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|---|--|--|---|
| The C/OH 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 FIRST MI Mr Skye T <hr/> NICKNAME LAST SUFFIX Garcia | | OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1350 N Greenville Ave 5202 Richardson TX 75081 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 608-8747 | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI Mr David <hr/> NICKNAME LAST SUFFIX Garcia | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1811 N Greenville Ave 2202 Richardson Texas 75081 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 608-3540 | | |
| 9 REPORT TYPE | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div> | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year 7 / 1 / 25 THROUGH 12 / / 25 | | |
| 11 ELECTION | <div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 3 / 3 / 26 </div> <div style="flex: 2;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div> | | |
| 12 OFFICE | OFFICE HELD (if any) None | | 13 OFFICE SOUGHT (if known) Dallas County Clerk |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) 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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT****FORM C/OH
COVER SHEET PG 2****15 C/OH NAME**

Skye T Garcia

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)

\$ 201.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 201.00

**EXPENDITURE
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

**CONTRIBUTION
BALANCE**5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 201.00

**OUTSTANDING
LOAN TOTALS**6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 SIGNATUREI 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 _____ 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 DeclarationMy name is Skye Garcia, and my date of birth is April 4, 1996.My address is 1350 N Greenville Ave 5202, Richardson, Texas, 75081, USA.

(street)

(city)

(state)

(zip code)

(country)

Executed in Dallas County, State of Texas, on the 20 day of January, 2026.

(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. | 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 CONTRIBUTIONS | \$ |
| 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 FUNDS | \$ |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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 A1: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| 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 Instructions) |
| 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 Instructions) |
| 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 Instructions) |
| 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 Instructions) |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction 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.

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: | |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> 7 Contributor address; City; State; Zip Code | 8 Amount of Contribution \$ | 9 In-kind contribution description <hr/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) | |
| 12 Contributor's principal occupation (FOR JUDICIAL) | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| 14 Contributor's employer/law firm (FOR JUDICIAL) | | 15 Law firm 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description <hr/> Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) | |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor's job title (FOR JUDICIAL) (See Instructions) | |
| Contributor's employer/law firm (FOR JUDICIAL) | | Law firm of contributor's spouse (if any) (FOR JUDICIAL) | |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) | | | |
| | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | |

PLEDGED CONTRIBUTIONS**SCHEDULE B**

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 B: | |
| 2 FILER NAME | | | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED PLEDGES | | | | \$ | |
| 5 Date | 6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | | 8 Amount of Pledge \$ | 9 In-kind contribution description |
| | 7 Pledgor address; City; State; Zip Code | | | | |
| | | | | Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (See Instructions) | | | 11 Employer (See Instructions) | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | | | |
| | | | | Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | | | |
| | | | | Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| Date | Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | | | Amount of Pledge \$ | In-kind contribution description |
| | Pledgor address; City; State; Zip Code | | | | |
| | | | | Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (See Instructions) | | | Employer (See Instructions) | | |
| | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | | | | |

LOANS**SCHEDULE E**

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 E: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) |
| 6 Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N | 8 Lender address; City; State; Zip Code | 10 Interest rate |
| | | 11 Maturity date |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) |
| 14 Description of Collateral none | | 15 Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION not applicable | 17 Name of guarantor 18 Guarantor address; City; State; Zip Code | 19 Amount Guaranteed (\$) |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) |
| Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N | Lender address; City; State; Zip Code | Interest rate |
| | | Maturity date |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Description of Collateral none | | Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION not applicable | Name of guarantor Guarantor address; City; State; Zip Code | Amount Guaranteed (\$) |
| Principal Occupation (See Instructions) | | Employer (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 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 | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Payee name | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code <small>Check if individual's residence address.</small> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | |
| 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 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | |
| 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 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | |
| 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 <small>Check if individual's residence address.</small> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | |
| 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

UNPAID INCURRED OBLIGATIONS**SCHEDULE F2**

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F2: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS | | \$ |
| 5 Date | 6 Payee name | |
| 7 Amount (\$) | 8 Payee address; City; State; Zip Code <small>Check if individual's residence address.</small> | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | |
| 11 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 <small>Check if individual's residence address.</small> | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <small>Check if travel outside of Texas. Complete Schedule T.</small> <small>Check if Austin, TX, officeholder living expense</small> | |
| 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 | | |

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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 F3:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Name of person from whom investment is purchased

6 Address of person from whom investment is purchased; City; State; Zip Code

Check if individual's residence address.

7 Description of Investment

8 Amount of investment (\$)

Date

Name of person from whom investment is purchased

Address of person from whom investment is purchased; City; State; Zip Code

Check if individual's residence address.

