CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX: ZIP CODE OFFICEHOLDER tinwood 203 MAILING **ADDRESS** Change of Address EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Posts **OFFICEHOLDER** 808-4063 PHONE FIRST MS / MRS / MR 6 CAMPAIGN TREASURER John Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE STATE: ZIP CODE 7 CAMPAIGN **TREASURER** 4155 S.R.L. Thornton **ADDRESS** (Residence or Business) lx. AREA CODE EXTENSION 8 CAMPAIGN **TREASURER** PHONE 317 - 7831 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month COVERED 30 / 2025 2025 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Description General Special 12 OFFICE OFFICE HELD (if any) onstable THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

GO TO PAGE 2

COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | | 16 Filer ID (E | thics Commission Filers) |
|----------------------------|--|--|---|-------------------------------|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICATION PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECTRICATION | | \$ | 0 |
| | 2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA | BUTIONS .NS, OR GUARANTEES OF LOAN | (S) | 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICA | \$ | 496. | |
| | 4. TOTAL POLITICAL EXPEND | \$ | 643.27 | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD | TIONS MAINTAINED AS OF THE I | AST DAY \$ | 0 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN | F ALL OUTSTANDING LOANS AS G PERIOD | OF THE \$ | 0 |
| I . | wear, or affirm, under penalty of perjury, to | | true and correct a | and includes all information |
| | Please comp | Signature of Signa | Candidate or Offi | Page holder |
| (1) Affidavit | | | TASHEZ RE Notary ID #130 My Commission June 9, 20 | 2217059 Expires |
| | before me by Tracey L. | Gulley this th | ne \5 day | of July |
| 20 25 , to certify | which, witness my hand and seal of office. | 7-1:- | . 1 1 | . D |
| MS W 7 | Taskez | icer administering oath | Notar | of officer administering oath |
| | Printed name of on | OR | The second | s, emeer dammetering eath |
| (2) Unsworn Declaration | on | | | |
| My name is | | , and my date of birth | is | · |
| My address is | | | | |
| | (street) | (city) | (state) (zip co | ode) (country) |
| Executed in | County, State of | , on the day of (mo | onth) | (year) |
| | | Signature of Car | ndidate/Officeholde | er (Declarant) |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | FILER NAME 20 | Filer ID (Ethics Comm | niss | ion Filers) | | |
|-----|---|--|------|--------------------|--|--|
| 21 | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 0 | | |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0 | | |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | - | | |
| 4. | SCHEDULE E: LOANS | | \$ | 0 | | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT | RIBUTIONS | \$ | 0 | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0 | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO | NTRIBUTIONS | \$ | 0 | | |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0 | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | 3 | \$ | 643.07 | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU | JSINESS OF C/OH | \$ | 0 | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT | RIBUTIONS | \$ | 0 | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER | NS RETURNED | \$ | 643.° ² | | |
| | | 11 100 - | | | | |

SCHEDULE G

| | EXPENDITU | RE CATEGORIES FO | R BOX 8(a) | | |
|--|--|------------------------------------|--|--|-----------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment | cal Committee Legal Services | e Polling Expense Printing Expense | ad/Rental Expense Tr se Tr nse Tr es/Contract Labor O | olicitation/Fundraising Exp ansportation Equipment & avel In District avel Out Of District ther (enter a category not li | Related Expense |
| 1 Total pages Schedule G: | 2 FILER NAME Traces | 1. Gulle | 3 | Filer ID (Ethics Comm | mission Filers) |
| 2/20/25 | 5 Payee name Evans E | ngraving | Stampi | no | |
| Reimbursement from political contributions intended | 7 Payee address; 208 S. T | yler St. Tx. 75208 | City; | J State; | Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categorial listed at the Memorial (c) Check if travel outside of Texas | Expense | Description Check if Austin, TX, | officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder na | ame Off | ice sought | Offic | e held |
| 2/24/25 | Payee name Dollar Tr | ec | | | |
| Amount (\$) 20. | Payee address; 1398 E. Belt Desoto, Tx. | Line Rd 75115 | City; | State; | Zip Code |
| PURPOSE OF EXPENDITURE | | ense | Description | | |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder na | | Check if Austin, TX. | officeholder living expense | e held |
| 3/12/25 | Evans Eng | graving S | Stampin | .9 | |
| Amount (\$) 56.2 | 2088. Fl 2088. Fl | er 8t. . 75209 | City; | State; Zip |) Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the | | Description | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder na | | Check if Austin, TX, | officeholder living expense | e held |
| | ATTACH ADDITIONAL C | OPIES OF THIS SCHE | EDULE AS NEEDED | | |

