

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>ONI</i>	MI <i>ANN</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>GROVES</i>	SUFFIX	Date Received <i>2026 JAN 15 BY 3:30 PM JOHN F. WARREN COUNTY CLERK DALLAS COUNTY</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>4144 N. Central Expressway Ste #512 DALLAS, TX 75204</i>			Date Hand-delivered or Date Postmarked <i>1/13/2026</i>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt # <i>W 33</i> Amount \$ <i>33</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Scottie</i>	MI <i>D.</i>	Date Processed		
	NICKNAME	LAST <i>ALLEN</i>	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>4144 N. Central Expressway Ste #512 Dallas, TX 75204</i>					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	<i>(214) 824-7711</i>					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>11</i>	Day <i>19</i>	Year <i>2025</i>	Month <i>12</i>	Day <i>31</i>	Year <i>2025</i>
11 ELECTION	ELECTION DATE Month <i>03</i> Day <i>03</i> Year <i>2024</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special _____				
12 OFFICE	OFFICE HELD (if any) <i>N/A</i>	13 OFFICE SOUGHT (if known) <i>Judge, County Criminal Ct of App #1</i>				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

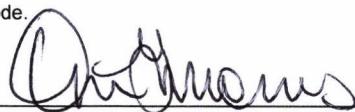
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Oni Ann Groves	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)	\$ 4,057.08
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 16,622.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

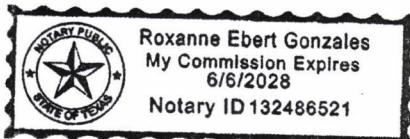
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Oni Ann Groves this the 15th day of Jan.,
2026, 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**

