

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	\$

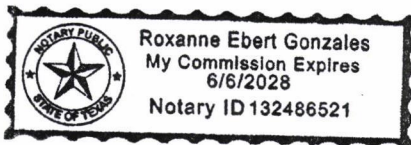
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Oni Ann Groves

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.

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

Roxanne Gonzales Roxanne 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	\$ 6,1022.82
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**
 3 Filer ID (Ethics Commission Filers)

2 FILER NAME
Oni Groves (Oni Ann Groves)

4 Date: **12/30/25**
 5 Full name of contributor: **Kimberly Rojas** out-of-state PAC (ID#: _____)
 6 Contributor address; City: **Dallas** State: _____ Zip Code: _____
2525 N. Henderson Ave. TX 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#: _____)
 Contributor address; City: **Lancaster** State: _____ Zip Code: _____
1400 enchanted ln. TX 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#: _____)
 Contributor address; City: **Mansfield** State: **TX** Zip Code: **76063**
752 N. Main St.
 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#: _____)
 Contributor address; City: **Fort Worth** State: **TX** Zip Code: **76103**
5000 St. Lawrence road
 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: 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)	7 Amount of contribution (\$) \$105.75
6 Contributor address; City; State; Zip Code 2524 Winged Dove dr. city TX 77573		
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@benriddickulovs.com	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1020 Jan Eilyn Ln. El Paso TX 79912		
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	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 4144 N. Central Expwy Ste. 1000 Dallas TX 75204		
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	Amount of contribution (\$) \$263.90
Contributor address; City; State; Zip Code 2626 Cole Ave Ste 300 Dallas TX 75204		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) BLW Legal Group Injury
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 Fallkirk Court Coppell 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

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/08/25	Payee name Dallas Democratic Party
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Amount (\$) 2500 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1414 N. Washington Ave Dallas, TX 75204 <input type="checkbox"/> Check if individual's residence address.
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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