

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

FILED COVER SHEET PG 1

|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                             |                                                                                                  |                                |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------|
| The C/OH Instruction Guide explains how to complete this form.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 Filer ID<br><b>2026 OCT -5 PM 4:50   9</b> |                                             | 2 Total pages filed:                                                                             |                                |
| 3 CANDIDATE / OFFICEHOLDER NAME                                                              | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRST                                        | MI                                          | <b>OFFICE USE ONLY</b><br>JOHN F. COUNTY CLERK<br>DALLAS COUNTY<br>Date Received<br>BY<br>DEPUTY |                                |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    | Damarcus                                     |                                             |                                                                                                  |                                |
|                                                                                              | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                           | LAST                                         | SUFFIX                                      |                                                                                                  |                                |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    | Offord                                       |                                             |                                                                                                  |                                |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                             | Date Hand-delivered or Date Postmarked                                                           |                                |
|                                                                                              | 418 Laurel Lane                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                             |                                                                                                  |                                |
|                                                                                              | Glenn Heights, TX 75154                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                             | Receipt # Amount<br>Date Processed<br>Date Imaged                                                |                                |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                             |                                                                                                  |                                |
| 5 CAMPAIGN TREASURER NAME                                                                    | MS / MRS / MR                                                                                                                                                                                                                                                                                                                                                                                                                      | FIRST                                        | MI                                          |                                                                                                  |                                |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    | Damarcus                                     |                                             |                                                                                                  |                                |
|                                                                                              | NICKNAME                                                                                                                                                                                                                                                                                                                                                                                                                           | LAST                                         | SUFFIX                                      |                                                                                                  |                                |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    | Offord                                       |                                             |                                                                                                  |                                |
| 6 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE                                                                                                                                                                                                                                                                                                                                                            |                                              |                                             |                                                                                                  |                                |
|                                                                                              | 418 Laurel Lane                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                             |                                                                                                  |                                |
|                                                                                              | Glenn Heights, TX 75154                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |                                             |                                                                                                  |                                |
| 7 CAMPAIGN TREASURER PHONE                                                                   | AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                          | PHONE NUMBER                                 | EXTENSION                                   |                                                                                                  |                                |
| 8 REPORT TYPE                                                                                | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><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) |                                              |                                             |                                                                                                  |                                |
| 9 PERIOD COVERED                                                                             | Month                                                                                                                                                                                                                                                                                                                                                                                                                              | Day                                          | Year                                        | THROUGH                                                                                          | Month Day Year                 |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              | 07/01/2026                                  |                                                                                                  | 09/24/2026                     |
| 10 ELECTION                                                                                  | ELECTION DATE                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | ELECTION TYPE                               |                                                                                                  |                                |
|                                                                                              | Month                                                                                                                                                                                                                                                                                                                                                                                                                              | Day Year                                     | <input type="checkbox"/> Primary            | <input type="checkbox"/> Runoff                                                                  | <input type="checkbox"/> Other |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11/03/2026                                   | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special                                                                 |                                |
| 11 OFFICE                                                                                    | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                               |                                              |                                             | 12 OFFICE SOUGHT (if known)                                                                      |                                |
|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |                                             | Dallas County Clerk                                                                              |                                |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

2 of 50

**13 C / OH NAME** Offord, Damarcus

**14 Filer ID**

**15 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

☐ 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**

☐ GENERAL

☐ SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

**16 CONTRIBUTION  
TOTALS**

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 20,501.57

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 18,382.15

**CONTRIBUTION  
BALANCE**

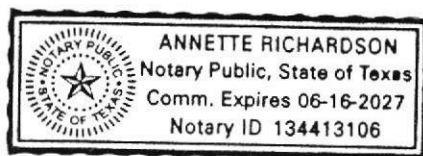
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,049.29

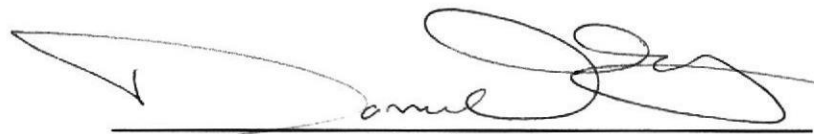
**OUTSTANDING  
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

**17 AFFIDAVIT**

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Damarcus Offord, this the 5th day of October, 2026, to certify which, witness my hand and seal of office.

