

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

2026 JUL 23 AM 10: 28

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
			70	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR NICKNAME LAST SUFFIX	MI Givens	OFFICE USE ONLY Date Received 07/22/2026 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 3824 Cedar Springs Rd #253	APT / SUITE # Dallas		STATE TX
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 585-5037		EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME LAST SUFFIX	FIRST Chris Wesley		MI
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) 3152 Sanctuary Drive		APT / SUITE # Cedar Hill	
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 927-8416	EXTENSION	
9 REPORT TYPE	☐ January 15 ☒ July 15 ☐ 30th day before election ☐ 8th day before election ☐ Runoff ☐ Exceeded Modified Reporting Limit ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 01 / 01 / 2026 THROUGH 06 / 30 / 2026			
11 ELECTION	ELECTION DATE Month Day Year 11 / 03 / 2026 ELECTION TYPE ☐ Primary ☒ General ☐ Runoff ☐ Special ☐ Other Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Criminal District Attorney	
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.			
☐ Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	☐ GENERAL	COMMITTEE ADDRESS		
	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Amber Givens		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)	\$.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 78,291.28
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 39,188.29
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 53,816.04
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$.00

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.



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 Givens and my date of birth is 11/11/79
 My address is 3824 Cedar Springs Rd #253, Dallas TX 75219
 (street) (city) (state) (zip code) (country)
 Executed in Dallas County, State of Texas, on the 22nd day of July, 2026.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME
Amber Givens

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$78,291.28
2.	☒	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$\$2,250.00
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$\$0.00
4.	☐	SCHEDULE E: LOANS	\$\$0.00
5.	☒	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	☒	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$\$53,663.15
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
8.	☐	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$\$0.00
9.	☒	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$\$8,867.91
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$\$0.00
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$\$0.00
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$\$0.00

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:

26 - portion mailed 7/15/26

2 FILER NAME
Amber Givens

3 Filer ID (Ethics Commission Filers)

4 Date
01/22/2026

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Keisha Darko

7 Amount of contribution (\$) \$50.00

6 Contributor address: City: State: Zip Code
12888 Queensbury Ln #534 Houston TX 77024

8 Principal occupation / Job title (See Instructions)
unknown

9 Employer (See Instructions)
unknown

Date
01/21/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dewanda Ricks

Amount of contribution (\$) \$50.00

Contributor address: City: State: Zip Code
5000 K Avenue #2914 Plano TX 75074

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)
unknown

Date
01/21/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Carleetha Saygo

Amount of contribution (\$) \$50.00

Contributor address: City: State: Zip Code
6632 Coventry Pt Austell GA 30168

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)
unknown

Date
01/21/2026

Full name of contributor ☐ out-of-state PAC (ID# _____)
Marvin Hall

Amount of contribution (\$) \$50.00

Contributor address: City: State: Zip Code
PO Box 6725 Schnectady NY 12301

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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Gabriel Sheffield 6 Contributor address; City; State; Zip Code 3711 Fordham Rd, Apt 201 Dallas TX 75216	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 01/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Damarcus Haywood Contributor address; City; State; Zip Code 7037 Choctaw Lane Memphis TN 38119	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Denell Walker Contributor address; City; State; Zip Code 1520 N Beckley Ave , Apt 424 Dallas TX 75203	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/20/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Melanne Reed-Sanders Contributor address; City; State; Zip Code 433 Logan St Bridgeport CT 06607	Amount of contribution (\$) \$50.00
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

Employer (See Instructions)
unknown

Revised 1/1/2026

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: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/10/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Valerie Hutchins 6 Contributor address; City; State; Zip Code 3008 Rising Crest Drive Lancaster TX 75134	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 01/10/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Feronica Rollins Contributor address; City; State; Zip Code 2803 Lena St Fort Worth TX 76105	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/10/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chad Askew Contributor address; City; State; Zip Code 1613 Mustang Ct Cedar Hill TX 75104	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/10/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Renee Henderson Contributor address; City; State; Zip Code 7030 Plum Ct Ovilla TX 75154	Amount of contribution (\$) \$25.00
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Joseph Perkins 6 Contributor address; City; State; Zip Code 1128 Bordeaux Avenue DeSoto TX 75115	7 Amount of contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 01/16/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Natasha Hoy Contributor address; City; State; Zip Code 6663 ESCONDIDO ST Irving TX 75039	Amount of contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 01/16/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Berlinda Webb Contributor address; City; State; Zip Code 2600 Hillsboro Pike, 159 Nashville TN 37212	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/16/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Justin Sumner Contributor address; City; State; Zip Code 3309 NORTHWEST PKWY Dallas TX 75225	Amount of contribution (\$) \$100.00
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/15/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Linda Wilson 6 Contributor address; City; State; Zip Code 3906 N. Shadybrook Dr. Midwest City OK 73110	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 01/15/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) John McCoy Contributor address; City; State; Zip Code 8770 Timber Falls Dr Dallas TX 75249	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/14/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Wayne Henry Contributor address; City; State; Zip Code 1532 Sax Leigh Drive Dallas TX 75241	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/14/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Mary Pat Stangl Contributor address; City; State; Zip Code 5517 Grassland Trl Middleton WI 53562	Amount of contribution (\$) \$50.00
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

