		3202 Carisbrooke Court	Colleyville	TX		United States	Not Employed	Not Employed
25.00	5/1/25 20:29 Jim		tvey	1812 Frederick St.	Fort Worth	TX		United States	Not Employed	Not Employed
100.00	5/2/25 0:00 Ma		Franko		Addison	TX		United States	Therapist	McMillan Resources
7.00	5/2/25 4:31 Kat		McMillan	14823 Sopras Circle						Select source intl
15.00	5/8/25 16:54 Her		Stinson	9040 Blue Ridge Trail, Blue Ridge Trl	FORT WORTH	TX		United States	Database developer	
500.00	5/8/25 17:21 JEF	F	DAVIS	2325 Mistletoe Drive	Fort Worth	TX	07.77	United States	Attorney	Republic Title of Texas
50.00	5/9/25 14:20 Edv	ward	Valverde	2600 Trent Trail	Fort Worth	TX		United States	Arbitrator	Self employed
7.00	5/14/25 3:50 Zee		Regis	1503 Dancing Fox Rd, .	Decatur	GA	30032	United States	Chaplain	Harbor Grace Hospice
15.00	5/17/25 3:13 Reg		Lewis	4500 Cinnamon Hill Dr	Fort Worth	TX	76133	United States	Communications	TCU
15.00	5/17/253:23 Jan		Grubbs	2513 Harvest Moon Dr	Fort Worth	TX	76123	United States	Not Employed	Not Employed
			Donahue	1414 Laguna Vista	Grapevine	TX		United States	Not Employed	Not Employed
25.00	5/19/25 3:41 Rol	bert		109 Crossroads Circle	Westworth Village	TX		United States	Not Employed	Not Employed
7.00	5/24/253:36 lo		Rowls		- Control of the Cont	TX		United States	veterinarian	self
30.00	5/27/25 3:44 Ros		Lindsey	3516 Willowbrook Drive	Fort Worth	1777				Baker Funeral Home
50.00	5/27/25 3:52 Rut	th	Baker	2744 South Jones Stree	Fort Worth	TX		United States	Funeral Director	
5.00	5/28/25 3:13 Jan	le	Grubbs	2513 Harvest Moon Dr	Fort Worth	TX		United States	Not Employed	Not Employed
10.00	5/29/25 3:20 Sha	iron	Burkley	5620 Norris St.	Fort Worth	TX		United States	Community Development Manager	City of Fort Worth
15.00	5/31/25 4:02 Del		Hicks	2936 Volturno	Grand Prairie	TX	75052	United States	Not Employed	Not Employed
7.00	6/12/25 3:09 Zee		Regis	1503 Dancing Fox Rd, .	Decatur	GA	30032	United States	Chaplain	Harbor Grace Hospice
15.00	6/17/25 3:08 Rep		Lewis	4500 Cinnamon Hill Dr	Fort Worth	TX	76133	United States	Communications	TCU
					Fort Worth	TX		United States	Not Employed	Not Employed
15.00	6/17/253:25 Jan	ile	Grubbs	2513 Harvest Moon Dr		TX		United States	Not Employed	Not Employed
7.00	6/24/253:26 Jo		Rowls	109 Crossroads Circle	Westworth Village			and the second second second		TexPrompt
15.00	6/24/25 10:17 Da	niela	Bird	5424 Wyndrook St	Fort Worth	TX		United States	Teleprompter Operator	
20.00	6/24/25 10:18 Ra	mon	Azua	2206 Field Lane	Mansfield	TX		United States	Sr. Reactor Inspector	U.S. Nuclear Regulatory Commissio
30.00	6/24/25 10:19 Jea	in	Andrus	4312 Bellaire Dr. S. #140	Fort Worth	TX	76109	United States	Not Employed	Not Employed
15.00	6/24/25 10:19 Ro	semary and David	Undsey	3516 Willowbrook Drive	Fort Worth	TX	76133	United States	Veterinarian	Animal Hospital Southwest
30.00	6/24/25 10:22 Ne		Conway	2023 Heatherbrook Drive	Grapevine	TX	76051	United States	Not Employed	Not Employed
50.00	6/24/25 10:24 Jan		Oderberg	6053 Wonder Drive	Fort Worth	TX	76133	United States	Not employed	Not employed
	The state of the s		Myles	6821 Franwood Terrace	Fort Worth	TX		3 United States	Not Employed	Not Employed
