

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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Ambiek</i>	MI	OFFICE USE ONLY			
	NICKNAME	LAST <i>Given S</i>	SUFFIX	Date Received JAN 15 26 PM 5:00			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE			
<i>3024 Cedar Springs Rd #253 Dallas, TX 75219</i>							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Postmarked			
<i>(214) 422-4350</i>							
6 CAMPAIN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # DEPUTY Amount			
<i>Mr. Chris Wesley</i>							
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:			CITY: STATE; ZIP CODE			
<i>3152 Sanchay Dr. Cedar Hill, TX 75104</i>							
8 CAMPAIN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Processed			
<i>(214) 927-8414</i>							
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)			
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month <i>12</i>	Day <i>1</i>	Year <i>25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>22</i>	
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 2 / 25</i>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) <i>Dallas County Comm. Dist. Atty</i>			
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.						
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME				
		<input type="checkbox"/> GENERAL					
		<input type="checkbox"/> SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME					
COMMITTEE CAMPAIGN TREASURER ADDRESS							

GO TO PAGE 2

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: <i>8/10</i>
2 FILER NAME <i>Ambur Given S</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/21/15</i>	5 Full name of contributor <i>Nicole Shannon</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$100</i>
	6 Contributor address; <i>338 Brademas Dr. Heath, TX 75032</i>	City: _____ State: _____ Zip Code _____	
8 Principal occupation / Job title (See Instructions) <i>Unknown</i>		9 Employer (See Instructions) <i>Unknown</i>	
Date <i>12/24/15</i>	Full name of contributor <i>Lakeydra Houston</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$30</i>
	Contributor address; <i>3901 Commonwealth Dr. Garland, TX 75043</i>	City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions) <i>Unknown</i>		Employer (See Instructions) <i>Unknown</i>	
Date <i>12/27/15</i>	Full name of contributor <i>Dawn Scott</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100.00</i>
	Contributor address; <i>113 Timber Run E Riviera Beach, FL 33407</i>	City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions) <i>Pharmacy technician</i>		Employer (See Instructions) <i>Unknown</i>	
Date <i>12/27/15</i>	Full name of contributor <i>Lakeydra Houston</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$50</i>
	Contributor address; <i>3901 Commonwealth Dr. Garland, TX 75043</i>	City: _____ State: _____ Zip Code _____	
Principal occupation / Job title (See Instructions) <i>Unknown</i>		Employer (See Instructions) <i>Unknown</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <i>9/10</i>
2 FILER NAME <i>Amber Givens</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/17/25</i>	5 Full name of contributor <i>Dorrand Hill</i>	6 Contributor address; City; State; Zip Code <i>PO Box 925 DeSoto TX 75123</i>
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>self</i>
Date <i>12/22/25</i>	Full name of contributor <i>Valerie Baskin</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>251 W. Lancaster Fort Worth Ave Unit 1222 TX 76101</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>self</i>
Date <i>12/19/25</i>	Full name of contributor <i>Kristen Bogan</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>1970 Windsor Creek Dr SW Conyers, GA 30094</i>
Principal occupation / Job title (See Instructions) <i>Adjuster</i>		Employer (See Instructions) <i>unknown</i>
Date <i>12/20/25</i>	Full name of contributor <i>Kantra Brooks</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>1529 Aberdeen Dr. Lancaster TX 75134</i>
Principal occupation / Job title (See Instructions) <i>unknown</i>		Employer (See Instructions) <i>unknown</i>
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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: <i>10/10</i>
2 FILER NAME <i>Amber Given</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/12</i>	5 Full name of contributor <i>Kambridge Jones</i>	6 Contributor address; City; State; Zip Code <i>200 S. Ryan Dr #7105 Red Oak, TX 75154</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>12/31/12</i>	Full name of contributor <i>Katrina Caldwell</i>	□ out-of-state PAC (ID#: Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>4220 Sloane St. Apt. 3023 Carrollton, TX 75007</i>		
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.		