Revised 1/1/2026

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: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Joshua Ihezie 6 Contributor address; City; State; Zip Code 8019 River Park Rd Bowie MD 20715	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 01/13/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Maddison Davis Contributor address; City; State; Zip Code 105 Bayonne Dr Mansfield TX 76063	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/13/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Divonshe Wilson Contributor address; City; State; Zip Code 4501 Samuel Way, Apt 1132 Frisco TX 75033	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/13/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) D'Yvonne Key Contributor address; City; State; Zip Code 1433 South Main Chapel Way, B335 Gambrills MD 21054	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) government		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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/13/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Demarcus Jefferson 6 Contributor address; City; State; Zip Code 9415 Bianca Court Houston TX 77078	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 01/13/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Ronald Jones Contributor address; City; State; Zip Code 111 MORGAN Ave, 4013 Dallas TX 75203	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/11/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Candace Bradford Contributor address; City; State; Zip Code 414 Light Street 1212 Baltimore MD 21202	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/11/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Sidonie Niba Contributor address; City; State; Zip Code 7144 Hightower Dr North TX 76182 Richardson, TX	Amount of contribution (\$) \$250.00
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/11/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Paulette Abbey 6 Contributor address; City; State; Zip Code 3390 Chastain Crossing Marietta GA 30066	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 01/11/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tyrone Smith Contributor address; City; State; Zip Code PO Box 180355 Arlington TX 76096	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/11/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jelanie Bracey Contributor address; City; State; Zip Code 151 Cantle St Waxahachie TX 75165	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/10/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) William Toombs Contributor address; City; State; Zip Code 4545 Evans st Columbus GA 31907	Amount of contribution (\$) \$50.00
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

Employer (See Instructions)
unknown

Revised 1/1/2026

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: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Cory Polk 6 Contributor address; City; State; Zip Code 2735 Exline St Dallas TX 75215	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 01/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Travis Rice Contributor address; City; State; Zip Code 1200 Hanover Dr Euless TX 76040	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Chadwick Slaughter Contributor address; City; State; Zip Code 712 twin creek drive DeSoto TX 75115	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dena Crecy Contributor address; City; State; Zip Code 164 E Kimwood Dr Dallas TX 75241	Amount of contribution (\$) \$50.00
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME
Amber Givens

4 Date
01/07/2026

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

7 Amount of contribution (\$) \$50.00

6 Contributor address;	City;	State;	Zip Code
4251 Fall Creek Dr	Grand Prairie	TX	75052

8 Principal occupation / Job title (See Instructions)
unknown

9 Employer (See Instructions)
unknown

Date
01/07/2026

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

Onvarta Hartfield

Amount of contribution (\$) \$50.00

Contributor address;	City;	State;	Zip Code
1109 Avalon Dr	Crandall	TX	75114

Principal occupation / Job title (See Instructions)
na

Employer (See Instructions)
na

Date
01/07/2026

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

Amount of contribution (\$) **\$10.00**

Contributor address;	City;	State;	Zip Code
740 Rockett Ln	Cedar Hill	TX	75104

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)
unknown

Date
01/07/2026

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

Amount of contribution (\$) \$100.00

Contributor address; City; State; Zip Code
5162 Freestone Circle Dallas TX 75227

Principal occupation / Job title (See Instructions)
real estate

Employer (See Instructions)
unknown

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: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/07/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Michelle Jackson 6 Contributor address; City; State; Zip Code 3820 Stanley Smith Dr Dallas TX 75216	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknownn
Date 01/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kendra Gipson Contributor address; City; State; Zip Code 1564 Madrid St. Dallas TX 75216	Amount of contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Dexter Evans Contributor address; City; State; Zip Code 381 E Greenbriar Ln. #1302 Dallas TX 75203	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/07/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Lawrence Sarpong Contributor address; City; State; Zip Code 1131 North Alexander Street Charlotte NC 28206	Amount of contribution (\$) \$50.00
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.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
26**2** FILER NAME
Amber Givens**3** Filer ID (Ethics Commission Filers)**4** Date
01/07/2026**5** Full name of contributor ☐ out-of-state PAC (ID#: _____)
Chadwick Slaughter**7** Amount of contribution (\$)
\$20.00**6** Contributor address; City; State; Zip Code
712 twin creek drive DeSoto TX 75115**8** Principal occupation / Job title (See Instructions)
unknown**9** Employer (See Instructions)
unknownDate
01/06/2026Full name of contributor ☐ out-of-state PAC (ID#: _____)
Amanda HallAmount of contribution (\$)
\$40.00Contributor address; City; State; Zip Code
3350 NWCR 3206 Dawson TX 76639Principal occupation / Job title (See Instructions)
non profitEmployer (See Instructions)
Urban SpecialistsDate
01/06/2026Full name of contributor ☐ out-of-state PAC (ID#: _____)
Noelle HurksAmount of contribution (\$)
\$100.00Contributor address; City; State; Zip Code
3405 s calumet avenue Chicago IL 60616Principal occupation / Job title (See Instructions)
medicalEmployer (See Instructions)
unknownDate
01/06/2026Full name of contributor ☐ out-of-state PAC (ID#: _____)
Rudolph TolarAmount of contribution (\$)
\$50.00Contributor address; City; State; Zip Code
2250 S Valley Pkwy, apt
#5302 Lewisville TX 75067Principal occupation / Job title (See Instructions)
unknownEmployer (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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Erica Ruppert-Fabre 6 Contributor address; City; State; Zip Code 6927 Filly Lane Frisco TX 75036	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 01/05/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Tiffany McCullough Contributor address; City; State; Zip Code 1818 Highmeadow St Glenn Heights TX 75154	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/05/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Shari Singleton Contributor address; City; State; Zip Code 2012 Dove Creek Ln Mesquite TX 75149	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/05/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Jessica Gaddis Contributor address; City; State; Zip Code 1520 Cosette Dr Dallas TX 75215	Amount of contribution (\$) \$60.00
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME
Amber Givens