Description of Investment

Amount of investment (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**

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

EXPENDITURE CATEGORIES FOR BOX 10(a)Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

| | | | |
|---|---|---|--|
| 1 TOTAL PAGES SCHEDULE F4: | 2 FILER NAME | | 3 FILER ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | | \$ |
| 5 CREDIT CARD ISSUER | Name of financial Institution | | |
| 6 PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| 7 PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Office Sought Office Held | | |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Office Sought Office Held | | |
| PAYMENT | (a) Amount Charged \$ | (b) Date Expenditure Charged | (c) Date(s) Credit Card Issuer Paid |
| PAYEE | (a) Payee name | (b) Payee address; City, State, Zip Code <input type="checkbox"/> Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | (a) Category (See Categories listed at the top of this schedule) | | (b) Description |
| | (c) Check if travel outside of Texas. Complete Schedule T. 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 | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | | 5 Payee name | | | |
| 6 Amount (\$) | | 7 Payee address; City; State; Zip Code | | | |
| Reimbursement from political contributions intended | | Check if individual's residence address. | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | | (b) Description | | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | | |
| | Candidate / Officeholder name Office sought Office held | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| Reimbursement from political contributions intended | | Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | | |
| | Candidate / Officeholder name Office sought Office held | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| Reimbursement from political contributions intended | | Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | | |
| | Candidate / Officeholder name Office sought Office held | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| Reimbursement from political contributions intended | | Check if individual's residence address. | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description | | |
| | Check if travel outside of Texas. Complete Schedule T. | | Check if Austin, TX, officeholder living expense | | |
| | Candidate / Officeholder name Office sought Office held | | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | |

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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 H: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Business name | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code Check if individual's residence address. | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | (c) Check if travel outside of Texas. Complete Schedule T. 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 | Business name | |
| Amount (\$) | Business address; City; State; Zip Code Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. 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 | Business name | |
| Amount (\$) | Business address; City; State; Zip Code Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. 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 | Business name | |
| Amount (\$) | Business address; City; State; Zip Code Check if individual's residence address. | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | Check if travel outside of Texas. Complete Schedule T. 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 | | |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|----------------------------------|---------------------|--|

| | |
|---------------|---------------------|
| 4 Date | 5 Payee name |
|---------------|---------------------|

| | | | | |
|----------------------|-------------------------|------|-------|----------|
| 6 Amount (\$) | 7 Payee address; | City | State | Zip Code |
|----------------------|-------------------------|------|-------|----------|

| | | |
|---|---|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) | (b) Description (See instructions regarding type of information required.) |
|---|---|---|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

| | | |
|---------------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|---------------------------------------|--|--|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

| | | |
|---------------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|---------------------------------------|--|--|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | | | | |
|-------------|----------------|------|-------|----------|
| Amount (\$) | Payee address; | City | State | Zip Code |
|-------------|----------------|------|-------|----------|

| | | |
|---------------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See instructions for examples of acceptable categories.) | Description (See instructions regarding type of information required.) |
|---------------------------------------|--|--|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Name of person from whom amount is received | 8 Amount (\$) |
| | 6 Address of person from whom amount is received; City; State; Zip Code | |
| | 7 Purpose for which amount is received Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Purpose for which amount is received Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Purpose for which amount is received Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Purpose for which amount is received Check if political contribution returned to filer | |
| Date | Name of person from whom amount is received | Amount (\$) |
| | Address of person from whom amount is received; City; State; Zip Code | |
| | Purpose for which amount is received Check if political contribution returned to filer | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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 T: |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| 5 Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| 6 Dates of travel | 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location | |
| 10 Means of transportation | 11 Purpose of travel (Including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| Dates of travel | Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location | |
| Means of transportation | Purpose of travel (Including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| Dates of travel | Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location | |
| Means of transportation | Purpose of travel (Including name of conference, seminar, or other event) | |
| Name of Contributor / Corporation or Labor Organization / Pledgor / Payee | | |
| Contribution / Expenditure reported on: <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> Schedule A2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B(J)</div> <div style="width: 33%;"><input type="checkbox"/> Schedule C2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule D</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F1</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F2</div> <div style="width: 33%;"><input type="checkbox"/> Schedule F4</div> <div style="width: 33%;"><input type="checkbox"/> Schedule G</div> <div style="width: 33%;"><input type="checkbox"/> Schedule H</div> <div style="width: 33%;"><input type="checkbox"/> Schedule COH-UC</div> <div style="width: 33%;"><input type="checkbox"/> Schedule B-SS</div> </div> | | |
| Dates of travel | Name of person(s) traveling Departure city or name of departure location Destination city or name of destination location | |
| Means of transportation | Purpose of travel (Including name of conference, seminar, or other event) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

1 C/OH NAME
2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

•• Complete this section only if you are an officeholder ••

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

| | |
|------------|------------|
| Filer name | Filer ID # |
|------------|------------|

| OFFICE USE ONLY | |
|--|-----------|
| Date Received | |
| Date Hand-delivered or Date Postmarked | |
| Receipt # | Amount \$ |
| Date Processed | |
| Date Imaged | |

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the _____ report due on _____.
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Signature of Filer

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) _____ (state) _____ (zip code) _____ (country)

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

Signature of Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**