10.00	6/24/25 10:34 De				Fort Worth	TX		United States	Not Employed	Not Employed
15.00	6/24/25 10:35 Gu		White	7853 Mahonia Dr					Dyslexia Therapht/Teacher	Eagle Mountain Saginaw ISD
15.00	6/24/25 10:35 Sa		Moore	1824 6th Ave	Fort Worth	TX		United States	- Paragraphic Control of the Control	
30.00	6/24/25 10:36 Eli	zabeth	Bean	2230 Hurley ave	Fort worth	TX		United States	RN	Cook Children's medical center
15.00	6/24/25 10:39 Par	1	Crowley	3021 Simondale Drive	Fort Worth	TX	76109	United States	Not Employed	Not Employed
15.00	6/24/25 10:39 All	kia	Buescher	2621 Torrey Pines Dr	Fort Worth	TX	76109-551	3 United States	Not Employed	Not Employed
15.00	6/24/25 10:47 De		Huddle	7751 Navajo Court	Fort Worth	TX	7613	7 United States	Art teacher	Carroll ISD
50.00	6/24/25 10:56 De		Watson	5800 Oakmont Lane	Fort Worth	TX	7611	2 United States	Attorney	Self
	6/24/25 11:09 R		Briggs	1002 Rosewood Ct.	Euless	TX	7603	United States	Not Employed	Not Employed
30.00	Annual Control of the				Fort Worth	TX		United States	Administrative Law Judge	SSA
100.00	6/24/25 11:24 Da		Hamner	2001 Washington Ave				9 United States	Not Employed	Not Employed
50.00	6/24/25 11:27 Lil		Kite	2668 Riverwood Trail	Fort Worth	TX				
30.00	6/24/25 11:36 Lin	ıda	Green	5421 chimney rock road	Fort Worth	TX		2 United States	Not Employed	Not Employed
30.00	6/24/25 11:36 An	in .	Bracey	6150 Oakmont Trail #122	Fort Worth	TX		2 United States	Not Employed	Not Employed
100.00	6/24/25 12:07 M		Bell	P. O. Box 51240	Fort Worth	TX	7610	5 United States	Minister	Self
15.00	6/24/25 12:24 Na		McReynolds	4701 Eagle Trace Drive	Fort Worth	TX	7624	4 United States	Program Manager	Employer
15.00	6/24/25 13:30 Fk		Marshall	2207 Woodland Oaks Drive	Arlington	TX	7601	3 United States	Not Employed	Not Employed
15.00	6/24/25 20:35 La		Mercer	7637 Bermejo Rd	Fort Worth	TX		2 United States	DFW Bus Cons	Mergers &Acquisotion
	The second section is a property of the second section of the second section is			1511 Oakland blvd	Fort Worth	TX		3 United States	Manager	Workforce Solutions
10.00	6/27/25 3:52 M		Johnson						Funeral Director	Baker Funeral Home
50.00	6/27/25 4:04 Ru		Baker	2744 South Jones Stree	Fort Worth	TX		4 United States		
10.00	6/30/25 13:44 Ga	iry	Haub	1115 W Pioneer Dr	Irving	TX		1 United States	Not Employed	Not Employed
5.00	6/30/25 14:19 Rd	bert	Sheaks	1903 W. 5th Street Apt. 104	Irving	TX		O United States	Labtech	Electro Plate Circuitry
15.00	6/30/25 14:25 Be		Brown	2531 Bishop Allen Lane	Dallas	TX	7523	7 United States	Real Estate Broker	B-21 Realty Company
50.00	6/30/25 14:42 Ka		McGovern	4364 Royal Ridge Drive	Dallas	TX	7522	9 United States	Not Employed	Not Employed
	A STATE OF THE PARTY OF THE PAR		DeMoss	2600 W 7th St #2606	Fort Worth	TX		7 United States	Not Employed	Not Employed
100.00	6/30/25 16:16 M			3925 West 4th Street	Fort Worth	TX		7 United States	Not Employed	Not Employed
50.00	6/30/25 17:36 Be		Defaune			TX		8 United States		Not Employed
15.00	6/30/25 20:26 Ra	loh	Emerson	5001coneflower rd	Fort Worth	1X	70123-160	o cutted states	Not Employed	inor employed