3 Filer ID (Ethics Commission Filers)

4 Date
01/05/2026

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

7 Amount of contribution (\$) \$500.00

6 Contributor address;	City;	State;	Zip Code
14800 quorum drive, suite 265	Dallas	TX	75254

8	Principal occupation / Job title (See Instructions)
	lawyer

9 Employer (See Instructions)
self

Date
01/04/2026

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

Amount of contribution (\$) **\$10.00**

Contributor address;	City;	State;	Zip Code
1552 Ridenour Pkwy NW	Kennesaw	GA	30152

Principal occupation / Job title (See Instructions)
student

Employer (See Instructions)
na

Date
01/04/2026

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

Amount of contribution (\$) **\$100.00**

Contributor address;	City;	State;	Zip Code
12220 Kimbrough Drive	Florissant	MO	63033

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)
na

Date
01/03/2026

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

Amount of contribution (\$) \$10.00

Contributor address;	City;	State;	Zip Code
4724 Brice Dr	Union City	GA	30291

Principal occupation / Job title (See Instructions)
unknown

Employer (See Instructions)
unknown

Revised 1/1/2026

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: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/03/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: Heath Harris 6 Contributor address; City; State; Zip Code 8611 quicksilver Dallas TX 75249	7 Amount of contribution (\$) \$1,500.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) self
Date 01/03/2026	Full name of contributor ☐ out-of-state PAC (ID#: Shaiman Hussain Contributor address; City; State; Zip Code 1460 Rucker rd Alpharetta GA 30009	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: Lakeydra Houston Contributor address; City; State; Zip Code 3901 Commonwealth Dr Garland TX 75043	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) self
Date 01/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: Kindall Tyson Contributor address; City; State; Zip Code 3323 Thornwood Way Huntsville TX 77340	Amount of contribution (\$) \$25.00
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) James Vaughn 6 Contributor address; City; State; Zip Code 412 Buffalo Creek Dr DeSoto TX 75115	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) unknown
Date 01/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Kane Ubesie Contributor address; City; State; Zip Code 5775 Blairview Street, Unit Frisco TX 75034 319	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) medical		Employer (See Instructions) unknown
Date 01/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Aaron Martinez Contributor address; City; State; Zip Code 930 E 15th St, Apt 602 Plano TX 75074	Amount of contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Latoria Jordan Contributor address; City; State; Zip Code 1509 Highland Drive Birmingham AL 35235	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) banking		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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) David Wilks 6 Contributor address; City; State; Zip Code 2525 REAL QUIET DR Forney TX 75126	7 Amount of contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions) self
Date 01/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Will Hackney Contributor address; City; State; Zip Code 7908 N Glen Dr Irving TX 75063	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) hospitality		Employer (See Instructions) Sandaga
Date 01/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Blanca Palomo Contributor address; City; State; Zip Code 1825 S Carpenter St, 1 Chicago IL 60608	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) management		Employer (See Instructions) self
Date 01/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Shamez Givns Contributor address; City; State; Zip Code 3311 California Avenue, A St. Louis MO 63118	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) education		Employer (See Instructions) St. Louis
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: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 01/02/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Sabrina Greene 6 Contributor address; City; State; Zip Code 1618 melanie trail Midlothian TX 76065	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) education		9 Employer (See Instructions) unknown
Date 01/01/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Amy Freeman Contributor address; City; State; Zip Code 14400 Montfort Dr, 102 Dallas TX 75254	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 01/01/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Emily Hutchinson Contributor address; City; State; Zip Code 501 Winterwood Ct Ft Worth TX 76131	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions) unknown
Date 03/30/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) AI Contributor address; City; State; Zip Code 1453 3rd Street San Francisco CA 94158	Amount of contribution (\$) \$21.28
Principal occupation / Job title (See Instructions) tech refund		Employer (See Instructions) na
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: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: Sean Daredia 6 Contributor address; City; State; Zip Code 14800 Quorum Dr #265 Dallas TX 75254	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) self
Date 04/28/2026	Full name of contributor ☐ out-of-state PAC (ID#: Heath Harris Contributor address; City; State; Zip Code 1910 Pacific Avenue Dallas TX 75201	Amount of contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 04/17/2026	Full name of contributor ☐ out-of-state PAC (ID#: Russell Wilson Contributor address; City; State; Zip Code 1910 Pacific Avenue Dallas TX 75201	Amount of contribution (\$) \$1,250.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 04/28/2026	Full name of contributor ☐ out-of-state PAC (ID#: Pat Kinnard Contributor address; City; State; Zip Code 109 N. McKinney Street Ste A Richardson TX 75081	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) bondsmen		Employer (See Instructions) self
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: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) The Witherspoon Law Group 6 Contributor address; City; State; Zip Code 822 N AIA Hwy Ste 310 Ponte Vedra FL 32082	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 04/25/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) DNT Enterprise Contributor address; City; State; Zip Code 901 Longmeadow Ln DeSoto TX 75115	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 04/28/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Alexandra For Judge Contributor address; City; State; Zip Code PO Box 140305 Dallas TX 75214	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ADA, Judge-Elect		Employer (See Instructions) Dallas County DA
Date 04/29/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Bastion Law, P.C. Contributor address; City; State; Zip Code 251 W. Lancaster Ave #1222 Fort Worth TX 76101	Amount of contribution (\$) \$700.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
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: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Baston Law, P.C. 6 Contributor address; City; State; Zip Code 251 W. Lancaster Ave #1222 Fort Worth TX 76101	7 Amount of contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) self
Date 03/06/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Randall Isenberg Contributor address; City; State; Zip Code 6830 Prestonshire Ln Dallas TX 75225	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 03/06/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Isenberg Family Investments, LLC Contributor address; City; State; Zip Code 6830 Prestonshire Dallas TX 75225	Amount of contribution (\$) \$1,500.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
Date 03/02/2026	Full name of contributor ☐ out-of-state PAC (ID#: _____) Baston Law, P.C. Contributor address; City; State; Zip Code 251 W. Lancaster Ave #1222 Fort Worth TX 76101	Amount of contribution (\$) \$1,175.00
Principal occupation / Job title (See Instructions) lawyer		Employer (See Instructions) self
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: 26
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)
4 Date 04/17/2026	5 Full name of contributor ☐ out-of-state PAC (ID#: _____) Anthony Lyons, Sr. 6 Contributor address; City; State; Zip Code 320 S RL Thornton Fwy #300 Dallas TX 75203	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

3 Filer ID (Ethics Commission Filers)

\$ \$0.00

☐ Check if travel outside of Texas. Complete Schedule T.☐ Check if travel outside of Texas. Complete Schedule T.