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: 510	
2 FILER NAME <i>Amber Gvens</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/15/25</i>	5 Full name of contributor <i>Theodore Whiter II</i>	6 Contributor address; City; State; Zip Code <i>3728 Lismore St Flossmoor, IL 60422</i>	7 Amount of contribution (\$) <i>\$25</i>
8 Principal occupation / Job title (See Instructions) <i>Unknown</i>		9 Employer (See Instructions) <i>Unknown</i>	
Date <i>12/11/25</i>	Full name of contributor <i>Dupe Kadri</i>	Contributor address; City; State; Zip Code <i>3151 Fledgling Cir. Woodbridge, VA 22143</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>Unknown</i>		Employer (See Instructions) <i>Unknown</i>	
Date <i>12/11/25</i>	Full name of contributor <i>Carmen Davis</i>	Contributor address; City; State; Zip Code <i>684 Arbor Irving, TX</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>notary</i>		Employer (See Instructions) <i>self employed</i>	
Date <i>12/11/25</i>	Full name of contributor <i>Jacob Zachariah</i>	Contributor address; City; State; Zip Code <i>1134 Ballard Ave Dallas TX 75240</i>	Amount of contribution (\$) <i>\$100</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		Employer (See Instructions) <i>self employed</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <i>6/10</i>
2 FILER NAME <i>Amber Given</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>12/13/25</i>	5 Full name of contributor <i>Tulani Washington</i>	6 Contributor address; City; State; Zip Code <i>2626 Cole Ave Dallas, TX 75204</i>
8 Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>self employed</i>
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)
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 7/10</p>
<p>2 FILER NAME <i>Amber Given S</i></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
4 Date <i>12/28/25</i>	5 Full name of contributor <i>Steven Hayes</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	<p>7 Amount of contribution (\$) <i>\$100</i></p>
<p>6 Contributor address; <i>1459 Oxbow Dr. Cedar Hill TX 75104</i></p>		<p>City; State; Zip Code</p>	
<p>8 Principal occupation / Job title (See Instructions) <i>Unknown</i></p>		<p>9 Employer (See Instructions) <i>Unknown</i></p>	
Date <i>12/28/25</i>	Full name of contributor <i>Cardell Hunter</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	<p>Amount of contribution (\$) <i>\$10</i></p>
<p>Contributor address; <i>700 Mirkes Pkwy De Soto, TX 75115</i></p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) <i>Unknown</i></p>		<p>Employer (See Instructions) <i>Unknown</i></p>	
Date <i>12/29/25</i>	Full name of contributor <i>Ty Holmes</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	<p>Amount of contribution (\$) <i>\$500</i></p>
<p>Contributor address; <i>140 Richardson St SE Atlanta GA 30312</i></p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) <i>Aviation</i></p>		<p>Employer (See Instructions) <i>Unknown</i></p>	
Date <i>12/29/25</i>	Full name of contributor <i>TR Washington Law Office</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	<p>Amount of contribution (\$) <i>\$ 2,200</i></p>
<p>Contributor address; <i>2626 Cole Ave Ste 200 Dallas TX 75201</i></p>		<p>City; State; Zip Code</p>	
<p>Principal occupation / Job title (See Instructions) <i>Attorney</i></p>		<p>Employer (See Instructions) <i>Self employed</i></p>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1
2
3
4
5
6
7
8
9
10

