

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:

OFFICE USE ONLY

Date Received

FEB 23 '26 AM 9:40

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST
Amber

MI

NICKNAME

LAST
Givens

SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3624 Cedar Springs Rd
#253
Dallas, TX 75219

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 422-4350

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

Chris

MI

NICKNAME

LAST
Wesley

SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

315 S. Sanchay Dr
Cedar Hill, TX 75904

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 927-8410

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

1 / 23 / 2026

THROUGH

Month

Day

Year

2 / 21 / 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 3 / 2026

Primary

Runoff

ELECTION TYPE

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Dallas County Crm. Dist. Atty.

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

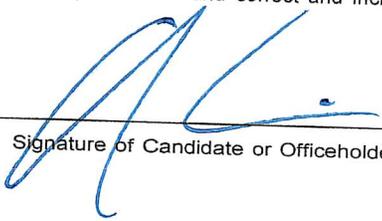
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,205.26
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,125.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 13,644.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

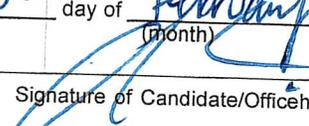
Sworn to and subscribed before me by _____ this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

OR

(2) Unsworn Declaration

My name is Amber Given's, and my date of birth is 11/11/79
 My address is 3824 Cedar Springs Rd #253, Dallas, TX, 75219 Dallas
(street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of Texas, on the 23rd day of February, 2026.
(month) (year)



 Signature of Candidate/Officeholder (Declarant)

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:

19

2 FILER NAME

Amber Given S

3 Filer ID (Ethics Commission Filers)

4 Date

2/5/26

5 Full name of contributor out-of-state PAC (ID#: _____)

Mary BonepauHL

7 Amount of contribution (\$)

\$250

6 Contributor address; City; State; Zip Code

1029 Peachy Ln
Desoto TX 75115

8 Principal occupation / Job title (See Instructions)

unknown

9 Employer (See Instructions)

unknown

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.

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

Amber Owens

3 Filer ID (Ethics Commission Filers)

4 Date

1/22/26

5 Full name of contributor

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

Emmanuel Lewis

7 Amount of contribution (\$)

\$10

6 Contributor address;

City;

State;

Zip Code

1137 Anderson St
Irving TX 75002

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Unknown

Date

1/23/24

Full name of contributor

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

Andrew Darko

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

1238 Queensbury Ln Met
Houston, TX 77024

Principal occupation / Job title (See Instructions)

ITM

Employer (See Instructions)

Golden Pathways Inc

Date

1/23/26

Full name of contributor

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

Sharii Scott

Amount of contribution (\$)

\$25

Contributor address;

City;

State;

Zip Code

6030 Leish Ann Dr
Dallas TX 75222

Principal occupation / Job title (See Instructions)

Media

Employer (See Instructions)

Sharii Scott

Date

2/15/26

Full name of contributor

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

Charles Maduka

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State;

Zip Code

2201 Main St.
Dallas, TX 75201

Principal occupation / Job title (See Instructions)

ITM

Employer (See Instructions)

self employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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1 Total pages Schedule A1:

2 FILER NAME

Amber Stevens

3 Filer ID (Ethics Commission Filers)

4 Date

1/24/20

5 Full name of contributor

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

Lashonda Burton

7 Amount of contribution (\$)

\$10

6 Contributor address;

City;

State;

Zip Code

5759 Flowerbrook Cir
Tallahassee, FL 32303

8 Principal occupation / Job title (See Instructions)

Healthcare

9 Employer (See Instructions)

Fed Govt

Date

1/24/20

Full name of contributor

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

Rodney L Franklin

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

911 scenic way
Desoto TX 79115

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

VISION

Date

1/24/20

Full name of contributor

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

Angela Fambro

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State;

Zip Code

4552 Rhams Pl.
Dallas TX 75205

Principal occupation / Job title (See Instructions)

lawyer

Employer (See Instructions)

Polley Army

Date

1/23/20

Full name of contributor

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

Chris Servin

Amount of contribution (\$)

\$10

Contributor address;

City;

State;

Zip Code

6001 Memory Lane
Watagua TX 76148

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

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.