Revised 1/1/2026

SCHEDULE A2

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

THE

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$0.00	
5 Date 05/20/0006	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Hindsight Studios 7 Contributor address; City; State; Zip Code 2627 Live Oak Dallas TX 75204	8 Amount of Contribution \$ \$1,500.00 ☐ Check if travel outside of Texas. Complete Schedule T.	9 In-kind contribution description videos
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) media		11 Employer (FOR NON-JUDICIAL) (See Instructions) self	
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 ☐ out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ ☐ Check if travel outside of Texas. Complete Schedule T.	In-kind contribution description
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	Printing 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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 01/22/2026	5 Payee name Isra Allison	
6 Amount (\$) \$2,000.00	7 Payee address; 436 E 36th St.	City; State; Zip Code Charlotte NC 28205
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ConsultingExpense	(b) Description fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 01/26/2026	Payee name Sprint2Print	
Amount (\$) \$1,000.00	Payee address; 8748 Clay Rd Ste 300	City; State; Zip Code Houston TX 77080
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description signs
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 01/12/2026	Payee name Costco	
Amount (\$) \$111.99	Payee address; 250 Hwy 67	City; State; Zip Code Duncanville TX 75137
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	Description refreshments
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 01/16/2026		5 Payee name Fastsigns			
6 Amount (\$) \$91.90		7 Payee address; 6940 Marvin D Love Fwy		City; Dallas	State; TX
				Zip Code 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense		(b) Description car magnet deposit		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 01/20/2026		Candidate / Officeholder name FastSigns			
Amount (\$) \$91.90		Payee address; 6940 Marvin D Love Fwy		City; Dallas	State; TX
				Zip Code 75237	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description car magnet balance		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 01/21/2026		Candidate / Officeholder name Cognito Media			
Amount (\$) \$1,500.00		Payee address; 417 N. 12th St		City; Corsicana	State; TX
				Zip Code 75110	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ConsultingExpense		Description online advertising		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 01/28/2026		5 Payee name Facebook			
6 Amount (\$) \$108.00		7 Payee address: 251 Little Falls Dr		City; Wilmington	State; DE
				Zip Code 19808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense		(b) Description ad		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/23/2026		Payee name Chase Martin			
Amount (\$) \$835.00		Payee address: 110 Alpine Dr		City; DeSoto	State; TX
				Zip Code 75115	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description 10k flyers		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/25/2026		Payee name Lux Media			
Amount (\$) \$1,750.00		Payee address: 6157 Crestmont Dr		City; Dallas	State; TX
				Zip Code 75214	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description truck		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2026	5 Payee name Lux Media	
6 Amount (\$) \$1,750.00	7 Payee address; 6157 Crestmont Dr.	City; State; Zip Code Dallas TX 75214
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description truck
	(c) ☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/25/2026	Payee name Enterprise Holdings	
Amount (\$) \$500.00	Payee address; 600 Corporate Park Dr.	City; State; Zip Code St. Louis MO 63105
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description truck
	☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/27/2026	Payee name Chase Martin	
Amount (\$) \$835.00	Payee address; 110 Alpine Dr	City; State; Zip Code DeSoto TX 75115
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description 10k flyers
	☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM 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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
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4 Date 02/27/2026	5 Payee name Michelle Onyarta
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6 Amount (\$) \$345.00	7 Payee address; unknown	City; Dallas	State; TX	Zip Code 00000
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PollingExpense	(b) Description poll greeter
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/17/2026	Payee name DFW Airport
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Amount (\$) \$2.00	Payee address; 2400 Aviation Dr	City; DFW Airport	State; TX	Zip Code 75261
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description exit fee
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/23/2026	Payee name EVGO
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Amount (\$) \$33.31	Payee address; 11835 Olympic BLvd #900E	City; Los Angeles	State; CA	Zip Code 90064
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description charging
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
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4 Date 02/23/2026	5 Payee name Facebook
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6 Amount (\$) \$222.00	7 Payee address; 251 Little Falls Dr	City; Wilmington	State; DE	Zip Code 19808
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description ads
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/23/2026	Payee name EVGO
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Amount (\$) \$30.31	Payee address; 11835 W Olympic Blvd #900E	City; Los Angeles	State; CA	Zip Code 90064
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description charging
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/23/2026	Payee name AI
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Amount (\$) \$21.28	Payee address; 1453 3rd St	City; San Francisco	State; CA	Zip Code 94158
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description tech
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 02/23/2026		5 Payee name Facebook			
6 Amount (\$) \$111.00		7 Payee address; 251 Little Falls Dr		City; Wilmington	State; DE Zip Code 19808
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense		(b) Description ad		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/24/2026		Payee name Facebook			
Amount (\$) \$111.00		Payee address; 251 Little Falls Dr		City; Wilmington	State; DE Zip Code 19808
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description ad		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 02/26/2026		Payee name Apple Inc			
Amount (\$) \$54.11		Payee address; One Apple Park Way		City; Cupertino	State; CA Zip Code 95014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description app fee		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
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4 Date 02/26/2026	5 Payee name The Parking Spot