  
Signature of officer administering

Annette Richardson  
Printed name of officer administering

Notary Public  
Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH**  
**COVER SHEET PG 3**

3 of 50

|                                                  |                                                                                                             |                    |           |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------|-----------|
| <b>18 FILER NAME</b><br>Offord, Damarcus         |                                                                                                             | <b>19 Filer ID</b> |           |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL AMOUNT    |           |
| 1.                                               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$                 | 20,501.57 |
| 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 checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                 | 18,382.15 |
| 6.                                               | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$                 |           |
| 7.                                               | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS                  | \$                 |           |
| 8.                                               | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                 |           |
| 9.                                               | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                             | \$                 |           |
| 10.                                              | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                 |           |
| 11.                                              | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                 |           |
| 12.                                              | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                 |           |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|                                                                      |                                                                                                       |                                                       |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| The Instruction Guide explains how to complete this form.            |                                                                                                       | 1 Total pages Schedule A1:<br>Sch: 1/14 Rpt: 4/50     |
| 2 FILER NAME<br>Offord, Damarcus                                     |                                                                                                       | 3 Filer ID                                            |
| 4 Date<br>08/19/2026                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>ABRAC, LLC       | 7 Amount of Contribution (\$)<br>\$100.00             |
|                                                                      | 6 Contributor address; City; State; Zip Code<br>2500 McKinney Ave<br>Apt 822<br>Dallas, TX 75201-2326 |                                                       |
| 8 Principal occupation / Job title (See Instructions)                |                                                                                                       | 9 Employer (See Instructions)                         |
| Date<br>08/19/2026                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Abbott, Ben        | Amount of Contribution (\$)<br>\$500.00               |
|                                                                      | Contributor address; City; State; Zip Code<br>3415 Beverly Dr.<br>Dallas, TX 75205                    |                                                       |
| Principal occupation / Job title (See Instructions)<br>Attorney      |                                                                                                       | Employer (See Instructions)<br>Ben Abbot & Associates |
| Date<br>08/18/2026                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Arredondo, Robert  | Amount of Contribution (\$)<br>\$26.82                |
|                                                                      | Contributor address; City; State; Zip Code<br>5657 Amesbury Drive<br>#1701<br>Dallas, TX 75206        |                                                       |
| Principal occupation / Job title (See Instructions)<br>Self-Employed |                                                                                                       | Employer (See Instructions)<br>Self-Employed          |
| Date<br>08/20/2026                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ashford, Benita    | Amount of Contribution (\$)<br>\$26.82                |
|                                                                      | Contributor address; City; State; Zip Code<br>1405 Shadow Brook Trail<br>Garland, TX 75043            |                                                       |
| Principal occupation / Job title (See Instructions)<br>CEO           |                                                                                                       | Employer (See Instructions)<br>BK Consulting          |
| Date<br>08/18/2026                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barbour, Priscilla | Amount of Contribution (\$)<br>\$263.51               |
|                                                                      | Contributor address; City; State; Zip Code<br>6941 Kingdom Estates Drive<br>Dallas, TX 75236          |                                                       |
| Principal occupation / Job title (See Instructions)<br>Sr. Director  |                                                                                                       | Employer (See Instructions)<br>Primergy               |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|                                                                           |                                                                                                      |                                                                      |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                 |                                                                                                      | 1 Total pages Schedule A1:<br>Sch: 2/14 Rpt: 5/50                    |
| 2 FILER NAME<br>Offord, Damarcus                                          |                                                                                                      | 3 Filer ID                                                           |
| 4 Date<br>07/27/2026                                                      | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Barksdale, Jay  | 7 Amount of Contribution (\$)<br>\$250.00                            |
|                                                                           | 6 Contributor address; City; State; Zip Code<br>229 Spring Grove Dr<br><br>Waxahachie, TX 75165-6516 |                                                                      |
| 8 Principal occupation / Job title (See Instructions)<br>Attorney         |                                                                                                      | 9 Employer (See Instructions)<br>Self                                |
| Date<br>08/24/2026                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Baron, Lisa       | Amount of Contribution (\$)<br>\$1,052.49                            |
|                                                                           | Contributor address; City; State; Zip Code<br>4047 Cochran Chapel Rd<br><br>Dallas, TX 75209         |                                                                      |
| Principal occupation / Job title (See Instructions)<br>Lawyer             |                                                                                                      | Employer (See Instructions)<br>Baron and Blue PLLC                   |
| Date<br>08/15/2026                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bishop, Karen     | Amount of Contribution (\$)<br>\$53.12                               |
|                                                                           | Contributor address; City; State; Zip Code<br>2660 East Overton Road<br><br>Dallas, TX 75216         |                                                                      |
| Principal occupation / Job title (See Instructions)<br>Litigation Manager |                                                                                                      | Employer (See Instructions)<br>Linebarger Goggan BLAIR & Sampson LLP |
| Date<br>07/31/2026                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Black, Tre        | Amount of Contribution (\$)<br>\$1,052.49                            |
|                                                                           | Contributor address; City; State; Zip Code<br>751 Kessler Lake Drive<br><br>Dallas, TX 75208         |                                                                      |
| Principal occupation / Job title (See Instructions)<br>Executive          |                                                                                                      | Employer (See Instructions)<br>On-target                             |
| Date<br>08/17/2026                                                        | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bowers, John      | Amount of Contribution (\$)<br>\$26.82                               |
|                                                                           | Contributor address; City; State; Zip Code<br>2121 Naples Drive<br><br>Rowlett, TX 75088             |                                                                      |
| Principal occupation / Job title (See Instructions)<br>Vice President     |                                                                                                      | Employer (See Instructions)<br>JPMorganChase                         |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|                                                                               |                                                                                                        |                                                           |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                     |                                                                                                        | 1 Total pages Schedule A1:<br>Sch: 3/14 Rpt: 6/50         |
| 2 FILER NAME<br>Offord, Damarcus                                              |                                                                                                        | 3 Filer ID                                                |
| 4 Date<br>07/30/2026                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Brodsky, Peter    | 7 Amount of Contribution (\$)<br>\$1,052.49               |
|                                                                               | 6 Contributor address; City; State; Zip Code<br>9950 Strait Lane<br><br>Dallas, TX 75220               |                                                           |
| 8 Principal occupation / Job title (See Instructions)<br>Real Estate          |                                                                                                        | 9 Employer (See Instructions)<br>3662 Management LLC      |
| Date<br>08/17/2026                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chappelle, David    | Amount of Contribution (\$)<br>\$25.00                    |
|                                                                               | Contributor address; City; State; Zip Code<br>530 West Warrior Trail<br><br>Grand Prairie, TX 75052    |                                                           |
| Principal occupation / Job title (See Instructions)<br>Financial Professional |                                                                                                        | Employer (See Instructions)<br>Family Wealth Builders USA |
| Date<br>09/17/2026                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Chappelle, David    | Amount of Contribution (\$)<br>\$25.00                    |
|                                                                               | Contributor address; City; State; Zip Code<br>530 West Warrior Trail<br><br>Grand Prairie, TX 75052    |                                                           |
| Principal occupation / Job title (See Instructions)<br>Financial Professional |                                                                                                        | Employer (See Instructions)<br>Family Wealth Builders USA |
| Date<br>09/23/2026                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cherry-Brown, Karen | Amount of Contribution (\$)<br>\$250.00                   |
|                                                                               | Contributor address; City; State; Zip Code<br>1722 Cedar Hill Rd<br><br>Duncanville, TX 75137          |                                                           |
| Principal occupation / Job title (See Instructions)<br>Owner                  |                                                                                                        | Employer (See Instructions)<br>SIPS Healthcare Solutions  |
| Date<br>07/19/2026                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Clayton Vroom, Anne | Amount of Contribution (\$)<br>\$105.72                   |
|                                                                               | Contributor address; City; State; Zip Code<br>5535 wenonah drive<br><br>Dallas, TX 75209               |                                                           |
| Principal occupation / Job title (See Instructions)<br>Self-Employed          |                                                                                                        | Employer (See Instructions)<br>Self-Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule A1:  
Sch: 4/14 Rpt: 7/50