SCHEDULE G

| | EXPENDITURE CATI | EGORIES FOR BOX 8(a) | |
|--|--|---|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment | cal Committee Legal Services | Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor nins how to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule G: | 2 FILER NAME_TYACEY L | Guller | 3 Filer ID (Ethics Commission Filers) |
| ⁴ Date 2/3/25 | 5 Payee name Evans Engravi | ing Stamping | |
| Amount (\$) 28. Reimbursement from political contributions intended | 7 Payee address; 208 S. Tyler Dallas Tx. | 5+. 75208 | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this Memorial Experies (c) Check if travel outside of Texas. Complete S | schedule) (b) Description | . TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| 2/19/25 | Evang Engra | vine Stampin | ام |
| Amount (\$) 28. Reimbursement from political contributions intended | Payee address; S. Tyler 208 S. Tyler Balks, Tx. | 27. city: | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this Memoria Ex- | pense | . TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/ | Candidate / Officeholder name | Office sought | Office held |
| 3/6/25 | Evans Engra | ving Stampi | ۸۵ |
| Amount (\$) 28. | Payee address; 208 S. Tyler Dallas Tr. 79 | 8t. | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this Category (See Categories listed at the top of this Check if travel outside of Texas, Complete S | inje | TV officebolder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | TX, officeholder living expense Office held |
| | ATTACH ADDITIONAL COPIES (| OF THIS SCHEDULE AS NEED | ED |

SCHEDULE G

| | EXPENDITURE CATEGOR | RIES FOR BOX 8(a) | |
|--|---|--|---|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment | Fees Off Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Pri | an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor www.to.complete.this.form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| 1 Total pages Schedule G: | 2 FILER NAME Tracey L. | Guller | 3 Filer ID (Ethics Commission Filers) |
| 3/14/25 | Evans Engraving | Stamping | |
| Reimbursement from political contributions intended | Payee address; Tyler St Dallas Tx. 7520 | eity; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul Memorial Expense | (b) Description | |
| | (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 |
| 3/18/25 | Evans Engravina |) tamping | ን |
| Amount (\$) 2 %. Reimbursement from political contributions intended | 208 S. Tyler S | City | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedul Memorial Expense | Description | |
| | Check if travel outside of Texas. Complete Schedule | | , TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | Office held |
| H/3/25 | Evans Engraving Payee address; | Stampin | رم |
| Amount (\$) Reimbursement from political contributions intended | 208 5. Tyler St. Dallas Tx 75209 | City; | State; Zip Code |
| 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 |
| | | | |