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6 Amount (\$) \$13.53	7 Payee address; 200 W Monroe4 St	City; Chicago	State; IL	Zip Code 60606
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TravelOutOfDistrict	(b) Description Parking fee travel to Austin, TX for Appeal
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/27/2026	Payee name EVGO
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Amount (\$) \$55.00	Payee address; 11835 W Olympic Blvd #900E	City; Los Angeles	State; CA	Zip Code 90064
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description charging
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/27/2026	Payee name Facebook
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Amount (\$) \$282.00	Payee address; 251 Little Falls Dr	City; Wilmington	State; DE	Zip Code 19808
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description ad
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2026	5 Payee name Apple Inc	
6 Amount (\$) \$56.28	7 Payee address; One Apple Park Way	City; State; Zip Code Cupertino CA 95014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description app
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/02/2026	Payee name Aisha Sampson	
Amount (\$) \$252.00	Payee address; unknown	City; State; Zip Code Dallas TX 00000
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	Description polling fee
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/03/2026	Payee name LaToya Cooper	
Amount (\$) \$648.00	Payee address; unknown	City; State; Zip Code Dallas TX 00000
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	Description polling fee
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
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4 Date 03/02/2026	5 Payee name Savion Drake
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6 Amount (\$) \$1,119.00	7 Payee address; unknown	City; Dallas	State; TX	Zip Code 00000
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PollingExpense	(b) Description polling fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/02/2026	Payee name Aisha Sampson
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Amount (\$) \$180.00	Payee address; unknown	City; Dallas	State; TX	Zip Code 00000
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	Description remaining balance polling fee
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/02/2026	Payee name Sylvester Taylor
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Amount (\$) \$1,305.00	Payee address; unknown	City; Clarksdale	State; MS	Zip Code 00000
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	Description polling fee
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 03/03/2026		5 Payee name Lux Media			
6 Amount (\$) \$1,300.00		7 Payee address; 6157 Crestmont Dr.		City; Dallas	State; TX
				Zip Code 75214	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense		(b) Description truck		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date					
Payee name					
03/05/2026					
Lux Media					
Amount (\$)					
Payee address;					
City;					
State;					
Zip Code					
\$1,100.00					
6157 Crestmont Dr					
Dallas					
TX					
75214					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description truck		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date					
Payee name					
03/06/2026					
Enterprise Holdings					
Amount (\$)					
Payee address;					
City;					
State;					
Zip Code					
\$497.00					
600 Corporate Park Dr					
St. Louis					
MO					
63105					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		Description truck rental		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
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4 Date 03/06/2026	5 Payee name Savion Drake
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6 Amount (\$) \$198.90	7 Payee address; unknown	City; Dallas	State; TX	Zip Code 00000
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PollingExpense	(b) Description poll greeter fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/06/2026	Payee name Dominique Waites
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Amount (\$) \$340.00	Payee address; unknown	City; Dallas	State; TX	Zip Code 00000
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	Description poll greeter fee
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 03/06/2026	Payee name Hilario Contreras
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Amount (\$) \$238.00	Payee address; unknown	City; Dallas	State; TX	Zip Code 00000
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	Description poll greeter fee
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 03/09/2026	5 Payee name Hilario Contreras	
6 Amount (\$) \$170.00	7 Payee address; unknown	City; State; Zip Code Dallas TX 00000
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PollingExpense	(b) Description balance poll greeter fee
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/09/2026	Candidate / Officeholder name Office sought Office held	
Amount (\$) \$204.00	Payee name Roi Ofori	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	
	Description poll greeter fee	
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/09/2026	Candidate / Officeholder name Office sought Office held	
Amount (\$) \$216.50	Payee name 1118 Makeup Bar	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	
	Description presser makeup	
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 03/16/2026	5 Payee name DJ Dr Mack	
6 Amount (\$) \$300.00	7 Payee address; unknown	City; State; Zip Code Dallas TX 00000
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense	(b) Description DJ
	(c) ☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/02/2026	Payee name Edwards and Patterson Signs	
Amount (\$) \$1,686.18	Payee address; 203 S Belt Line Rd	City; State; Zip Code Irving TX 75060
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description yard signs
	☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/02/2026	Payee name EVGO	
Amount (\$) \$43.67	Payee address; 11835 W Olymic Blvd #900E	City; State; Zip Code Los Angeles TX 90064
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description charging
	☐ Check if travel outside of Texas, Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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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: 27		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 03/02/2026		5 Payee name Facebook			
6 Amount (\$) \$465.53		7 Payee address; 251 Little Falls Dr		City; Wilmington	State; DE
				Zip Code 19808	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense		(b) Description ads		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/02/2026		Payee name Apple Inc			
Amount (\$) \$108.24		Payee address; One Apple Park Way		City; Cupertino	State; CA
				Zip Code 95014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description apps		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/04/2026		Payee name EVGO			
Amount (\$) \$55.00		Payee address; 11835 W Olympic Blvd #900E		City; Los Angeles	State; CA
				Zip Code 90064	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		Description charging		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