**2** FILER NAME  
Offord, Damarcus

**3** Filer ID

**4** Date  
09/15/2026

**5** Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Clayton Vroom, Anne

**7** Amount of Contribution (\$)  
\$105.72

**6** Contributor address; City; State; Zip Code  
5535 Wenonah Drive  
  
Dallas, TX 75209

**8** Principal occupation / Job title (See Instructions)  
Banker

**9** Employer (See Instructions)  
Amarillo National Bank

Date  
08/04/2026

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Clouston, David

Amount of Contribution (\$)  
\$2,630.44

Contributor address; City; State; Zip Code  
6339 azalea lane  
  
Dallas, TX 75230

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Sessions

Date  
08/17/2026

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Collier, Marissa

Amount of Contribution (\$)  
\$53.12

Contributor address; City; State; Zip Code  
2815 King Cole Drive  
  
Dallas, TX 75216

Principal occupation / Job title (See Instructions)  
Director of Strategic Partnerships

Employer (See Instructions)  
SMU

Date  
07/20/2026

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Donovan, Carol

Amount of Contribution (\$)  
\$526.50

Contributor address; City; State; Zip Code  
6509 Malcolm Drive  
  
Dallas, TX 75214

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Self-Employed

Date  
08/19/2026

Full name of contributor ☐ out-of-state PAC (ID#: \_\_\_\_\_)  
Evans, Lisa

Amount of Contribution (\$)  
\$53.12

Contributor address; City; State; Zip Code  
15021 Spider Lily Road  
  
Frisco, TX 75035

Principal occupation / Job title (See Instructions)  
Attorney

Employer (See Instructions)  
Linebarger

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                 |                                                                                                                                                                                                                           |                                                            |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                |                                                                                                                                                                                                                           | <b>1</b> Total pages Schedule A1:<br>Sch: 5/14 Rpt: 8/50   |
| <b>2</b> FILER NAME<br>Offord, Damarcus                                         |                                                                                                                                                                                                                           | <b>3</b> Filer ID                                          |
| <b>4</b> Date<br>09/24/2026                                                     | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Fabello, Vincent<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>4016 Wellingshire Ln<br><br>Dallas, TX 75220 | <b>7</b> Amount of Contribution (\$)<br><br>\$105.72       |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Engineer        |                                                                                                                                                                                                                           | <b>9</b> Employer (See Instructions)<br>Deltek             |
| Date<br>08/15/2026                                                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Finney, Pagi<br><hr/> Contributor address; City; State; Zip Code<br>3219 Spurlock Street<br><br>Dallas, TX 75223                       | Amount of Contribution (\$)<br><br>\$53.12                 |
| Principal occupation / Job title (See Instructions)<br>Production Specialist II |                                                                                                                                                                                                                           | Employer (See Instructions)<br>Bank of America             |
| Date<br>08/05/2026                                                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Forsythe-Lill, Veletta<br><hr/> Contributor address; City; State; Zip Code<br>622 Blair Boulevard<br><br>Dallas, TX 75223              | Amount of Contribution (\$)<br><br>\$263.51                |
| Principal occupation / Job title (See Instructions)<br>Self-Employed            |                                                                                                                                                                                                                           | Employer (See Instructions)<br>Self-Employed               |
| Date<br>07/20/2026                                                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gearing, Charles<br><hr/> Contributor address; City; State; Zip Code<br>9332 Mercer Drive<br><br>Dallas, TX 75228                      | Amount of Contribution (\$)<br><br>\$105.72                |
| Principal occupation / Job title (See Instructions)<br>Attorney                 |                                                                                                                                                                                                                           | Employer (See Instructions)<br>Weaver Johnston Nelson PLLC |
| Date<br>08/17/2026                                                              | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Goldstein, Scott<br><hr/> Contributor address; City; State; Zip Code<br>10115 Kirkhaven Drive<br><br>Dallas, TX 75238                  | Amount of Contribution (\$)<br><br>\$263.51                |
| Principal occupation / Job title (See Instructions)<br>Consultant               |                                                                                                                                                                                                                           | Employer (See Instructions)<br>The GoldHam Group           |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                              |                                                                                                                                                                                                                                    |                                                          |
|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>             |                                                                                                                                                                                                                                    | <b>1</b> Total pages Schedule A1:<br>Sch: 6/14 Rpt: 9/50 |
| <b>2</b> FILER NAME<br>Offord, Damarcus                                      |                                                                                                                                                                                                                                    | <b>3</b> Filer ID                                        |
| <b>4</b> Date<br>09/16/2026                                                  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Gordon, Johnnie<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>3276 Wolf Club Lane Southwest<br><br>Atlanta, GA 30349 | <b>7</b> Amount of Contribution (\$)<br><br>\$526.50     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Entrepreneur |                                                                                                                                                                                                                                    | <b>9</b> Employer (See Instructions)<br>Self             |
| Date<br>08/19/2026                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Guillory, Joshua<br><hr/> Contributor address; City; State; Zip Code<br>5735 Gaston Avenue<br>Apt 105<br>Dallas, TX 75214                       | Amount of Contribution (\$)<br><br>\$26.82               |