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>4/10</i>
2 FILER NAME <i>Amber Givens</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/11/25</i>	5 Full name of contributor <i>Bryson Fowler</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; <i>8015 Meagan Way Dallas, TX 75232</i>	City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <i>construction</i>	9 Employer (See Instructions) <i>self employed</i>		
Date <i>12/12/25</i>	Full name of contributor <i>Jacquel Carter-Mansaray</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$20</i>
Contributor address; <i>4209 Oaks St. Houston, TX 77020</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>unknown</i>	Employer (See Instructions) <i>unknown</i>		
Date <i></i>	Full name of contributor <i>Karen Russ</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$10</i>
Contributor address; <i>6205 Bristol Station Ct. Carteret, NJ 07003</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>unknown</i>	Employer (See Instructions) <i>unknown</i>		
Date <i></i>	Full name of contributor <i>Pat Finnard</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100</i>
Contributor address; <i>9304 Raeford Dr. Dallas, TX 75243</i>	City; State; Zip Code		
Principal occupation / Job title (See Instructions) <i>Bud S</i>	Employer (See Instructions) <i>self employed</i>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: 21/10</p>
<p>2 FILER NAME</p> <p><i>Amber Given S</i></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date</p> <p><i>12/29/25</i></p>	<p>5 Full name of contributor</p> <p><i>Kenneth William S</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$)</p> <p><i>\$100</i></p>
	<p>6 Contributor address:</p> <p><i>7303 Bright Lee Dr. Arlington TX 76001</i></p>	<p>City: _____ State: _____ Zip Code: _____</p>	
<p>8 Principal occupation / Job title (See Instructions)</p> <p><i>unknown</i></p>		<p>9 Employer (See Instructions)</p> <p><i>unknown</i></p>	
<p>Date</p> <p><i>12/30/25</i></p>	<p>Full name of contributor</p> <p><i>Kellye Stephens</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p><i>\$200</i></p>
	<p>Contributor address:</p> <p><i>1109 Long Meadow Ln Desoto TX 75115</i></p>	<p>City: _____ State: _____ Zip Code: _____</p>	
<p>Principal occupation / Job title (See Instructions)</p> <p><i>owner</i></p>		<p>Employer (See Instructions)</p> <p><i>self employed</i></p>	
<p>Date</p> <p><i>12/30/25</i></p>	<p>Full name of contributor</p> <p><i>Sikia White</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p><i>\$50</i></p>
	<p>Contributor address:</p> <p><i>8552 Kimball Ln Sikia, IL 60074</i></p>	<p>City: _____ State: _____ Zip Code: _____</p>	
<p>Principal occupation / Job title (See Instructions)</p> <p><i>unknown</i></p>		<p>Employer (See Instructions)</p> <p><i>unknown</i></p>	
<p>Date</p> <p><i>12/30/25</i></p>	<p>Full name of contributor</p> <p><i>Stephanie Neal</i></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$)</p> <p><i>\$50</i></p>
	<p>Contributor address:</p> <p><i>2505 Vintage Place Farmers Branch TX 75271</i></p>	<p>City: _____ State: _____ Zip Code: _____</p>	
<p>Principal occupation / Job title (See Instructions)</p> <p><i>unknown</i></p>		<p>Employer (See Instructions)</p> <p><i>unknown</i></p>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: <i>3/10</i>
2 FILER NAME <i>Amber Givens</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/31/25</i>	5 Full name of contributor <i>Harry Kennedy</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	7 Amount of contribution (\$) <i>\$600</i>
	6 Contributor address; <i>155 Brookl ea Dr Rochester, NY 14624</i>	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>12/31/25</i>	Full name of contributor <i>Christopher Patrick</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$500</i>
	Contributor address; <i>1117 Dover Place DeSoto TX 75115</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/31/25</i>	Full name of contributor <i>Jahnisha Warren</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$50</i>
	Contributor address; <i>4931 Jade Drive Dallas TX 75232</i>	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>12/31/25</i>	Full name of contributor <i>Patrick Givens</i>	<input type="checkbox"/> out-of-state PAC (ID#:)	Amount of contribution (\$) <i>\$300</i>
	Contributor address; <i>1520 Richardson Dr Ste 1211 Richardson, TX 75080</i>	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.			