FILED FEB 26 2026

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Amber Owens</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1/26/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Samya Nathan</i>	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; City; State; Zip Code <i>355 Dublin St. Lewisville TX 75067</i>		
8 Principal occupation / Job title (See Instructions) <i>Proj. Mgmt Nordrum</i>		9 Employer (See Instructions)
Date <i>1/26/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tim Marden</i>	Amount of contribution (\$) <i>\$250</i>
Contributor address; City; State; Zip Code <i>1519 S. Greenstone Ln Duncanville, TX 75137</i>		
Principal occupation / Job title (See Instructions) <i>Banking</i>		Employer (See Instructions) <i>Comerica</i>
Date <i>1/20/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Maritza Cahill</i>	Amount of contribution (\$) <i>\$50</i>
Contributor address; City; State; Zip Code <i>230 Seawall Wt Staten Island, NY 10303</i>		
Principal occupation / Job title (See Instructions) <i>Lawyer</i>		Employer (See Instructions) <i>NYC</i>
Date <i>1/26/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vickie Savage</i>	Amount of contribution (\$) <i>\$20</i>
Contributor address; City; State; Zip Code <i>522 Magnolia Glenn Heights TX 75154</i>		
Principal occupation / Job title (See Instructions) <i>Mortgage</i>		Employer (See Instructions) <i>Vickie</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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

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

7 Amount of contribution (\$)

1/29/26

Johnita Williams

\$20

6 Contributor address;

City;

State;

Zip Code

616 Pinhurst Rd
Red Oak, TX 75154

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Education

Dallas / SD

Date

Full name of contributor

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

Amount of contribution (\$)

1/29/26

Pearl Garden

\$50

Contributor address;

City;

State;

Zip Code

430 Buckingham Rd.
Richardson, TX 75081

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Education

unknown

Date

Full name of contributor

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

Amount of contribution (\$)

1/27/26

Alexa Boylan

\$100

Contributor address;

City;

State;

Zip Code

872 Peppercorn Rd
Westbury NY 11590

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

unknown

unknown

Date

Full name of contributor

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

Amount of contribution (\$)

1/26/26

Felma Skuman

\$20.26

Contributor address;

City;

State;

Zip Code

1216 Ethen Dr
Desoto TX 75115

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

unknown

unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
1/29/20	Diffani McCombs	\$250
6 Contributor address; City; State; Zip Code		
PO Box 153084 Dallas, TX 75315		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Fin. An.		ATT
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
1/29/20	DEMANUS GIBBON	\$10
Contributor address; City; State; Zip Code		
5220 Jade Dr. Dallas TX 75232		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Serv. Adv.		Freedom Chevy Dallas
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
1/28/20	Angel Proctor	\$20
Contributor address; City; State; Zip Code		
405 Longbranch Ln Dallas TX 75217		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Transp.		FedEx
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
1/20/20	Rachel Warfield	\$300
Contributor address; City; State; Zip Code		
1431 Clifun St NW #4 Washington DC 20009		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTY		Dep. Navy

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

Amber Givens

3 Filer ID (Ethics Commission Filers)

4 Date

1/31/26

5 Full name of contributor

TOP News

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

7 Amount of contribution (\$)

\$50

6 Contributor address;

*6777 Atlas Crest Blvd
TX 75236*

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Unknown

9 Employer (See Instructions)

Unknown

Date

1/30/26

Full name of contributor

Akilah Wallace

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

Amount of contribution (\$)

\$100

Contributor address;

*512 Wistersten Dr
Desoto TN 37815*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

self employed Jayce

Date

1/30/26

Full name of contributor

Rahman Rogers

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

Amount of contribution (\$)

\$10

Contributor address;

*3101 V. Central Ave Ste 183
Phoenix AZ 85012*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Construction

Employer (See Instructions)

J. E. Dunn Constr.

Date

1/30/26

Full name of contributor

Chris Henderson

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

Amount of contribution (\$)

\$10

Contributor address;

*10659 Cheryl Lynn
Waldorf MD 20603*

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Mgr.