| Principal occupation / Job title (See Instructions)<br>Master IPC Trainer    |                                                                                                                                                                                                                                    | Employer (See Instructions)<br>VERION Training           |
| Date<br>08/17/2026                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hammond, Vana<br><hr/> Contributor address; City; State; Zip Code<br>3224 Potters House Way<br><br>Dallas, TX 75236                             | Amount of Contribution (\$)<br><br>\$105.72              |
| Principal occupation / Job title (See Instructions)<br>Managing Partner      |                                                                                                                                                                                                                                    | Employer (See Instructions)<br>The GoldHam Group         |
| Date<br>08/19/2026                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Harrington, Ann<br><hr/> Contributor address; City; State; Zip Code<br>3359 Obenchain Street<br><br>Dallas, TX 75212                            | Amount of Contribution (\$)<br><br>\$53.12               |
| Principal occupation / Job title (See Instructions)<br>Self-Employed         |                                                                                                                                                                                                                                    | Employer (See Instructions)<br>Self-Employed             |
| Date<br>07/20/2026                                                           | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Howard, Sonya<br><hr/> Contributor address; City; State; Zip Code<br>4035 Happy Canyon Drive<br><br>Dallas, TX 75241                            | Amount of Contribution (\$)<br><br>\$100.00              |
| Principal occupation / Job title (See Instructions)<br>HR                    |                                                                                                                                                                                                                                    | Employer (See Instructions)<br>Dallas County             |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                    |                                                                                                                                                                                                                               |                                                           |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                   |                                                                                                                                                                                                                               | <b>1</b> Total pages Schedule A1:<br>Sch: 7/14 Rpt: 10/50 |
| <b>2</b> FILER NAME<br>Offord, Damarcus                                            |                                                                                                                                                                                                                               | <b>3</b> Filer ID                                         |
| <b>4</b> Date<br>08/19/2026                                                        | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Howard Jones, Connie<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>3500 Locust St<br><br>Rowlett, TX 75089-7077 | <b>7</b> Amount of Contribution (\$)<br><br>\$200.00      |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Operations Manager |                                                                                                                                                                                                                               | <b>9</b> Employer (See Instructions)<br>Dallas County     |
| Date<br>07/08/2026                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hubbard, Michael<br><hr/> Contributor address; City; State; Zip Code<br>1510 Redbird Drive<br><br>Garland, TX 75043                        | Amount of Contribution (\$)<br><br>\$210.91               |
| Principal occupation / Job title (See Instructions)<br>Pastor                      |                                                                                                                                                                                                                               | Employer (See Instructions)<br>Hopewell MBC               |
| Date<br>08/04/2026                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jackson, Sharron<br><hr/> Contributor address; City; State; Zip Code<br>2836 Woodmere Dr<br><br>Dallas, TX 75233                           | Amount of Contribution (\$)<br><br>\$105.72               |
| Principal occupation / Job title (See Instructions)<br>MCC                         |                                                                                                                                                                                                                               | Employer (See Instructions)<br>City of Dallas             |
| Date<br>08/19/2026                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jacobs, Lachon<br><hr/> Contributor address; City; State; Zip Code<br>1120 Normandy Avenue<br><br>DeSoto, TX 75115                         | Amount of Contribution (\$)<br><br>\$50.00                |
| Principal occupation / Job title (See Instructions)<br>Realtor                     |                                                                                                                                                                                                                               | Employer (See Instructions)<br>Self-Employed              |
| Date<br>08/11/2026                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Alvin<br><hr/> Contributor address; City; State; Zip Code<br>PO BOX 231<br><br>Red Oak, TX 75154                                  | Amount of Contribution (\$)<br><br>\$53.12                |
| Principal occupation / Job title (See Instructions)<br>Self-Employed               |                                                                                                                                                                                                                               | Employer (See Instructions)<br>Self-Employed              |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|                                                                      |                                                                                                          |                                                                 |
|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.            |                                                                                                          | 1 Total pages Schedule A1:<br>Sch: 8/14 Rpt: 11/50              |
| 2 FILER NAME<br>Offord, Damarcus                                     |                                                                                                          | 3 Filer ID                                                      |
| 4 Date<br>08/19/2026                                                 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson Sr, D Kirk  | 7 Amount of Contribution (\$)<br>\$500.00                       |
|                                                                      | 6 Contributor address; City; State; Zip Code<br>3525 Turtle Creek Blvd<br>#14BC<br>Dallas, TX 75219-5510 |                                                                 |
| 8 Principal occupation / Job title (See Instructions)<br>Retired     |                                                                                                          | 9 Employer (See Instructions)<br>Retired                        |
