

# 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 <div style="display: flex; justify-content: space-between;"> <span>ONT</span> <span>ANN</span> </div> <hr/> NICKNAME LAST SUFFIX <div style="display: flex; justify-content: space-between;"> <span>GROVES</span> <span></span> </div>		<b>OFFICE USE ONLY</b>  Date Received <div style="text-align: center; color: blue;">             2026 JAN 15 PM 3:33              JOHN F. WARREN              COUNTY CLERK              DALLAS COUNTY         </div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4144 N. Central Expressway Ste #512 DALLAS, TX 75204 <input checked="" type="checkbox"/> Change of Address		Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (682) 408-1795										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="display: flex; justify-content: space-between;"> <span>Scottie</span> <span>D.</span> </div> <hr/> NICKNAME LAST SUFFIX <div style="display: flex; justify-content: space-between;"> <span>ALLEN</span> <span></span> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4144 N. Central Expwy Ste #512 Dallas, TX 75204										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 824-7711										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	Month Day Year Month Day Year 11 / 19 / 25 THROUGH 12 / 31 / 25										
11 ELECTION	ELECTION DATE ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div>Month Day Year 03 / 03 / 24</div> <div> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description  <input type="checkbox"/> General <input type="checkbox"/> Special         </div> </div>										
12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) Judge, County Criminal Ct of App #1									
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.										
<input type="checkbox"/> Additional Pages	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> 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 <u>Oni Ann Groves</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>4,057.08</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>6,622.82</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

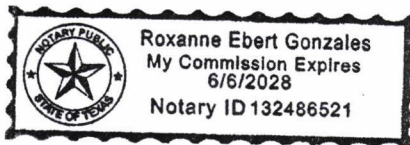
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Oni Ann Groves this the 15<sup>th</sup> day of Jan., 2026, to certify which, witness my hand and seal of office.

Roxanne Ebert Gonzales Roxanne Ebert Gonzales notary

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**

Omi Ann Groves

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

- |     |                                                                                                             |             |
|-----|-------------------------------------------------------------------------------------------------------------|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 4,057.08 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$          |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$          |
| 4.  | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$          |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$          |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$          |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$          |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$          |
| 9.  | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 6,622.82 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. | <input type="checkbox"/> 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: 3

2 FILER NAME

Oni Groves (Oni Ann Groves)

3 Filer ID (Ethics Commission Filers)

4 Date

12/30/25

5 Full name of contributor

☐ out-of-state PAC (ID#:

Kimberly Rojas

7 Amount of contribution (\$)

\$53.12

6 Contributor address;

City: Dallas State: Zip Code

2525 N. Henderson Ave. TX 75206

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

LAW office of Kim Rojas

Date

12/30/25

Full name of contributor

☐ out-of-state PAC (ID#:

Byron Busby

Amount of contribution (\$)

\$50.00

Contributor address;

City: Lancaster State: Zip Code

1400 enchanted ln. TX 75146

Principal occupation / Job title (See Instructions)

Cybersecurity

Employer (See Instructions)

Citi

Date

12/31/25

Full name of contributor

☐ out-of-state PAC (ID#:

Lisa Francis

Amount of contribution (\$)

\$105.75

Contributor address;

City: Mansfield State: Zip Code

752 N. Main St. TX 76063

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

The Francis Realty Group

Date

12/24/25

Full name of contributor

☐ out-of-state PAC (ID#:

Constance Groves Anderson

Amount of contribution (\$)

\$300.00

Contributor address;

City: Fort State: Zip Code

5000 St. Lawrence road Worth TX 76103

Principal occupation / Job title (See Instructions)

Geological Tech

Employer (See Instructions)

Pioneer Natural Resources

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: 3
2 FILER NAME ONI ANN GROVES		3 Filer ID (Ethics Commission Filers)
4 Date 12/08/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kennedy Echetebe (kechetebe@yahoo) 6 Contributor address; City; State; Zip Code 2524 Winged Dove dr. city TX 77573	7 Amount of contribution (\$) \$105.75
8 Principal occupation / Job title (See Instructions) car sales Manager		9 Employer (See Instructions) TOYOTA
Date 12/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven Riddick s.wes@briddickulou.com Contributor address; City; State; Zip Code 1020 Jan Elyn Ln. El Paso TX 79912	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) General Manager		Employer (See Instructions) The University of Texas at El Paso
Date 12/12/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kristina N. Kastl Contributor address; City; State; Zip Code 4144 N. Central Expwy Ste 1000 Dallas TX 75204	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kastl Law
Date 12/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bridgette Williams Contributor address; City; State; Zip Code 2626 Cole Ave Ste 300 Dallas TX 75204	Amount of contribution (\$) \$263.90
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) BLW Legal Group Injury
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3