Employer (See Instructions)

Clear Path Society

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 1

2 FILER NAME

Amber Owens

3 Filer ID (Ethics Commission Filers)

4 Date

2/1/20

5 Full name of contributor

Timika Sims Garcia

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

7 Amount of contribution (\$)

\$10

6 Contributor address;

5014 Duck Creek Dr Apt. C.
Barland TX 75047

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Prod. Spec.

9 Employer (See Instructions)

TX Inst.

Date

2/1/20

Full name of contributor

Denisha Davis

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

Amount of contribution (\$)

\$10

Contributor address;

201 McKinney Village Pkwy
McKinney TX 75069

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

UNKNOWN

Employer (See Instructions)

UNKNOWN

Date

2/1/20

Full name of contributor

Daleasa Hickempton

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

Amount of contribution (\$)

\$100

Contributor address;

748 Village Green Dr.
Desoto TX 75115

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

MGR

Employer (See Instructions)

ISDA

Date

2/1/20

Full name of contributor

Matthew James Sr.

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

Amount of contribution (\$)

\$10

Contributor address;

4017 Edison Ave
St. Louis, MO 63121

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Carer

Employer (See Instructions)

Amazon DSP

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

01-01-2026

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Amber Green

3 Filer ID (Ethics Commission Filers)

4 Date

2/5/26

5 Full name of contributor

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

Tiffany McCullough

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

1810 Highmeadow St
Green Heights TX 75154

8 Principal occupation / Job title (See Instructions)

Insur. Broker

9 Employer (See Instructions)

Gallagher

Date

2/4/26

Full name of contributor

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

Sean Daredia

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

14000 Quorum Dr. #266
Dallas, TX 75254

Principal occupation / Job title (See Instructions)

Att

Employer (See Instructions)

Daredia Law Firm

Date

2/4/26

Full name of contributor

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

Briann Brown

Amount of contribution (\$)

\$10

Contributor address;

City;

State;

Zip Code

820 Forest Grove Ln
Crawley, TX 76036

Principal occupation / Job title (See Instructions)

CITW

Employer (See Instructions)

Cook Child Health Sys

Date

2/4/26

Full name of contributor

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

Jarithia Frost

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

1143 Bellevue St. SE
Washington, DC 20032

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Amber Green

3 Filer ID (Ethics Commission Filers)

4 Date

2/9/26

5 Full name of contributor

Joseph Masun

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

7 Amount of contribution (\$)

\$10

6 Contributor address;

2502 Riverside Pkwy # 1512
Grand Prairie TX 75050

8 Principal occupation / Job title (See Instructions)

Driver

9 Employer (See Instructions)

Averitt Express

Date

2/7/26

Full name of contributor

Dianne Harris

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

Amount of contribution (\$)

\$10

Contributor address;

100 Roaming Partners Dr
Desoto TX 75115

Principal occupation / Job title (See Instructions)

Intr.

Employer (See Instructions)

Self employed

Date

2/5/26

Full name of contributor

Kamell Harrison

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

Amount of contribution (\$)

\$500

Contributor address;

3039 Hickmore Ave # 155
Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Mg. Atty

Employer (See Instructions)

Harrison Firm

Date

2/5/26

Full name of contributor

Floyd Dmsrey

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

Amount of contribution (\$)

\$250

Contributor address;

12044 Nahla Bay Dr.
Frisco, TX 75033

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

DMG

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

Amber Owens

3 Filer ID (Ethics Commission Filers)

4 Date

2/11/26

5 Full name of contributor

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

Chris Pauley

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

1204 Wilton Glen
Dallas, TX 75232

8 Principal occupation / Job title (See Instructions)

Engineer

9 Employer (See Instructions)

ATT

Date

2/11/26

Full name of contributor

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

Victor Lanford

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

812 S. Elmer Rd
Desoto TX 75115

Principal occupation / Job title (See Instructions)

Prod. Mgr.