| Date<br>07/03/2026                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jones, Trenisha       | Amount of Contribution (\$)<br>\$105.72                         |
|                                                                      | Contributor address; City; State; Zip Code<br>332 Hundred Acre Dr<br>Waxahachie, TX 75165                |                                                                 |
| Principal occupation / Job title (See Instructions)<br>Event Planner |                                                                                                          | Employer (See Instructions)<br>J5 Events                        |
| Date<br>09/10/2026                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Jones Hill, Vonciel   | Amount of Contribution (\$)<br>\$250.00                         |
|                                                                      | Contributor address; City; State; Zip Code<br>1627 Acapulco Dr<br>Dallas, TX 75232-3007                  |                                                                 |
| Principal occupation / Job title (See Instructions)<br>Attorney      |                                                                                                          | Employer (See Instructions)<br>Law Office of Vonciel Jones Hill |
| Date<br>08/24/2026                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Joubert, Shequitta    | Amount of Contribution (\$)<br>\$105.72                         |
|                                                                      | Contributor address; City; State; Zip Code<br>121 Wild River Court<br>DeSoto, TX 75115                   |                                                                 |
| Principal occupation / Job title (See Instructions)<br>Judge         |                                                                                                          | Employer (See Instructions)<br>Dallas County                    |
| Date<br>07/13/2026                                                   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kozmetsky, Cindy      | Amount of Contribution (\$)<br>\$500.00                         |
|                                                                      | Contributor address; City; State; Zip Code<br>3510 Turtle Creek Boulevard<br>#18C<br>Dallas, TX 75219    |                                                                 |
| Principal occupation / Job title (See Instructions)<br>Retired       |                                                                                                          | Employer (See Instructions)<br>Retired                          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                  |                                                                                                                                                                                                                         |                                                             |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                 |                                                                                                                                                                                                                         | <b>1</b> Total pages Schedule A1:<br>Sch: 9/14 Rpt: 12/50   |
| <b>2</b> FILER NAME<br>Offord, Damarcus                                          |                                                                                                                                                                                                                         | <b>3</b> Filer ID                                           |
| <b>4</b> Date<br>08/19/2026                                                      | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>LOPEZ, EDWARD<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>3635 Merrell Rd<br><br>Dallas, TX 75229       | <b>7</b> Amount of Contribution (\$)<br><br>\$526.50        |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Attorney/Partner |                                                                                                                                                                                                                         | <b>9</b> Employer (See Instructions)<br>Linebarger law firm |
| Date<br>07/08/2026                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Leak, Bobby<br><hr/> Contributor address; City; State; Zip Code<br>631 Randa Lane<br><br>DeSoto, TX 75115                            | Amount of Contribution (\$)<br><br>\$53.12                  |
| Principal occupation / Job title (See Instructions)<br>Self Employed             |                                                                                                                                                                                                                         | Employer (See Instructions)<br>Self Employed                |
| Date<br>08/06/2026                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Linebarger Goggan Blair & Sampson, LLP<br><hr/> Contributor address; City; State; Zip Code<br>P.O. Box 17428<br><br>Austin, TX 78760 | Amount of Contribution (\$)<br><br>\$1,500.00               |
| Principal occupation / Job title (See Instructions)                              |                                                                                                                                                                                                                         | Employer (See Instructions)                                 |
| Date<br>07/20/2026                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Malcolmson, Ken<br><hr/> Contributor address; City; State; Zip Code<br>4315 Buena Vista Street<br><br>Dallas, TX 75205               | Amount of Contribution (\$)<br><br>\$263.51                 |
| Principal occupation / Job title (See Instructions)<br>President Emeritus        |                                                                                                                                                                                                                         | Employer (See Instructions)<br>North Dallas Chamber         |
| Date<br>09/23/2026                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Malcolmson, Ken<br><hr/> Contributor address; City; State; Zip Code<br>4315 Buena Vista Street<br><br>Dallas, TX 75205               | Amount of Contribution (\$)<br><br>\$105.72                 |
| Principal occupation / Job title (See Instructions)<br>President Emeritus        |                                                                                                                                                                                                                         | Employer (See Instructions)<br>North Dallas Chamber         |
|                                                                                  |                                                                                                                                                                                                                         |                                                             |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|                                                                               |                                                                                                          |                                                                       |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                     |                                                                                                          | 1 Total pages Schedule A1:<br>Sch: 10/14 Rpt: 13/50                   |
| 2 FILER NAME<br>Offord, Damarcus                                              |                                                                                                          | 3 Filer ID                                                            |