Oni 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	\$ 6,162.82
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 Kimberly Rojas	6 Contributor address; 2525 N. Henderson Ave. City: Dallas State: TX Zip Code 75206
		7 Amount of contribution (\$) \$53.12
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 Byron Busby	□ out-of-state PAC (ID#:) \$50.00
	Contributor address; 1400 enchanted ln. City: Lancaster State: TX Zip Code 75146	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Cybersecurity		Employer (See Instructions) Citi
Date 12/31/25	Full name of contributor LISA Francis	□ out-of-state PAC (ID#:) \$105.75
	Contributor address; 752 N MAIN ST. City: Mansfield State: TX Zip Code 76063	Amount of contribution (\$) \$105.75
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) The Francis Realty Group
Date 12/24/25	Full name of contributor Constance Groves Anderson	□ out-of-state PAC (ID#:) \$300.00
	Contributor address; 5000 ST. LAWRENCE ROAD City: Fort Worth State: TX Zip Code 76103	Amount of contribution (\$) \$300.00
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: <u>3</u>
2 FILER NAME <u>ONI ANN GROVES</u>				3 Filer ID (Ethics Commission Filers)
4 Date <u>12/08/25</u>	5 Full name of contributor <u>Kennedy Echetebu</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u></u>)		7 Amount of contribution (\$) <u>\$105.75</u>
	6 Contributor address; <u>2524 Winged Dove dr.</u>	City: <u>League</u>	State: <u>TX</u>	Zip Code
8 Principal occupation / Job title (See Instructions) <u>car sales Manager</u>		9 Employer (See Instructions) <u>TOYOTA</u>		
Date <u>12/09/25</u>	Full name of contributor <u>Steven Riddick</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u></u>)		Amount of contribution (\$) <u>\$100.00</u>
	Contributor address; <u>1020 San Ellyn ln.</u>	City: <u>El Paso</u>	State: <u>TX</u>	Zip Code <u>79912</u>
Principal occupation / Job title (See Instructions) <u>General Manager</u>		Employer (See Instructions) <u>The University of Texas at El Paso</u>		
Date <u>12/12/25</u>	Full name of contributor <u>Kristina N. Kastl</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u></u>)		Amount of contribution (\$) <u>\$500.00</u>
	Contributor address; <u>4144 N. central Expwy Ste 1000</u>	City: <u>Dallas</u>	State: <u>TX</u>	Zip Code <u>75204</u>
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>Kastl Law</u>		
Date <u>12/24/25</u>	Full name of contributor <u>Bridgette Williams</u>	<input type="checkbox"/> out-of-state PAC (ID#: <u></u>)		Amount of contribution (\$) <u>\$263.90</u>
	Contributor address; <u>2624 Cole Ave Ste 300</u>	City: <u>Dallas</u>	State: <u>TX</u>	Zip Code <u>75204</u>
Principal occupation / Job title (See Instructions) <u>Attorney</u>		Employer (See Instructions) <u>BLW Legal Group Injury</u>		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			<p>1 Total pages Schedule A1: <u>3</u></p>
<p>2 FILER NAME <u>Oni Groves (Oni Ann Groves)</u></p>			<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date <u>12/24/25</u></p>	<p>5 Full name of contributor <u>Russell Wilson</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>7 Amount of contribution (\$) <u>\$1,581.77</u></p>
<p>6 Contributor address; <u>1910 Pacific Ave. #12050</u></p>		<p>City: <u>Dallas</u></p>	<p>State: <u>TX</u></p>
<p>8 Principal occupation / Job title (See Instructions) <u>Attorney</u></p>		<p>9 Employer (See Instructions) <u>law office of Russell Wilson</u></p>	
<p>Date <u>12/24/25</u></p>	<p>Full name of contributor <u>Frances Green</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>\$791.04</u></p>
<p>Contributor address; <u>845 Fallkirk court</u></p>		<p>City: <u>Dallas</u></p>	<p>State: <u>TX</u></p>
<p>Principal occupation / Job title (See Instructions) <u>Attorney</u></p>		<p>Employer (See Instructions) <u>Citi Bank</u></p>	
<p>Date <u>12/29/25</u></p>	<p>Full name of contributor <u>Patrice Williams</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>\$100.00</u></p>
<p>Contributor address; <u>4317 Springhurst Dr.</u></p>		<p>City: <u>Plano</u></p>	<p>State: <u>TX</u></p>
<p>Principal occupation / Job title (See Instructions) <u>Attorney</u></p>		<p>Employer (See Instructions) <u>Dallas DA's office</u></p>	
<p>Date <u>12/29/25</u></p>	<p>Full name of contributor <u>Sarah Blackshear</u></p>	<p><input type="checkbox"/> out-of-state PAC (ID#:</p>	<p>Amount of contribution (\$) <u>\$105.75</u></p>
<p>Contributor address; <u>4121 Malone Ave.</u></p>		<p>City: <u>The Colony</u></p>	<p>State: <u>TX</u></p>
<p>Principal occupation / Job title (See Instructions) <u>Consultant</u></p>		<p>Employer (See Instructions) <u>Morgan Stanley</u></p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
5	Oni Ann Groves		
4 Date	5 Payee name		
11/24/25	Bankem Printing		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
32.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	2357 S. Collins st. <input type="checkbox"/> Check if individual's residence address.	Arlington TX 76014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	Advertising		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/10/26	Blank Criminal Defense Bar. Charles Mabuken		
Amount (\$)	Payee address;	City; State; Zip Code	
4175 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	2201 Main Street Ste 800 Dallas TX 75201-4378 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Event Expense	Christmas Party	
	<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	Payee name		
12/08/25	Dallas Democratic Party		
Amount (\$)	Payee address;	City; State; Zip Code	
12500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	1414 N. Washington Ave Dallas, TX 75204 <input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	Oni Ann Groves	
4 Date	5 Payee name	
12/22/25	Elite News	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
\$1050.00	P.O. Box: 380017	Duncanville TX 75138
<input type="checkbox"/> Check if individual's residence address.		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising	
<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	Payee name	
12/21/25	Bankem Printing	
Amount (\$)	Payee address;	City; State; Zip Code
\$59.54	2357 S. Collins St. Arlington	TX 76014
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising	
<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	Payee name	
11/28/25	Erica McCoy	
Amount (\$)	Payee address;	City; State; Zip Code
\$288.00	3739 Singleton Blvd.	Dallas TX 75212
<input type="checkbox"/> Check if individual's residence address.		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Contract Labor	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5	2 FILER NAME Oni Ann Groves	3 Filer ID (Ethics Commission Filers)
4 Date 11/19/25	5 Payee name Oni Ann Groves Campaign	
6 Amount (\$) ✓ 10000 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 4144 N. Central Expwy Ste 512	City; State; Zip Code Dallas Tx 75204
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Bank-Over head
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH	
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
<input type="checkbox"/> Reimbursement from political contributions intended		
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 <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
<input type="checkbox"/> Reimbursement from political contributions intended		
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 <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		



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.

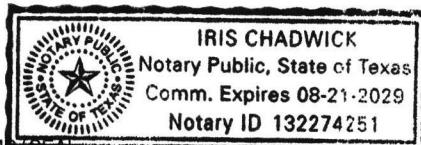
Filer name Oni Groves	Filer ID #
---------------------------------	------------

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



Signature of Filer

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Oni Groves this the 15th day of January,

20 26, to certify which, witness my hand and seal of office.

Iris Chadwick

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 _____, _____, _____, _____, _____, _____, _____.

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**