2 FILER NAME

Oni Groves (Oni Ann Groves)

3 Filer ID (Ethics Commission Filers)

4 Date

12/24/25

5 Full name of contributor

Russell Wilson

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$1,581.77

6 Contributor address;

City;

State;

Zip Code

1910 Pacific Ave #12050 Dallas TX 75201

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

law office of Russell Wilson

Date

12/24/25

Full name of contributor

Frances Green

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$791.04

Contributor address;

City;

State;

Zip Code

845 Fall Kirk Court Carroll TX 75019

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Citi Bank

Date

12/29/25

Full name of contributor

Patrice Williams

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

4317 Springhurst Dr. TX 75074

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Dallas DA's office

Date

12/29/25

Full name of contributor

Sarah Blackshear

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$105.75

Contributor address;

City;

State;

Zip Code

4121 Malone Ave. The Colony TX 75056

Principal occupation / Job title (See Instructions)

consultant

Employer (See Instructions)

Morgan Stanley

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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: <u>5</u>		2 FILER NAME <u>Oni Ann Groves</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11/24/25</u>		5 Payee name <u>Bankem Printing</u>			
6 Amount (\$) <u>32.48</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; <u>2357 S. Collins St.</u>		City; <u>Arlington</u>	State; <u>TX</u>
				Zip Code <u>76014</u>	
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description	
		(c) <input type="checkbox"/> Check if individual's residence address.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>12/10/26</u>		Payee name <u>Black Criminal Defense Bar- Charles Mabuka</u>			
Amount (\$) <u>175</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; <u>2201 Main Street</u>		City; <u>Ste 800 Dallas TX</u>	State; <u>75201-4378</u>
				Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Event Expense</u>		Description <u>Christmas Party</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <u>12/08/25</u>		Payee name <u>Dallas Democratic Party</u>			
Amount (\$) <u>2500</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; <u>1414 N. Washington</u>		City; <u>Ave Dallas, TX</u>	State; <u>75204</u>
				Zip Code	
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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: <b>5</b>	2 FILER NAME <b>Oni Ann Groves</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>12/22/25</b>	5 Payee name <b>Elite News</b>
6 Amount (\$) <b>\$1050.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <b>P.O. Box 380017</b> <input type="checkbox"/> Check if individual's residence address.
	City; State; Zip Code <b>Duncanville TX 75138</b>

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--------------------------------------------------------------	-------------------------------	---------------	-------------

Date <b>12/21/25</b>	Payee name <b>Bankern Printing</b>
Amount (\$) <b>\$59.54</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>2357 S. Collins St. Arlington</b> <input type="checkbox"/> Check if individual's residence address.
	City; State; Zip Code <b>TX 76014</b>

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
------------------------------------------------------------	-------------------------------	---------------	-------------

Date <b>11/28/25</b>	Payee name <b>Erica McCoy</b>
Amount (\$) <b>\$288.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; <b>3739 Singleton Blvd.</b> <input type="checkbox"/> Check if individual's residence address.
	City; State; Zip Code <b>Dallas TX 75212</b>