| 4 Date<br>08/18/2026                                                          | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moore, Erin         | 7 Amount of Contribution (\$)<br><br>\$100.00                         |
|                                                                               | 6 Contributor address; City; State; Zip Code<br>324 Easton Road<br><br>Dallas, TX 75218                  |                                                                       |
| 8 Principal occupation / Job title (See Instructions)<br>Director of Outreach |                                                                                                          | 9 Employer (See Instructions)<br>US House of Representatives          |
| Date<br>09/23/2026                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moorer, Carmen        | Amount of Contribution (\$)<br><br>\$53.12                            |
|                                                                               | Contributor address; City; State; Zip Code<br>1500 Wren Street<br><br>DeSoto, TX 75115                   |                                                                       |
| Principal occupation / Job title (See Instructions)<br>Self-Employed          |                                                                                                          | Employer (See Instructions)<br>Self-Employed                          |
| Date<br>08/19/2026                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moreno, Charlie       | Amount of Contribution (\$)<br><br>\$200.00                           |
|                                                                               | Contributor address; City; State; Zip Code<br>608 San Juan Ct.<br><br>Irving, TX 75062                   |                                                                       |
| Principal occupation / Job title (See Instructions)<br>Attorney               |                                                                                                          | Employer (See Instructions)<br>Texas Judgement Recovery Co            |
| Date<br>08/19/2026                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Moreno Lopez, Bridget | Amount of Contribution (\$)<br><br>\$500.00                           |
|                                                                               | Contributor address; City; State; Zip Code<br>4326 Meadowdale Ln<br><br>Dallas, TX 75229-5338            |                                                                       |
| Principal occupation / Job title (See Instructions)<br>Partner                |                                                                                                          | Employer (See Instructions)<br>Linebarger Goggan Blair & Sampson, LLP |
| Date<br>08/19/2026                                                            | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nealy, Kathy          | Amount of Contribution (\$)<br><br>\$53.12                            |
|                                                                               | Contributor address; City; State; Zip Code<br>6745 Keswick Drive<br><br>Dallas, TX 75232                 |                                                                       |
| Principal occupation / Job title (See Instructions)<br>Consultant             |                                                                                                          | Employer (See Instructions)<br>Self Employed                          |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                                    |                                                                                                                                                                                                                       |                                                                       |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                   |                                                                                                                                                                                                                       | <b>1</b> Total pages Schedule A1:<br>Sch: 11/14 Rpt: 14/50            |
| <b>2</b> FILER NAME<br>Offord, Damarcus                                            |                                                                                                                                                                                                                       | <b>3</b> Filer ID                                                     |
| <b>4</b> Date<br>07/08/2026                                                        | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>OConnor, Diana<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>4947 Victor Street<br><br>Dallas, TX 75214 | <b>7</b> Amount of Contribution (\$)<br><br>\$26.82                   |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>substitute teacher |                                                                                                                                                                                                                       | <b>9</b> Employer (See Instructions)<br>DISD                          |
| Date<br>08/22/2026                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Orr, Cheryl<br><hr/> Contributor address; City; State; Zip Code<br>7509 Garonne Street<br><br>Dallas, TX 75231                     | Amount of Contribution (\$)<br><br>\$53.12                            |
| Principal occupation / Job title (See Instructions)<br>Owner consultant            |                                                                                                                                                                                                                       | Employer (See Instructions)<br>Self-emoloyed                          |
| Date<br>07/27/2026                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pomykal, Keith<br><hr/> Contributor address; City; State; Zip Code<br>3001 Sale St<br>#409<br>Dallas, TX 75219                     | Amount of Contribution (\$)<br><br>\$53.12                            |
| Principal occupation / Job title (See Instructions)<br>Real Estate Broker          |                                                                                                                                                                                                                       | Employer (See Instructions)<br>Fairmount Realty                       |
| Date<br>08/19/2026                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pope Lee, Pamela<br><hr/> Contributor address; City; State; Zip Code<br>2117 Flora Lane<br><br>DeSoto, TX 75115                    | Amount of Contribution (\$)<br><br>\$250.00                           |
| Principal occupation / Job title (See Instructions)<br>Capital Partner             |                                                                                                                                                                                                                       | Employer (See Instructions)<br>Linebarger Goggan Blair & Sampson, LLP |
| Date<br>07/10/2026                                                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shallenberger, David<br><hr/> Contributor address; City; State; Zip Code<br>1917 Old Orchard Drive<br><br>Dallas, TX 75208         | Amount of Contribution (\$)<br><br>\$26.82                            |
| Principal occupation / Job title (See Instructions)<br>Nonprofit fundraiser        |                                                                                                                                                                                                                       | Employer (See Instructions)<br>Boys & Girls Clubs of Greater Dallas   |