SCHEDULE G

| EVER NETTURE OF TEACHER FOR BOARD | | | | | | |
|--|--|--|---|--|--|--|
| EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | |
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment | Fees Off Food/Beverage Expense Pol By Gift/Awards/Memorials Expense Prir | in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense atting Expense artes/Wages/Contract Labor w to complete this form. | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) | | | |
| 1 Total pages Schedule G: | Tracey L. G | ulley | 3 Filer ID (Ethics Commission Filers) | | | |
| 4 Date/4/25 | Evans Engraving | Stamping | | | | |
| 6 Amount (\$) 28.5 Reimbursement from political contributions intended | Payee address: 208 S. Tyler St Dallas Tx. 7520 | ε _{ity;} ∫ > 8 | State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedul | | | | | |
| | (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 | | | |
| 5/1/25 | Evans Engraving | Stampin | ام | | | |
| Amount (\$) 28. Reimbursement from political contributions intended | Payee address: 208 S. Tyler S Dallas Tx. 7520 | City! | State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedul Memorial Expers | e) Description | | | | |
| | Check if travel outside of Texas. Complete Schedule | T. Check if Austin | TX, officeholder living expense | | | |
| Complete ONLY if direct expenditure to benefit C/C | Candidate / Officeholder name | Office sought | Office held | | | |
| 5/15/25 | Evans Engravino | Stampi | 19 | | | |
| Amount (\$) 28. Reimbursement from political contributions intended | Payee address; J. Trl~ 3 208 J. Trl~ 3 Dallas, Tx. 752 | 64. City: | State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Calegories listed at the top of this schedul | 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 | | | | | | |

SCHEDULE G

| | | EXPE | NDITURE C | ATEGORIE | S FOR BOX | X 8(a) | | | | |
|---|-------------------|-------------------------|-------------------------------|--|--|--------------------------------------|---------------------------------------|----------------------------|-------------------|-------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment | | Legal Service | ge Expense Memorials Expen | Office Polling Printing Salarie | depayment/Reim Overhead/Renta Expense g Expense es/Wages/Contra o complete th | al Expense act Labor | Transport Travel In I Travel Ou | District it Of District | nent & Related Ex | |
| 1 Total pages Schedule G: | 2 FILER NAI | Trac | ey L | . Go | lley | | 3 Filer I | D (Ethics | Commission Fi | lers) |
| 5/28/25 | 5 Payee nam | ans (| Shoro | eving | Sto | i ami | 14 | | | |
| Reimbursement from political contributions intended | 7 Payee add | ress; KS. | Tyle | 752 | 08 | City, | J | State; | Zip Code | • |
| 8 PURPOSE OF EXPENDITURE | (a) Category | norial | is listed at the top of | pense | (b) Desc | ription Check if Austin. | , TX, officeho | lder living ex | xpense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | ate / Officeh | older name | | Office sou | ught | | | Office held | |
| 5/20/25 | Payee nam | ins l | Znara | ving | Star | nping | | | | |
| Amount (\$) 28. Reimbursement from political contributions intended | Payee add Da | ress; 8 5. 1(a.s. | Tyle Tx. | 7520 | 8 | dity: | | State; | Zip Code | E . |
| PURPOSE OF EXPENDITURE | Aw | ard | s listed at the top of | | Re- | ription fire M Check if Austin | | PI. | ague | |
| Complete ONLY if direct expenditure to benefit C/G | | ate / Officeh | older name | | Office sou | | | | Office held | |
| 6/4/25 | Payee nam | เทร | Engr | avina | 5 | fam p | ing | | | |
| Amount (\$) 28.7 Reimbursement from political contributions intended | Payee add 20 8 | S. | Tyler Tx. | 7520 | | City; | J | State; | Zip Code | |
| PURPOSE OF EXPENDITURE | Men | notial | listed at the top o | penst | | ription Check if Austin, | TX officeho | lder living ex | rnense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | ite / Officeh | | | Office sou | | | | Office held | |
| | ATTAC | CH ADDITIO | ONAL COPIE | ES OF THIS | SCHEDULE | AS NEED | ED | | | |

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Travel Out Of District Printing Expense Salaries/Wages/Contract Labor 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. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Amount State; Zip Code Reimbursement from political contributions intended (b) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name State: Zip Code Reimbursement from political contributions intended Description **PURPOSE** OF **EXPENDITURE** 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 Payee name Amount Zip Code State: Reimbursement from political contributions intended Description PURPOSE OF Densa **EXPENDITURE** 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