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: <i>1/10</i>
2 FILER NAME <i>Amber Givens</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>12/10/25</i>	5 Full name of contributor <i>Isra Allison</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>\$10</i>
6 Contributor address; <i>2930 Westerg Ave Charlotte, NC 28205</i>			City: _____ State: _____ Zip Code: _____
8 Principal occupation / Job title (See Instructions) <i>Consulting</i>		9 Employer (See Instructions) <i>self</i>	
Date <i>12/10/25</i>	Full name of contributor <i>Charles Bailey</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$250</i>
Contributor address; <i>1811 Meadow Valley Lane Dallas TX 75232</i>			City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions) <i>Unknown</i>		Employer (See Instructions) <i>unknown</i>	
Date <i>12/10/25</i>	Full name of contributor <i>Syvondia Bailey</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$100</i>
Contributor address; <i>600 Commerce St Dallas, TX 75202</i>			City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions) <i>Judge</i>		Employer (See Instructions) <i>State of Texas</i>	
Date <i>12/11/25</i>	Full name of contributor <i>Jahi Banks</i>	<input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>\$10</i>
Contributor address; <i>6910 Grafton Lane Clinton, MD 20735</i>			City: _____ State: _____ Zip Code: _____
Principal occupation / Job title (See Instructions) <i>Unknown</i>		Employer (See Instructions) <i>unknown</i>	

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 <i>Amber Given S</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date	6 Full name of contributor <i>Hindsight Studio S</i>	7 Contributor address; City: <i>2627 Live Oak Dallas</i> State: <i>TX</i> Zip Code <i>75204</i>	8 Amount of Contribution \$ <i>\$1,500</i>
			9 In-kind contribution description <i>videos</i>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <i>Videographer</i>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <i>Self</i>	
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#: Contributor address; City; State; Zip Code		Amount of Contribution \$	In-kind contribution description
<input type="checkbox"/> 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.			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
114	Amber Gwen S		
4 Date	5 Payee name		
12/17/25	Michael S		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
117	751 N. US Hwy 67	Cedar Hill TX 75104	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	event expense	balloons	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
12/17/25	Greenhouse		
Amount (\$)	Payee address:	City:	State: Zip Code
324.75	110 S. Cockrell Hill Rd Ste. A	Desoto	TX 75115
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event expense	Food	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
12/21/25	Sprint 2 Print		
Amount (\$)	Payee address:	City:	State: Zip Code
\$5,304.25	8748 clay Rd	Houston	TX 77080
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		<input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
2 19	Amber Givens		
4 Date	5 Payee name		
12/25/25	Pathsocial		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
600	1150 S. Olive St.	Los Angeles CA 90015	
<input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising	Social media	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
12/24/25	Printful		
Amount (\$)	Payee address:	City:	State: Zip Code
83.49	11025 Westlake Dr.	Charlotte	NC 28273
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Printing	Sweatshirts	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
12/31/25	Shopify		
Amount (\$)	Payee address:	City:	State: Zip Code
\$1.07	150 Elgin Street	Ottawa	ON K2P 1L4
<input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Advertising	Online store	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 414	2 FILER NAME Amber Grans	3 Filer ID (Ethics Commission Filers)
4 Date 12/30/25	5 Payee name Sprint2print	
6 Amount (\$) \$1,908.98	7 Payee address; 8748 Clay Rd	City: Houston State: TX Zip Code: 77080
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date 12/17/25	Payee name Chase Martin Creative Marketing	
Amount (\$) \$1,482.50	Payee address; 110 Alpine Dr.	City: Desoto State: TX Zip Code: 75115
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Design, Print, flyers/shirts 4x8
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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: <i>3 1/4</i>	2 FILER NAME <i>Amber Givens</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12/31/25</i>	5 Payee name <i>Home Depot</i>		
6 Amount (\$) <i>\$797.73</i>	7 Payee address: <i>2901 W. Wheatland Rd</i>	City: <i>Dallas</i> State: <i>TX</i> Zip Code <i>75237</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>	(b) Description <i>t-posts, ties, hammer</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date <i>12/19/25</i>	Payee name <i>Ariva Wholesale</i>		
Amount (\$) <i>\$115.27</i>	Payee address: <i>11818 Hwy 114</i>	City: <i>Dallas</i> State: <i>TX</i> Zip Code <i>75234</i>	
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Supplies</i>	Description <i>s-shirts, clear tote s</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address:	City;	State; Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			