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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: 27		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 03/04/2026		5 Payee name Apple Inc			
6 Amount (\$) \$11.90		7 Payee address; One Apple Park Way		City; Cupertino	State; CA
				Zip Code 95014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense		(b) Description app		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/05/2026		Payee name EVGO			
Amount (\$) \$49.65		Payee address; 11835 W Olympic Blvd #900E		City; Los Angeles	State; CA
				Zip Code 90064	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		Description charging		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 03/05/2026		Payee name Poll Greeting			
Amount (\$) \$1,000.00		Payee address; unknown		City; Dallas	State; TX
				Zip Code 00000	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense		Description poll greeter fees for remaining poll greeters		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 03/31/2026	5 Payee name Facebook	
6 Amount (\$) \$255.48	7 Payee address; 251 Little Falls Dr	City; State; Zip Code Wilmington DE 19808
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description ad
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 04/30/2026	Payee name Amber Givens	
Amount (\$) \$10,000.00	Payee address; 3824 Cedar Springs Rd. #253	City; State; Zip Code Dallas TX 75219
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LoanRepaymentReimbursement	Description partial reimbursement
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/08/2026	Payee name Apple Inc	
Amount (\$) \$9.99	Payee address; One Apple Way Park	City; State; Zip Code Cupertino CA 95014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description app
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 05/18/2026	5 Payee name Apple Inc	
6 Amount (\$) \$7.57	7 Payee address; One Apple Park Way Cupertino	City; State; Zip Code CA 95014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	
	(b) Description app	
	☐ (c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/20/2026	Candidate / Officeholder name Brewed Coffee DFW Airport	
Amount (\$) \$20.66	Payee address; 2400 Aviation Dr.	City; State; Zip Code Dallas TX 75261
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	
	Description food	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 05/20/2026	Candidate / Officeholder name Austin Airport	
Amount (\$) \$8.94	Payee address; 3600 Presidential Blvd	City; State; Zip Code Austin TX 78719
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FoodBeverageExpense	
	Description food	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 05/21/2026	5 Payee name Top Tier Beauty LLC	
6 Amount (\$) \$103.00	7 Payee address; 700 S Cockrell Hill Rd #114	City; State; Zip Code Duncanville TX 75137
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense	(b) Description makeup
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 05/22/2026	Payee name Four Points by Sheraton Austin	
Amount (\$) \$70.30	Payee address; 7800 E Riverside Dr	City; State; Zip Code Austin TX 78744
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TravelOutOfDistrict	Description lodging
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 05/26/2026	Payee name Apple Inc	
Amount (\$) \$86.56	Payee address; One Apple Park Way	City; State; Zip Code Cupertino CA 95014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description app purchases
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 05/08/2026		5 Payee name Apple Inc			
6 Amount (\$) \$37.88		7 Payee address; One Apple Way Park		City; Cupertino	State; CA
				Zip Code 95014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		(b) Description app		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
	9 Complete ONLY if direct expenditure to benefit C/OH				
Date 06/08/2026		Payee name Apple Inc			
Amount (\$) \$37.88		Payee address; One Apple Way		City; Cupertino	State; CA
				Zip Code 95014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description app		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name				
Complete ONLY if direct expenditure to benefit C/OH		Office sought		Office held	
Date 06/12/2026		Payee name Golden Luxe Transportation			
Amount (\$) \$200.00		Payee address; 1531 Inspiration Dr. #4024		City; Dallas	State; TX
				Zip Code 75207	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Security		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
	Candidate / Officeholder name				
Complete ONLY if direct expenditure to benefit C/OH		Office sought		Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 06/17/2026		5 Payee name American Airlines			
6 Amount (\$) \$212.00		7 Payee address; 1 Skyview Dr		City; Fort Worth	State; TX Zip Code 76155
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TravelOutOfDistrict		(b) Description travel		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 06/18/2026		Candidate / Officeholder name Payee name Apple Inc			
Amount (\$) \$7.57		Payee address; One Apple Way		City; Cupertino	State; CA Zip Code 95014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description app		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 06/25/2026		Candidate / Officeholder name Payee name Apple Inc			
Amount (\$) \$86.56		Payee address; One Apple Way		City; Cupertino	State; CA Zip Code 95014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description apps		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 06/29/2026	5 Payee name Apple Inc	
6 Amount (\$) \$75.76	7 Payee address; One Apple Way Cupertino	City; State; Zip Code CA 95014
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description app
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 03/25/2026	Payee name Apple Inc	
Amount (\$) \$64.92	Payee address; One Apple Park Way Cupertino	City; State; Zip Code CA 95014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description app
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 02/02/2026	Payee name Amber Givens	
Amount (\$) \$200.00	Payee address; 3824 Cedar Springs Rd #253 Dallas	City; State; Zip Code TX 75219
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LoanRepaymentReimbursement	Description repayment
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
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4 Date 02/23/2026	5 Payee name Chase Marti Creative Marketing
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6 Amount (\$) \$835.00	7 Payee address; 110 Alpine Dr.	City; DeSoto	State; TX	Zip Code 75115
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description 10k flyers
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/25/2026	Payee name Lux Media
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Amount (\$) \$1,750.00	Payee address; 6157 Crestmont Dr	City; Dallas	State; TX	Zip Code 75214
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description truck
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 02/02/2026	Payee name Facebook
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Amount (\$) \$78.44	Payee address; 251 Little Falls Dr	City; Wilmington	State; DE	Zip Code 19808
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	Description ad
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 02/26/2026		5 Payee name DFW Airport			
6 Amount (\$) \$2.00		7 Payee address; 2400 Aviation Dr		City; DFW Airport	State; TX
				Zip Code 75261	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TravelOutOfDistrict		(b) Description fee		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/09/2026		Payee name Apple Inc			
Amount (\$) \$9.99		Payee address; One Apple Park Way		City; Cupertino	State; CA
				Zip Code 95014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description app		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 03/19/2026		Payee name Apple Inc.			
Amount (\$) \$7.57		Payee address; One Apple Park Way		City; Cupertino	State; CA
				Zip Code 95014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description app		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27
2 FILER NAME: Amber Givens
3 Filer ID (Ethics Commission Filers)