Employer (See Instructions)

ATT

Date

2/10/26

Full name of contributor

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

DeVier Charles

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

900 Hideaway Pl
Desoto TX 75115

Principal occupation / Job title (See Instructions)

Case Mgr

Employer (See Instructions)

Benkov

Date

2/10/26

Full name of contributor

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

Karyshellyn Lewis

Amount of contribution (\$)

\$25

Contributor address;

City;

State;

Zip Code

315 Maple Dr.
Desoto, TX 75115

Principal occupation / Job title (See Instructions)

Prin. Trust Banker

Employer (See Instructions)

PNC

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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

Amber Green

3 Filer ID (Ethics Commission Filers)

4 Date

2/11/20

5 Full name of contributor

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

Trenda Cooper

7 Amount of contribution (\$)

\$25

6 Contributor address;

City;

State;

Zip Code

716 Carriage Way
Duncanville, TX 75117

8 Principal occupation / Job title (See Instructions)

Banking

9 Employer (See Instructions)

USAA

Date

2/11/20

Full name of contributor

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

Victoria Walton

Amount of contribution (\$)

\$20

Contributor address;

City;

State;

Zip Code

106 S. Alexander Ave
Duncanville, TX 75116

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

SELF

Date

2/11/20

Full name of contributor

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

Kerth Marshall

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

2039 Creekwood
Cedar Hill, TX 75104

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

Abbott Labs

Date

2/11/20

Full name of contributor

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

Priscilla Mark-Wilson

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

3350 Moor Way
Duncanville, TX 75116

Principal occupation / Job title (See Instructions)

Healthcare

Employer (See Instructions)

GIST

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.

2025 RELEASE UNDER E.O. 14176

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Amber Givens</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/11/20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Cassandra Reed</i>	7 Amount of contribution (\$) <i>\$50</i>
6 Contributor address; City; State; Zip Code <i>7943 Quiet Meadow Ln FRISCO, TX 75037</i>		
8 Principal occupation / Job title (See Instructions) <i>Technology Risk</i>		9 Employer (See Instructions) <i>Capital One</i>
Date <i>2/11/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lois Morchison</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>4624 Weehaven Dr Dallas, TX 75232</i>		
Principal occupation / Job title (See Instructions) <i>Analyst</i>		Employer (See Instructions) <i>THZ</i>
Date <i>2/11/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Yolanda Carroll</i>	Amount of contribution (\$) <i>\$25</i>
Contributor address; City; State; Zip Code <i>2517 Rue De Ville Dr. Irving, TX 75038</i>		
Principal occupation / Job title (See Instructions) <i>unknown</i>		Employer (See Instructions) <i>unknown</i>
Date <i>2/11/20</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Antoine Joyke</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>381 E. Greenbriar #704 Dallas, TX 75203</i>		
Principal occupation / Job title (See Instructions) <i>Exec.</i>		Employer (See Instructions) <i>#1 Stars Project</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:

2 FILER NAME

Amber Givens

3 Filer ID (Ethics Commission Filers)

4 Date

2/12/26

5 Full name of contributor

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

Rodney Allen

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

3302 Manchester Dr
Mesquite, TX 75150

8 Principal occupation / Job title (See Instructions)

unknown

9 Employer (See Instructions)

unknown

Date

2/12/26

Full name of contributor

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

Keisha Nixon

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

926 Place Louis
Mesquite TX 75115

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Oakmont

Date

2/17/26

Full name of contributor

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

Michelle Jackson

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

3020 Stanley Smith Dr
Dallas, TX 75210

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

Date

2/12/26

Full name of contributor

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

Roger Huffman

Amount of contribution (\$)

\$10

Contributor address;

City;

State;

Zip Code

10588 Stone Canyon Rd
Dallas, TX 75230

Principal occupation / Job title (See Instructions)

unknown

Employer (See Instructions)

unknown

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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:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