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

	The instruction Guide explains flow to co	implete tilla formi.	
1 Total pages Schedule F1:	2. FILER NAME DEAD DEOD !	25	Filer ID (Ethics Commission Filers)
5-1225	GOOD HAN Com par	gri	
1913 8D	7 Payee address; 1606 HEADWAY Cit	e Austin	State; Zip Code Ty 18154
PURPOSE OF EXPENDITURE	FOOT-10 Parties	(b) Description ONLY NE	LUND PAISING
	(c) Check if travel outside of Texas. Complete Schedule T.		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5-13-25	MELIMON Domi	store	Chatan Zin Code
Amount (\$)	Payee address;	City;	State; Zip Code
100000	6255 TRUMAN	or Lt	TK 76112
,	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Cousutting		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5+ 13-25	TREMA JAMES		
Amount (\$)	Payee address;	City;	State; Zip Code
100000	5021 COTTLY 51	Description	TK 76105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING	Beenipter	
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, T.	X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

LOANS

SCHEDULE E

The Instruction Guid	1 Total pages Schedule E:		
FILER NAME	3 Filer ID (Ethics Commission Filers)		
TOTAL OF UNITEMIZED L	OANS	i 1	\$
Date of loan 7 Name of lender			9 Loan Amount (\$)
Is lender 8 Lender add a financial Institution?		State; Zip Code	10 Interest rate 11 Maturity date
Y N 2 Principal occupation / Job title (Se	e Instructions)	13 Employer (See Instructions)	
4 Description of Collateral		Check if personal for account (See Instru	unds were deposited into political autions)
none 6 GUARANTOR 17 Name of gu INFORMATION	arantor		19 Amount Guaranteed (\$)
	address; City;	State; Zip Code	
18 Guarantor ☐ not applicable	address; City;	State; Zip Code 21 Employer (See Instructions	
18 Guarantor ☐ not applicable	address; City;	State; Zip Code	
not applicable O Principal Occupation (See Instruction Date of Ioan Name of Iese Instruction Is lender Lender at	address; City; tions) ender □ out-of-state F	State; Zip Code 21 Employer (See Instructions)	
18 Guarantor not applicable Principal Occupation (See Instruction) Date of loan Name of lea	address; City; tions) ender □ out-of-state F	State; Zip Code 21 Employer (See Instructions;	Loan Amount (\$)
not applicable Principal Occupation (See Instruction) Date of loan Is lender a financial Institution?	address; City; tions) ender	State; Zip Code 21 Employer (See Instructions;	Loan Amount (\$) Interest rate Maturity date
not applicable O Principal Occupation (See Instruction Date of Ioan Name of Islander a financial Institution? Y N Principal occupation / Job title (See Instruction) Principal occupation / Job title (See Instruction)	address; City; tions) ender	State; Zip Code 21 Employer (See Instructions) PAC (ID#) State; Zip Code Employer (See Instructions)	Loan Amount (\$) Interest rate Maturity date funds were deposited into political
18 Guarantor not applicable 18 Guarantor 18 Guarantor 18 Guarantor 18 Guarantor 19 Indicate 19 Indicate 19 Indicate 10 Indi	address; City; tions) ender	State; Zip Code 21 Employer (See Instructions) PAC (ID#) State; Zip Code Employer (See Instructions)	Loan Amount (\$) Interest rate Maturity date funds were deposited into political

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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 CATEGORIES FOR BOX 8(a) Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Zip Code (b) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; Amount (\$) Description Category (See Categories listed PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct

expenditure to benefit C/OH

LOANS

SCHEDULE E

If the requested	information is not applicable, DO NOT	iliciade tins page in the rep	
The Ir	1 Total pages Schedule E:		
FILER NAME	3 Filer ID (Ethics Commission Filers)		
TOTAL OF UNI	TEMIZED LOANS		\$
Date of loan	A STATE OF S	AC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution? Y N	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
	n / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Colla	ateral	15 Check if personal fundaccount (See Instruct	ds were deposited into political ions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
	18 Guarantor address; City;	State; Zip Code 21 Employer (See Instructions)	
	tion (See Instructions)	State; Zip Code	Loan Amount (\$)
O Principal Occupat Date of loan Is lender	tion (See Instructions) Name of lender □ out-of-state	State; Zip Code 21 Employer (See Instructions)	Loan Amount (\$) Interest rate
O Principal Occupat	tion (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions) PAC (ID#:	77.00.00.70.40.00.00.00.00.00.00
Date of loan Is lender a financial Institution?	tion (See Instructions) Name of lender	State; Zip Code 21 Employer (See Instructions) PAC (ID#:	Interest rate
Date of loan Is lender a financial Institution? Y N Principal occupation	tion (See Instructions) Name of lender □ out-of-state Lender address; City; tion / Job title (See Instructions)	State; Zip Code 21 Employer (See Instructions) PAC (ID#:) State; Zip Code Employer (See Instructions)	Interest rate Maturity date nds were deposited into political
Date of loan Is lender a financial Institution? Y N Principal occupati	tion (See Instructions) Name of lender □ out-of-state Lender address; City; tion / Job title (See Instructions)	State; Zip Code 21 Employer (See Instructions) PAC (ID#) State; Zip Code Employer (See Instructions)	Interest rate Maturity date nds were deposited into political