4 Date: 03/23/2026
5 Payee name: AI
6 Amount (\$): \$21.28
7 Payee address: 1453 3rd St
City: San Francisco State: CA Zip Code: 94158

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): AdvertisingExpense
(b) Description: tech
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense

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

Date: 04/08/2026
Payee name: Apple Inc
Amount (\$): \$9.99
Payee address: One Apple Way
City: Cupertino State: CA Zip Code: 95014

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): OfficeOverheadRentalExpense
Description: app
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense

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

Date: 04/20/2026
Payee name: Apple Inc
Amount (\$): \$7.57
Payee address: One Apple Park Way
City: Cupertino State: CA Zip Code: 95014

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): OfficeOverheadRentalExpense
Description: app
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check If Austin, TX, officeholder living expense

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 27	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
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4 Date 04/27/2026	5 Payee name Apple Inc
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6 Amount (\$) \$86.56	7 Payee address; One Apple Park Way	City; Cupertino	State; CA	Zip Code 95014
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	(b) Description apps
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/28/2026	Payee name Amber Givens
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Amount (\$) \$1,092.30	Payee address; 3824 Cedar Springs Rd #253	City; Dallas	State; TX	Zip Code 75219
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LoanRepaymentReimbursement	Description reimbursement
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 04/28/2026	Payee name Macy's
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Amount (\$) \$128.06	Payee address; 151 W 34th St	City; New York	State; NY	Zip Code 10001
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description event attire
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 27		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 04/28/2026		5 Payee name Target			
6 Amount (\$) \$14.28		7 Payee address; 1000 Nicollet Mall		City; Minneapolis	State; MN Zip Code 55403
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EventExpense		(b) Description event attire		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 06/08/2026		Payee name Apple Inc			
Amount (\$) \$9.99		Payee address; One Apple Way Park		City; Cupertino	State; CA Zip Code 95014
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense		Description app		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 06/23/2026		Payee name Amber Givens			
Amount (\$) \$251.04		Payee address; 3824 Cedar Springs Rd. #253		City; Dallas	State; TX Zip Code 75219
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LoanRepaymentReimbursement		Description reimbursement		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ \$0.00
5 Date 04/30/2026	6 Payee name Jackson Walker LLP	
7 Amount (\$) \$53,663.15	8 Payee address; PO Box 130989	City; State; Zip Code Dallas TX 75313
9 TYPE OF EXPENDITURE	☒ Political ☐ Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LegalServices	(b) Description Legal Representation
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
TYPE OF EXPENDITURE	☐ Political ☐ Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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: 10	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 03/23/2026	5 Payee name Shopify	
6 Amount (\$) \$1.07 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 151 O'Connor Street Ottawa, Ontario N/A 00000	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	
	(b) Description website	
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/23/2026	Payee name Apple Inc	
Amount (\$) \$22.63 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code One Apple Way Cupertino CA 95014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense	
	Description app	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 03/03/2026	Payee name Crystal Unknown	
Amount (\$) \$221.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code unknown Dallas TX 00000	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PollingExpense	
	Description poll greeter	
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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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: 10		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 03/05/2026		5 Payee name Asaie Fullwood			
6 Amount (\$) \$20.00 ☒ Reimbursement from political contributions intended		7 Payee address; 3409 Vilbig Rd		City; Dallas	State; TX
				Zip Code 75212	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) EventExpense		(b) Description cut	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/02/2026		Payee name Nationbuilder			
Amount (\$) \$93.00 ☒ Reimbursement from political contributions intended		Payee address; 520 S Grand Ave		City; Los Angeles	State; CA
				Zip Code 90071	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description website	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/05/2026		Payee name Kappa Alpha Psi Fraternity, Inc.			
Amount (\$) \$55.20 ☒ Reimbursement from political contributions intended		Payee address; 2515 Martin Luther King Jr. Blvd		City; Dallas	State; TX
				Zip Code 75215	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) EventExpense		Description ticket	
		☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 10	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
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4 Date 01/05/2026	5 Payee name Office Max
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6 Amount (\$) \$187.91 ☒ Reimbursement from political contributions intended	7 Payee address; 2415 N Haskell City: Dallas State: TX Zip Code: 75204
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PrintingExpense	(b) Description printing
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/06/2026	Payee name Staples
Amount (\$) \$12.98 ☒ Reimbursement from political contributions intended	Payee address; 11700 Preston Rd City: Dallas State: TX Zip Code: 75230

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OfficeOverheadRentalExpense	Description supplies
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 01/08/2026	Payee name 303 Bishop Arts
Amount (\$) \$108.25 ☒ Reimbursement from political contributions intended	Payee address; 303 W. Davis St City: Dallas State: TX Zip Code: 75208