2/14/20

Toska Medlock

\$ 500

6 Contributor address; City; State; Zip Code

0722 Kerwick Dr
Dallas, TX 75232

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Bus. owner

Self employed

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/13/20

Marcus Rosier

\$250

Contributor address; City; State; Zip Code

1260 Hayes Dr
Smyrna, GA 30080

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Consultant

Wm The Day Group

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/12/20

Byron King

\$100

Contributor address; City; State; Zip Code

5026 Madalyn
Houston TX 77021

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Unknown

Unknown

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

2/14/20

Shawn Bamen

\$100

Contributor address; City; State; Zip Code

8635 Fletcher Pkwy
La Mesa CA 91942

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Fin. Adv.

Masterpiece Solutions

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:
2 FILER NAME <i>Amber Givens</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/15/26</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Vanessa Simpson</i>	7 Amount of contribution (\$) <i>\$20</i>
6 Contributor address; City; State; Zip Code <i>2221 Harvest Run Garland, TX 75040</i>		
8 Principal occupation / Job title (See Instructions) <i>TECH</i>		9 Employer (See Instructions) <i>ATI</i>
Date <i>2/15/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Gerry Ravnell</i>	Amount of contribution (\$) <i>\$100</i>
Contributor address; City; State; Zip Code <i>1305 Sandigan Ln Mesquite TX 75115</i>		
Principal occupation / Job title (See Instructions) <i>Unknown</i>		Employer (See Instructions) <i>unknown</i>
Date <i>2/14/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Miami Washington</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>2626 Cole Ave #300 Dallas, TX 75204</i>		
Principal occupation / Job title (See Instructions) <i>ATTY</i>		Employer (See Instructions) <i>SELF</i>
Date <i>2/14/26</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Spott Wells</i>	Amount of contribution (\$) <i>\$500</i>
Contributor address; City; State; Zip Code <i>1902 US 175 E Kaufman TX 75142</i>		
Principal occupation / Job title (See Instructions) <i>ATTY</i>		Employer (See Instructions) <i>Attorney</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

11-2026-2029

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Amber GivenS

3 Filer ID (Ethics Commission Filers)

4 Date

2/18/20

5 Full name of contributor

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

Sean Hunter

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

14909 Horton Ct
Dumfries, VA 22025

8 Principal occupation / Job title (See Instructions)

Dir.

9 Employer (See Instructions)

Fed. Gov.

Date

2/18/20

Full name of contributor

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

Edward Winston

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

6325 Chancek View Cnc
Alexandria, VA 22304

Principal occupation / Job title (See Instructions)

Engineer

Employer (See Instructions)

USPTO

Date

2/18/20

Full name of contributor

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

Kenitra Brown

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

1004 Laurel Springs Ct
DeSoto, TX 75115

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Gov.

Date

2/17/20

Full name of contributor

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

Michael Dotick

Amount of contribution (\$)

\$25

Contributor address;

City;

State;

Zip Code

10911 Hickory Forest Ln
Ballwin, MD 63011

Principal occupation / Job title (See Instructions)

Acct.

Employer (See Instructions)

Fed. Res. Bank

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:
2 FILER NAME Amber Given S		3 Filer ID (Ethics Commission Filers)
4 Date 2/19/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Burks	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 1324 Rusticwood Dr. DeSoto TX 75115		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Citi Group
Date 2/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watacki Frankm	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 2951 American Sparrow Middleton, N 76065		
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions) Unknown
Date 2/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pamela Karnes	Amount of contribution (\$) \$40
Contributor address; City; State; Zip Code 7524 Weatherwood Ct. Fort Worth, TX 76133		
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Recov. Resource Council
Date 2/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Gaskins	Amount of contribution (\$) \$50
Contributor address; City; State; Zip Code 15002 Telescope Lane Dumfries, VA 22026		
Principal occupation / Job title (See Instructions) Medical Director		Employer (See Instructions) Grace Church

