

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Anthony	C
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX
	Tony	Grimes	
ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE		OFFICE USE ONLY	
P. O. Box 166176 Irving TX 75016		<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;"><b>FILED</b></p> <p style="text-align: center;"><b>2026 FEB 12 PM 12:27</b></p> <p style="text-align: center;">BY _____ JOHN F. HARKEN COUNTY CLERK DALLAS COUNTY DEPUTY</p> </div>	
Change of Address			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		
( 214 ) 315-3151			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
7 CAMPAIGN TREASURER ADDRESS	NICKNAME		SUFFIX
	Ms,		Jearlene
STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE		Date Received	
2801 N. Britain Rd. Irving TX 75062		Date Hand Delivered or Date Postmarked	
(Residence or Business)		Receipt #	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Processed	
( 214 ) 732-6707		Date Imaged	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <i>th</i> <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 16 / 26 THROUGH 2 / 3 / 26		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
	3 / 3 / 26		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Dallas County Clerk	
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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> Anthony C. Grimes		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>1,707.34</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>892.98</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

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

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

**OR**

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ (month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME Anthony C. Grimes		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 640.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1707.34
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>2</u>
2 FILER NAME <b>Anthony C. Grimes</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>1/2/26</b>	5 Full name of contributor <b>YASMIN SIMON</b> <small>out-of-state PAC (ID# _____)</small>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>3800 Crescent Ave Dallas TX 75250</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>1-2-26</b>	Full name of contributor <b>Jeanene Miller</b> <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>2801 Britain Rd Irving, TX 75066</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)

Date <b>1-13-26</b>	Full name of contributor <b>Rocio Garcia</b> <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) <b>\$50.00</b>
Contributor address; City; State; Zip Code <b>3418 McFarlin #D Dallas TX 75229</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <b>1-16-26</b>	Full name of contributor <b>Delia Watley</b> <small>out-of-state PAC (ID# _____)</small>	Amount of contribution (\$) <b>\$40.00</b>
Contributor address; City; State; Zip Code <b>2116 Cay Ct Irving, TX 75060</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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