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

|                                                                            |                                                                                                                                                                                                                                 |                                                                        |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>           |                                                                                                                                                                                                                                 | <b>1</b> Total pages Schedule A1:<br>Sch: 12/14 Rpt: 15/50             |
| <b>2</b> FILER NAME<br>Offord, Damarcus                                    |                                                                                                                                                                                                                                 | <b>3</b> Filer ID                                                      |
| <b>4</b> Date<br>09/23/2026                                                | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shallenberger, David<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>1917 Old Orchard Drive<br><br>Dallas, TX 75208 | <b>7</b> Amount of Contribution (\$)<br><br>\$53.12                    |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>Fundraiser |                                                                                                                                                                                                                                 | <b>9</b> Employer (See Instructions)<br>UT Southwestern Medical Center |
| Date<br>07/20/2026                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Shipp, Dyke<br><hr/> Contributor address; City; State; Zip Code<br>4409 Bowman Drive<br><br>Colleyville, TX 76034                            | Amount of Contribution (\$)<br><br>\$1,000.00                          |
| Principal occupation / Job title (See Instructions)<br>KFC                 |                                                                                                                                                                                                                                 | Employer (See Instructions)<br>President                               |
| Date<br>09/23/2026                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Skylar<br><hr/> Contributor address; City; State; Zip Code<br>6001 Love Drive<br>1367<br>Irving, TX 75039                             | Amount of Contribution (\$)<br><br>\$53.12                             |
| Principal occupation / Job title (See Instructions)<br>Sales manager       |                                                                                                                                                                                                                                 | Employer (See Instructions)<br>Boston scientific                       |
| Date<br>09/23/2026                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Smith, Skylar<br><hr/> Contributor address; City; State; Zip Code<br>6001 Love Drive<br>1367<br>Irving, TX 75039                             | Amount of Contribution (\$)<br><br>\$53.12                             |
| Principal occupation / Job title (See Instructions)<br>Sales manager       |                                                                                                                                                                                                                                 | Employer (See Instructions)<br>Boston scientific                       |
| Date<br>08/12/2026                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Todd, Linda<br><hr/> Contributor address; City; State; Zip Code<br>1335 Cecile Circle<br><br>Cedar Hill, TX 75104                            | Amount of Contribution (\$)<br><br>\$105.72                            |
| Principal occupation / Job title (See Instructions)<br>Retired             |                                                                                                                                                                                                                                 | Employer (See Instructions)<br>Retired                                 |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|                                                                                                  |                                                                                                        |                                                           |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                        |                                                                                                        | 1 Total pages Schedule A1:<br>Sch: 13/14 Rpt: 16/50       |
| 2 FILER NAME<br>Offord, Damarcus                                                                 |                                                                                                        | 3 Filer ID                                                |
| 4 Date<br>08/18/2026                                                                             | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tran, Jimmy       | 7 Amount of Contribution (\$)<br><br>\$100.00             |
|                                                                                                  | 6 Contributor address; City; State; Zip Code<br>5024 Denton Drive<br><br>Dallas, TX 75235              |                                                           |
| 8 Principal occupation / Job title (See Instructions)<br>Self-Employed                           |                                                                                                        | 9 Employer (See Instructions)<br>Self-Employed            |
| Date<br>08/19/2026                                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Treu Gilmore, Angie | Amount of Contribution (\$)<br><br>\$21.56                |
|                                                                                                  | Contributor address; City; State; Zip Code<br>9113 Church Road<br><br>Dallas, TX 75231                 |                                                           |
| Principal occupation / Job title (See Instructions)<br>Business Consultant                       |                                                                                                        | Employer (See Instructions)<br>Vensure Employer Solutions |
| Date<br>08/13/2026                                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Valenzuela, Candace | Amount of Contribution (\$)<br><br>\$53.12                |
|                                                                                                  | Contributor address; City; State; Zip Code<br>3925 Saint Christopher Lane<br><br>Dallas, TX 75287      |                                                           |
| Principal occupation / Job title (See Instructions)<br>Consultant                                |                                                                                                        | Employer (See Instructions)<br>Self                       |
| Date<br>07/21/2026                                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wallace, Akilah     | Amount of Contribution (\$)<br><br>\$105.72               |
|                                                                                                  | Contributor address; City; State; Zip Code<br>1670 N Hampton Rd<br>Ste 106-1158<br>DeSoto, TX 75115    |                                                           |
| Principal occupation / Job title (See Instructions)<br>Consultant                                |                                                                                                        | Employer (See Instructions)<br>Self-Employed              |
| Date<br>08/16/2026                                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Walton, Victoria    | Amount of Contribution (\$)<br><br>\$53.12                |
|                                                                                                  | Contributor address; City; State; Zip Code<br>3773 Cripple Creek Drive<br><br>Dallas, TX 75224         |                                                           |
| Principal occupation / Job title (See Instructions)<br>Executive Director Nonprofit Organization |                                                                                                        | Employer (See Instructions)<br>Need A Break Inc.          |