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:

2 FILER NAME

Amber Given S

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/26

5 Full name of contributor

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

Dewanda Ricks

7 Amount of contribution (\$)

\$50

6 Contributor address;

City;

State;

Zip Code

500 K AVE #2914 Plano TX 75074

8 Principal occupation / Job title (See Instructions)

unknown

9 Employer (See Instructions)

Date

2/19/26

Full name of contributor

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

Felicia Leffall

Amount of contribution (\$)

\$25

Contributor address;

City;

State;

Zip Code

613 Beclaire Terrace Desoto TX 75115

Principal occupation / Job title (See Instructions)

GSWBCL

Employer (See Instructions)

GSWBCL

Date

2/19/26

Full name of contributor

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

Christy Uwaino

Amount of contribution (\$)

\$300

Contributor address;

City;

State;

Zip Code

250 candlelight Cove Coppell, TX 75019

Principal occupation / Job title (See Instructions)

Clinical Researcher

Employer (See Instructions)

Synco S

Date

2/19/26

Full name of contributor

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

KMG Jewell

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

18456 E. Conynon Trace Boca Raton, FL 33498

Principal occupation / Job title (See Instructions)

Const. Mgmt

Employer (See Instructions)

SHRS

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 Givens</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>2/10/20</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Hindsight Studios</i>	8 Amount of Contribution \$ <i>\$1,500</i>	9 In-kind contribution description <i>videos</i>
7 Contributor address; City; State; Zip Code <i>2027 Live Oak Dallas TX 75204</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#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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 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 | 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 F1: <i>10</i>	2 FILER NAME <i>Amber Givens</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11/26/26</i>	5 Payee name <i>Isra Allison</i>	
6 Amount (\$) <i>\$1,000</i>	7 Payee address; City; State; Zip Code <i>2930 Wesley Rd Charlotte, NC 28205</i> <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>consulting expense</i>	(b) Description <i>fee</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 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1/27/26</i>	Payee name <i>Barbara Harris</i>	
Amount (\$) <i>\$100</i>	Payee address; City; State; Zip Code <i>Unknown</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>event expense</i>	Description <i>ticket</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>1/28/26</i>	Payee name <i>Texting for Less</i>	
Amount (\$) <i>\$500</i>	Payee address; City; State; Zip Code <i>345 Main St. Hackensack NJ 07601</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. expense</i>	Description <i>texts</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 | 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 F1:	2 FILER NAME <i>Amber Green</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>1/30/20</i>	5 Payee name <i>Southern Dallas Magazine</i>
--------------------------	---

6 Amount (\$) <i>\$1,500</i>	7 Payee address; City; State; Zip Code
	<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>Adv. Expense</i>	(b) Description <i>Magazine Article</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 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/23/24</i>	Payee name <i>Home Depot</i>
------------------------	---------------------------------

Amount (\$) <i>\$181.34</i>	Payee address; City; State; Zip Code <i>2901 W. Wheatland Dallas TX 75237</i>
	<input type="checkbox"/> Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	Description <i>Sign manuals</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/26/20</i>	Payee name <i>Facebook</i>
------------------------	-------------------------------

Amount (\$) <i>\$250</i>	Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park, CA 94025</i>
	<input type="checkbox"/> Check if individual's residence address.

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	Description <i>Ads</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | 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 F1:	2 FILER NAME <i>Amber Given</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/27/20</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <i>\$41</i>	7 Payee address; City; State; Zip Code <i>1 Hacker way Menlo Park CA 94025</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Ad. Exp.</i>	(b) Description <i>Ads</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 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/28/20</i>	Payee name <i>Facebook</i>		
Amount (\$) <i>\$64</i>	Payee address; City; State; Zip Code <i>1 Hacker way Menlo Park CA 94025</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad. Exp.</i>	Description <i>Ads</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>1/28/20</i>	Payee name <i>Facebook</i>		
Amount (\$) <i>\$54</i>	Payee address; City; State; Zip Code <i>1 Hacker way Menlo Park CA 94025</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	Description <i>Ads</i>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		