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/Politica Credit Card Payment	Fees Office Ov. Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Committee Legal Services Salaries/A	xpense Vages/Contract Labor	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 explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
5-2-25	DANDES DENDI	ERSON	State: Zip Code
6 Amount (\$)	7 Payee address; 1800 EUDIS.	fra	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Priver New Categories (See C	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
5-8-25	SARARI FLORES	Cibu	State; Zip Code
Amount (\$) 500.	3/28 HANDLEY	Dr Lu	TY 46112
PURPOSE OF EXPENDITURE	Contract Labor	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
5-8-25	DONALDO ELI		State; Zip Code
Amount (\$)	Payee address;	City;	Y
625.00	3128 DANDLEY Category (See Categories listed at the top of this schedule)	Dr fu	14 70112
PURPOSE OF EXPENDITURE	Contract Labor		W.
1	Check if travel outside of Texas. Complete Schedule T.	Check If Au	istin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	EEDED

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) Name of lender out-of-state PAC (ID#:_ 5 Date of loan 10 Interest rate State: Zip Code Is lender City; 8 Lender address; a financial Institution? 11 Maturity date N 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 19 Amount Guaranteed (\$) 17 Name of guarantor 16 GUARANTOR INFORMATION State; Zip Code 18 Guarantor address; City: not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) out-of-state PAC (ID#:__ Name of lender Date of loan Interest rate State; Zip Code City; Lender address; Is lender a financial Institution? Maturity date Employer (See Instructions) Principal occupation / Job title (See Instructions) Check if personal funds were deposited into political Description of Collateral account (See Instructions) none Amount Guaranteed (\$) GUARANTOR Name of guarantor INFORMATION State; Zip Code Guarantor address; City; not applicable Employer (See Instructions) Principal Occupation (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 F	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Exp Office Over Polling Exp	head/Rental Expense Transpo pense Travel Ir pense Travel C dages/Contract Labor Other (e	on/Fundraising Expense rtation Equipment & Related Expense o District out Of District nter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME DORAH 7 COD	los 3 Filer	ID (Ethics Commission Filers)
4 Date 5-3-25	5 Payee name Chilf Joakks		
6 Amount (\$)	7 Payee address; OPO SPONDS TONL	CE Hw 7	State; Zip Code V 4611 2
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPLUSE (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description Check If Austin, TX, office	Party Teholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date U// 4 Amount (\$)	Payee name Stuart CLEG Payee address;	S City;	State; Zip Code
2500.	3210 DOESSA	frw T	V 76107.
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSALTING	consut.	le
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 6-19	RODINEY Stanle	4	
Amount (\$)	Payee address; 613 GREEN RIVEN YN	L for -	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) REIMBUSSIMENT	FOOT BADEFAS Officeoder	head
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CODIES OF THIS	SCHEDULE AS NEEDED	

LOANS

SCHEDULE E

If the requested information is not applicable, DO NO	T include this page in the repo	ort.	
The Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:	
FILER NAME		3 Filer ID (Ethics Commission Filers)	
TOTAL OF UNITEMIZED LOANS		\$	
Date of loan 7 Name of lender □ out-of-state	9 Loan Amount (\$)		
Is lender 8 Lender address; City; a financial Institution?	State; Zip Code	10 Interest rate 11 Maturity date	
Y N		Tr waturity date	
2 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)		
4 Description of Collateral ☐ none	Check if personal fund account (See Instruction	ls were deposited into political ons)	
6 GUARANTOR INFORMATION 17 Name of guarantor 18 Guarantor address; City;	State; Zip Code	19 Amount Guaranteed (\$)	
O Principal Occupation (See Instructions)	21 Employer (See Instructions)		
	ate PAC (ID#:)	Loan Amount (\$)	
ls lender Lender address; City; a financial	State; Zip Code	Interest rate	
Institution? Y N		Maturity date	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral	Check if personal fur account (See Instruc	Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR Name of guarantor INFORMATION	State; Zip Code	Amount Guaranteed (\$)	
not applicable Principal Occupation (See Instructions)	Employer (See Instructions)		
ATTACH ADDITIONAL C	OPIES OF THIS SCHEDULE AS NE	EDED	
If lender is out-of-state PAC, please see	Instruction guide for additional r	eporting requirements.	