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EventExpense	Description food
	☐ Check if travel outside of Texas. Complete Schedule T.	☐ Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 10	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 01/08/2026	5 Payee name Mailchimp	
6 Amount (\$) \$21.32 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Ste 5000 Atlanta GA 30308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense	(b) Description email
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 01/08/2026	Payee name Costco	
Amount (\$) \$48.74 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 250 W Highway 67 Duncanville TX 75137	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description gas
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/05/2026	Payee name Costco	
Amount (\$) \$52.18 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 250 W Highway 67 Duncanville TX 75137	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense	Description gas
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 10		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 01/12/2026		5 Payee name Costco			
6 Amount (\$) \$46.16 ☒ Reimbursement from political contributions intended		7 Payee address; 250 W Highway 67		City; Duncanville	State; TX Zip Code 75137
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		(b) Description gas		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 01/14/2026		Payee name Path Social			
Amount (\$) \$66.00 ☒ Reimbursement from political contributions intended		Payee address; 5125 Molino		City; Irvine	State; CA Zip Code 92618
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description media		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 01/16/2026		Payee name Tesla			
Amount (\$) \$33.52 ☒ Reimbursement from political contributions intended		Payee address; 1 Tesla Rd		City; Austin	State; TX Zip Code 78725
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		Description charging		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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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: 10		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 01/02/2026		5 Payee name Costco			
6 Amount (\$) \$54.47 ☒ Reimbursement from political contributions intended		7 Payee address; 250 W Highway 67		City; Duncanville	State; TX Zip Code 75137
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		(b) Description gas		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 01/22/2026		Payee name Costco			
Amount (\$) \$29.53 ☒ Reimbursement from political contributions intended		Payee address; 250 W Highway 67		City; Duncanville	State; TX Zip Code 75137
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		Description gas		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 01/23/2026		Payee name Home Depot			
Amount (\$) \$48.62 ☒ Reimbursement from political contributions intended		Payee address; 2610 Fort Worth Ave		City; Dallas	State; TX Zip Code 75211
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description supplies		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 10		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 01/30/2026		5 Payee name Shopify			
6 Amount (\$) \$1.07 ☒ Reimbursement from political contributions intended		7 Payee address; 151 O'Connor Street, Ground Floor		City; Ottawa, Ontario	State; TX Zip Code 00000
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) AdvertisingExpense		(b) Description website		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 02/03/2026		Payee name Shell Oil			
Amount (\$) \$15.24 ☒ Reimbursement from political contributions intended		Payee address; 150 N. Dairy Ashford Road		City; Houston	State; TX Zip Code 77079
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TransportationEquipmentAndRelatedExpense		Description gas		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 01/02/2026		Payee name Ram Web Design			
Amount (\$) \$200.00 ☒ Reimbursement from political contributions intended		Payee address; PO Box 171752		City; Dallas	State; TX Zip Code 75217
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description website		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 10	2 FILER NAME Amber Givens	3 Filer ID (Ethics Commission Filers)
4 Date 05/20/2026	5 Payee name Austin-Bergstrom International Airport Food and Beverage	
6 Amount (\$) \$12.97 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3600 Presidential Blvd Austin TX 78719	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FoodBeverageExpense	(b) Description food
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/09/2026	Payee name Lyft	
Amount (\$) \$39.88 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 185 Berry Street #400 San Francisco CA 94107	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TravelOutOfDistrict	Description lyft
	☒ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/09/2026	Payee name American Airlines	
Amount (\$) \$40.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Skyview Drive Fort Worth TX 76155	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TravelOutOfDistrict	Description travel
	☒ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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: 10		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 03/26/2026		5 Payee name Enterprise Rent-A-Car			
6 Amount (\$) \$161.82 ☒ Reimbursement from political contributions intended		7 Payee address; 600 Corporate Park Drive		City; St. Louis	State; MO Zip Code 63105
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TravelOutOfDistrict		(b) Description rental		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/26/2026		Payee name Lyft			
Amount (\$) \$13.47 ☒ Reimbursement from political contributions intended		Payee address; 185 Berry Street #400		City; San Francisco	State; CA Zip Code 94107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) TravelOutOfDistrict		Description lyft		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date 01/22/2026		Payee name Sprin2Print			
Amount (\$) \$2,110.88 ☒ Reimbursement from political contributions intended		Payee address; 8748 Clay Rd		City; Houston	State; TX Zip Code 77080
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description signs		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY 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
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: 10		2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Date 01/07/2026		5 Payee name Law Office of Peter J. Clarke			
6 Amount (\$) \$2,000.00 ☒ Reimbursement from political contributions intended		7 Payee address; 6001 Savoy Dr #304		City; Houston	State; TX
				Zip Code 77036	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) LegalServices		(b) Description CD		
	(c) ☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 01/12/2026		Payee name Social Impact Team			
Amount (\$) \$2,500.00 ☒ Reimbursement from political contributions intended		Payee address; 1808 S Good Latimer Expy		City; Dallas	State; TX
				Zip Code 75226	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description web		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name					
Office sought					
Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date 01/05/2026		Payee name Kauwuane Burton Studios			
Amount (\$) \$650.00 ☒ Reimbursement from political contributions intended		Payee address; 6025 Commerce Dr. #500		City; Irving	State; TX
				Zip Code 75063	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AdvertisingExpense		Description video		
	☐ Check if travel outside of Texas. Complete Schedule T.		☐ Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name					
Office sought					
Office held					
Complete ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE T

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T: 1	
2 FILER NAME Amber Givens		3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Lyft			
5 Contribution / Expenditure reported on:			
☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☒ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS			
6 Dates of travel April 8-10, 2026	7 Name of person(s) traveling self		
	8 Departure city or name of departure location Dallas, TX		
	9 Destination city or name of destination location Miami, FL		
10 Means of transportation air		11 Purpose of travel (including name of conference, seminar, or other event) conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee American Airlines			
Contribution / Expenditure reported on:			
☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☒ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS			
Dates of travel April 8-10, 2026	Name of person(s) traveling self		
	Departure city or name of departure location Dallas, TX		
	Destination city or name of destination location Miami, FL		
Means of transportation air		Purpose of travel (including name of conference, seminar, or other event) conference	
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee			
Contribution / Expenditure reported on:			
☐ Schedule A2 ☐ Schedule B ☐ Schedule B(J) ☐ Schedule C2 ☐ Schedule D ☐ Schedule F1 ☐ Schedule F2 ☐ Schedule F4 ☐ Schedule G ☐ Schedule H ☐ Schedule COH-UC ☐ Schedule B-SS			
Dates of travel	Name of person(s) traveling		
	Departure city or name of departure location		
	Destination city or name of destination location		
Means of transportation		Purpose of travel (including name of conference, seminar, or other event)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			