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

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 | 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>Amber Givens</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1/30/20</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <i>\$111</i>	7 Payee address; <i>1 Hacker Way</i> City; State; Zip Code <i>Menlo Park CA 94025</i> <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>Adv. Exp.</i>	(b) Description <i>Ads</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 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>2/4/20</i>	Payee name <i>Darryl Cavitt</i>	
Amount (\$) <i>\$15</i>	Payee address; City; State; Zip Code <i>unknown</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>File</i>	Description <i>Comm. on \$100 Donations</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/9/20</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$111</i>	Payee address; City; State; Zip Code <i>1 Hacker Way</i> City; State; Zip Code <i>Menlo Park 94025</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad. Exp.</i>	Description <i>Ads</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 | 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 F1:	2 FILER NAME <i>Amber</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/9/20</i>	5 Payee name <i>Facebook</i>
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6 Amount (\$) <i>\$111</i>	7 Payee address; <i>1 Hacker Way</i> City; State; Zip Code <i>Menlo Park CA 94025</i>
<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>Adv. Exp.</i>	(b) Description <i>Ads</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 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/9/20</i>	Payee name <i>Texting for Les S</i>
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Amount (\$) <i>\$1,500</i>	Payee address; <i>345 Main St. Hackensack NJ 07601</i> City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	Description <i>Texting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <i>2/10/20</i>	Payee name <i>Texting for Les S</i>
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Amount (\$) <i>\$1,500</i>	Payee address; <i>345 Main St. Hackensack NJ 07601</i> City; State; Zip Code
<input type="checkbox"/> Check if individual's residence address.	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	Description <i>Texting</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	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 F1:	2 FILER NAME <i>Amber Green</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/11/25</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <i>\$111</i>	7 Payee address; City; State; Zip Code <i>1 Hacker way Menlo Park CA 94025</i> <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>Adv. EXP</i>	(b) Description <i>Ads</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 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/12/25</i>	Payee name <i>Castro</i>	
Amount (\$) <i>\$12.44</i>	Payee address; City; State; Zip Code <i>250 Hwy 67 Duncanville, TX 75137</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event EXP.</i>	Description <i>CP's</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/13/25</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$111</i>	Payee address; City; State; Zip Code <i>1 Hacker way Menlo Park CA 94025</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv EXP.</i>	Description <i>Ads</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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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)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>Amber Grew</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/17/25</i>	5 Payee name <i>Facebook</i>
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6 Amount (\$) <i>\$111</i>	7 Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv. Exp</i>	(b) Description <i>Ads</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 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/17/26</i>	Payee name <i>Home Depot</i>
------------------------	---------------------------------

Amount (\$) <i>\$111.83</i>	Payee address; City; State; Zip Code <i>2901 W. Wheatland Dallas TX 75277</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp</i>	Description <i>stem materials</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/17/26</i>	Payee name <i>EVGO</i>
------------------------	---------------------------