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

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

# POLITICAL EXPENDITURES MADE FROM 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.

<b>1</b> Total pages Schedule G: <u>5</u>		<b>2</b> FILER NAME <u>Oni Ann Groves</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>12/29/2025</u>		<b>5</b> Payee name <u>Aviva Dallas Wholesale</u>			
<b>6</b> Amount (\$) <u>\$9.73</u> <input type="checkbox"/> Reimbursement from political contributions intended		<b>7</b> Payee address; City; State; Zip Code <u>11818 Harry Hines Blvd. Dallas TX 75234</u> <u>Ste. 202</u> <input type="checkbox"/> Check if individual's residence address.			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) <u>Event</u>		<b>(b)</b> Description <u>T-shirts</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <u>12/29/25</u>		Payee name <u>Aviva Dallas Wholesale</u>			
Amount (\$) <u>\$33.29</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>11818 Harry Hines Blvd. Dallas TX 75234</u> <u>Ste. 202</u> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Event</u>		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
Date <u>12/23/25</u>		Payee name <u>The Political Arm</u>			
Amount (\$) <u>\$1,359.89</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>8604 Turtle Creek Blvd. Dallas TX 75225</u> <u>#12484</u> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>		Description <u>Campaign manager</u>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**SCHEDULE G**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
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: <b>5</b>		2 FILER NAME <b>Oni Ann Groves</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>12/15/25</b>		5 Payee name <b>Stonwall Democrats</b>			
6 Amount (\$) <b>35.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address: <b>7220 S. Westmoreland Rd. Suite 220</b> City: <b>Dallas</b> State: <b>TX</b> Zip Code: <b>75237</b> <input type="checkbox"/> Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <b>11/25/25</b>		Payee name <b>23rd senatorial District Tejano Democrats</b>			
Amount (\$) <b>20.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: <b>P.O. Box : 226534</b> City: <b>Dallas</b> State: <b>TX</b> Zip Code: <b>75222</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		Description <b>Xmas sponsor</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Date <b>11/20/25</b>		Payee name <b>Political Arm</b>			
Amount (\$) <b>\$1,359.89</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address: <b>8604 Turtle Creek Blvd. #12484</b> City: <b>Dallas</b> State: <b>TX</b> Zip Code: <b>75225</b> <input type="checkbox"/> Check if individual's residence address.			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <b>consulting expense</b>		Description <b>campaign Manager</b>	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <div style="font-size: 1.5em; margin-left: 40px;">5</div>	<b>2</b> FILER NAME <div style="font-size: 1.2em; margin-left: 20px;">Oni Ann Groves</div>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <div style="font-size: 1.2em; margin-left: 20px;">11/19/25</div>	<b>5</b> Payee name <div style="font-size: 1.2em; margin-left: 20px;">Oni Ann Groves Campaign</div>	
<b>6</b> Amount (\$) <div style="font-size: 1.5em; margin-left: 40px;">10000</div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> Reimbursement from political contributions intended                 </div>	<b>7</b> Payee address; City; State; Zip Code <div style="font-size: 1.2em; margin-left: 20px;">4144 N. Central Expwy Ste 512 Dallas TX 75204</div>	
<b>8</b>  <div style="text-align: center; font-weight: bold;">PURPOSE OF EXPENDITURE</div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>(a)</b> Category (See Categories listed at the top of this schedule)  <div style="font-size: 1.5em; margin-left: 20px;">Banking</div> </div> <div style="width: 48%;"> <b>(b)</b> Description  <div style="font-size: 1.5em; margin-left: 20px;">Bank-Over head</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 48%;"> <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                 </div> <div style="width: 48%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense                 </div> </div>	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">Candidate / Officeholder name</div> <div style="width: 33%;">Office sought</div> <div style="width: 33%;">Office held</div> </div>	

Complete ONLY if direct expenditure to benefit C/OH

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)
	Description
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                     </div> <div style="width: 48%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense                     </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">Candidate / Officeholder name</div> <div style="width: 33%;">Office sought</div> <div style="width: 33%;">Office held</div> </div>	

Complete ONLY if direct expenditure to benefit C/OH

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)
	Description
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                     </div> <div style="width: 48%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense                     </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">Candidate / Officeholder name</div> <div style="width: 33%;">Office sought</div> <div style="width: 33%;">Office held</div> </div>	

Complete ONLY if direct expenditure to benefit C/OH

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)
	Description
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                     </div> <div style="width: 48%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense                     </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">Candidate / Officeholder name</div> <div style="width: 33%;">Office sought</div> <div style="width: 33%;">Office held</div> </div>	

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



## AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2026, a candidate or officeholder who has accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in any calendar year must file all subsequent reports electronically.

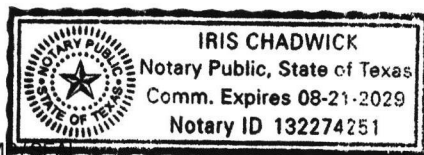
Filer name <u>Oni Groves</u>	Filer ID #
---------------------------------	------------

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

1. I swear or affirm that I have not accepted more than \$34,890 in political contributions or made more than \$34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the Initial Report report due on 1/15/26.  
I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit



NOTARY STAMP

[Signature]  
Signature of Filer

Sworn to and subscribed before me by Oni Groves this the 15th day of January, 2026, to certify which, witness my hand and seal of office.

[Signature] IRIS Chadwick Notary  
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 Filer (Declarant)

**FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT  
ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER**

