

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

10 + 4

OFFICE USE ONLY

Date Received

2026 FEB 23 PM 4:09
JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY
TX 75201
30

Date Hand Delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
dianna gibson
NICKNAME LAST SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE
2027 Chevelle Drive
Dis, Tx 75232
Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 335 9915

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Clara
NICKNAME LAST SUFFIX
BROWN Trimble

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE
4541 Crown Knox Dr, Tx 75232
(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(214) 505-3412

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 26 / 26 THROUGH 2 / 21 / 26

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year Primary Runoff Other Description
3 / 3 / 26 General Special

12 OFFICE

OFFICE HELD (if any)
N/A

13 OFFICE SOUGHT (if known)

Justice of the Peace, 1/1

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

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SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>dianne gibson</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>4,890.00</i>
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	\$ <i>9,080.19</i>
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	\$

4067

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:

4 of 6

2 FILER NAME

Dianne Gibson

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/26

5 Full name of contributor

Maureen Milligan

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

5918 Williamstown SW, Dallas, TX 75230

8 Principal occupation / Job title (See Instructions)

Crown America / Director

9 Employer (See Instructions)

Date

2/2/26

Full name of contributor

Dawn Blain

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

City;

State;

Zip Code

1631 Edgemont Dr., Dallas, TX 75216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/26

Full name of contributor

Lynn McBee

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1500.00

Contributor address;

City;

State;

Zip Code

3925 Stonebridge Dr., Dallas, TX 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/2/26

Full name of contributor

Lorie Blair

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1150.00

Contributor address;

City;

State;

Zip Code

2610 Autumn Meadow Trl., Dallas, TX 75239

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.

5267

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 dianne gibson		3 Filer ID (Ethics Commission Filers)
4 Date 2/2/26	5 Full name of contributor out-of-state PAC (ID#: _____) Lacy Mc Gough 6 Contributor address; City; State; Zip Code 9827 Windledge Dallas, TX 75232	7 Amount of contribution (\$) \$100. ⁰⁰
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 2/2/26	Full name of contributor out-of-state PAC (ID#: _____) Carol Hampton Contributor address; City; State; Zip Code 6651 Cottle Dr, Dallas, TX 75241	Amount of contribution (\$) \$100. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/2/26	Full name of contributor out-of-state PAC (ID#: _____) Stephanie M. Smith Contributor address; City; State; Zip Code 1507 Halsey Dr, Duncanville, TX 75137	Amount of contribution (\$) \$100. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 2/2/26	Full name of contributor out-of-state PAC (ID#: _____) Jon L. Johnson Contributor address; City; State; Zip Code 1980 Elder Leaf Dr, Dallas, TX 75232	Amount of contribution (\$) \$100. ⁰⁰
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

6267

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

Dianne Gibson

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/26

5 Full name of contributor

Michael Ray

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1 200⁰⁰/₁₀₀

6 Contributor address;

City;

State;

Zip Code

5951 Preston Valley Dr., Dallas, TX 75240

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Solicitation/Fundraising Expense
- Transportation Equipment & Related Expense
- Travel In District
- Travel Out Of District
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>dianne gibson</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/17</i>	5 Payee name <i>Thomas Paintwork</i>
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6 Amount (\$) <i>121.79</i>	7 Payee address; City; State; Zip Code <small>Check if individual's residence address</small>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Printing</i>	(b) Description <i>Push Cards</i>
	(c) <small>Check if travel outside of Texas. Complete Schedule T</small>	<small>Check if Austin, TX, officeholder living expense</small>

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/17</i>	Payee name <i>KKDA FM Radio</i>
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): <i>Radio Ads</i>	Description <i>Campaign Ads</i>
	<small>Check if travel outside of Texas. Complete Schedule T</small>	<small>Check if Austin, TX, officeholder living expense</small>

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Ms Dianne</i>		16 Filer ID (Ethics Commission Filers) <i>2060</i>
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>4,890.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>4,890.00</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>9,080.19</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>4,850.24</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]
Signature of Candidate or Officeholder

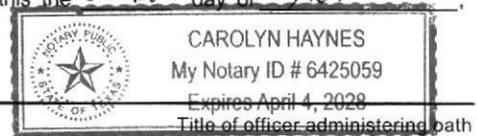
Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by *DIANNE GIBSON* this the *23rd* day of *Feb*, 20*26*, to certify which, witness my hand and seal of office.

Carolyn Haynes Signature of officer administering oath *CAROLYN HAYNES* Printed name of officer administering oath



OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month) (year)

Signature of Candidate/Officeholder (Declarant)