Amount (\$) <i>\$76.58</i>	Payee address; City; State; Zip Code <i>825 E. Fort Ave Baltimore MD 21230</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Transportation</i>	Description <i>Travel in District</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>Amber Givens</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/17/20</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <i>\$111</i>	7 Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park, CA 94025</i> <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>Adv. Exp</i>	(b) Description <i>Ads</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 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/17/20</i>	Payee name <i>EVGO</i>	
Amount (\$) <i>\$42.98</i>	Payee address; City; State; Zip Code <i>825 E. Fort Ave Baltimore MD 21230</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel in Dist.</i>	Description <i>Fuel for Transp.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/17/20</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$111</i>	Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp</i>	Description <i>Ads</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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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)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | 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 <i>Amber Green</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/17/26</i>	5 Payee name <i>Chase Martin Creative Mktg.</i>	
6 Amount (\$) <i>\$1,075</i>	7 Payee address; City; State; Zip Code <i>110 Alpine Dr. Desoto TX 75115</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv.</i>	(b) Description <i>Design & Print for Flyers</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 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>2/18/26</i>	Payee name <i>EV 60</i>	
Amount (\$) <i>\$55</i>	Payee address; City; State; Zip Code <i>825 E. Fort Ave Baltimore MD 21230</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Travel in Distr.</i>	Description <i>Fuel for Transp.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <i>2/18/26</i>	Payee name <i>Burton Studios</i>	
Amount (\$) <i>\$325</i>	Payee address; City; State; Zip Code <i>6025 Commerce Dr #500 Irving TX 75063</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	Description <i>Videos</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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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)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| 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 F1:	2 FILER NAME <i>Amber Aivens</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/18/20</i>	5 Payee name <i>Facebook</i>	
6 Amount (\$) <i>\$111</i>	7 Payee address; <i>1 Hacker way</i> City; State; Zip Code <i>Menlo Park CA 94025</i> <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>Adv. Exp.</i>	(b) Description <i>Ads</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 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <i>2/20/20</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$111</i>	Payee address; <i>1 Hacker way, Menlo Park 94025</i> City; State; Zip Code <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	Description <i>Ads</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 <i>2/21/20</i>	Payee name <i>Facebook</i>	
Amount (\$) <i>\$111</i>	Payee address; <i>1 Hacker way</i> City; State; Zip Code <i>Menlo Park, CA 94025</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	Description <i>Ads</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Amber Rivers</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/9/25</i>	5 Payee name <i>Mail Chimp</i>	
6 Amount (\$) <i>\$28.25</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>405 N. Anglen Ave NE Atlanta GA 30308</i> <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>Adv. exp.</i>	(b) Description <i>E Mail serv.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/2/26</i>	Payee name <i>Nationbuilder</i>	
Amount (\$) <i>\$93</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>570 S. Grand Ave 2nd Flr., LA, CA 90071</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. exp.</i>	Description <i>website</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>2/12/26</i>	Payee name <i>Chase Martin Creative Marketing</i>	
Amount (\$) <i>\$208.75</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>110 Alpine Dr. Desok TX 75115</i> <input type="checkbox"/> Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. exp.</i>	Description <i>Flyers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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 | 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 | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>Amber Given</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>2/2/26</i>	5 Payee name <i>Chef Mezzini</i>			
6 Amount (\$) <i>\$250</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address;		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event EXP.</i>		(b) Description <i>Cooking Dep.</i>	
	<input type="checkbox"/> Check if individual's residence address.		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
9 Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held
Date <i>2/19/26</i>	Payee name <i>Path Social</i>			
Amount (\$) <i>\$49</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1150 S. Olive St.</i>		City; <i>LA, CA</i>	State; Zip Code <i>90015</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv.</i>		Description <i>social media</i>	
	<input type="checkbox"/> Check if individual's residence address.		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
9 Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held
Date <i>2/17/26</i>	Payee name <i>Path Social</i>			
Amount (\$) <i>\$17</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <i>1150 S. Olive St.</i>		City; <i>LA, CA</i>	State; Zip Code <i>90015</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv.</i>		Description <i>social media</i>	
	<input type="checkbox"/> Check if individual's residence address.		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
9 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 | 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 <i>Amber Greene</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/10/26</i>	5 Payee name <i>Chase Martin Creative Marketing</i>
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6 Amount (\$) <i>\$119</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>110 Alpine Dr. Desoto TX 75115</i> <input type="checkbox"/> Check if individual's residence address.
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	(b) Description <i>Flyer design & print</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 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/7/26</i>	Payee name <i>Chase Martin Creative Marketing</i>
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Amount (\$) <i>\$150</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>110 Alpine Dr. Desoto TX 75115</i> <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	Description <i>Flyers</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/11/26</i>	Payee name <i>Chase Martin Creative Marketing</i>
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Amount (\$) <i>\$1,675</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>110 Alpine Dr. Desoto TX 75115</i> <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv. Exp.</i>	Description <i>Flyer Design & Print</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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