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

|                                                                                  |                                                                                                       |                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| The Instruction Guide explains how to complete this form.                        |                                                                                                       | 1 Total pages Schedule A1:<br>Sch: 14/14 Rpt: 17/50     |
| 2 FILER NAME<br>Offord, Damarcus                                                 |                                                                                                       | 3 Filer ID                                              |
| 4 Date<br>08/19/2026                                                             | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Watkins, Micaela | 7 Amount of Contribution (\$)<br>\$53.12                |
|                                                                                  | 6 Contributor address; City; State; Zip Code<br>2275 Hawes Ave<br>Apt 365<br>Dallas, TX 75235         |                                                         |
| 8 Principal occupation / Job title (See Instructions)<br>Property Tax Consulting |                                                                                                       | 9 Employer (See Instructions)<br>J. Joseph Consulting   |
| Date<br>08/20/2026                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Werkenthin, Gregg  | Amount of Contribution (\$)<br>\$300.00                 |
|                                                                                  | Contributor address; City; State; Zip Code<br>2509 Great Oaks Parkway<br>Austin, TX 78756-2907        |                                                         |
| Principal occupation / Job title (See Instructions)<br>Retired                   |                                                                                                       | Employer (See Instructions)<br>Retired                  |
| Date<br>07/20/2026                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wilson, Cynthia    | Amount of Contribution (\$)<br>\$263.51                 |
|                                                                                  | Contributor address; City; State; Zip Code<br>3907 Badger Forest Drive<br>Houston, TX 77088           |                                                         |
| Principal occupation / Job title (See Instructions)<br>Chief of Staff            |                                                                                                       | Employer (See Instructions)<br>City of Houston          |
| Date<br>09/19/2026                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>phillips, Jeanne   | Amount of Contribution (\$)<br>\$2,630.44               |
|                                                                                  | Contributor address; City; State; Zip Code<br>5421 Drane Drive<br>Dallas, TX 75209                    |                                                         |
| Principal occupation / Job title (See Instructions)<br>consultant                |                                                                                                       | Employer (See Instructions)<br>jlp global strategiesinc |
| Date<br>07/08/2026                                                               | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>wonzer, wanda      | Amount of Contribution (\$)<br>\$26.82                  |
|                                                                                  | Contributor address; City; State; Zip Code<br>1414 Belleview Street<br>#242<br>Dallas, TX 75215       |                                                         |
| Principal occupation / Job title (See Instructions)<br>Support Staff             |                                                                                                       | Employer (See Instructions)<br>Dallas College           |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 1/33 Rpt: 18/50    |                                                                                                                  | 2 FILER NAME<br>Offord, Damarcus                                                          |                                                                                                                                                                                        | 3 Filer ID |
| 4 Date<br>09/02/2026                                  |                                                                                                                  | 5 Payee name<br>7-Eleven                                                                  |                                                                                                                                                                                        |            |
| 6 Amount (\$)<br>\$20.00                              |                                                                                                                  | 7 Payee address; City; State; Zip Code<br>211 N Ervay St<br>Suite 120<br>Dallas, TX 75201 |                                                                                                                                                                                        |            |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |                                                                                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |            |
| 9 Complete ONLY if direct expenditure to benefit C/OH |                                                                                                                  | Candidate/Officeholder name Office sought Office held                                     |                                                                                                                                                                                        |            |
| Date<br>08/19/2026                                    |                                                                                                                  | Payee name<br>7-Eleven                                                                    |                                                                                                                                                                                        |            |
| Amount (\$)<br>\$28.73                                |                                                                                                                  | Payee address; City; State; Zip Code<br>211 N Ervay St<br>Suite 120<br>Dallas, TX 75201   |                                                                                                                                                                                        |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |                                                                                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |            |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                  | Candidate/Officeholder name Office sought Office held                                     |                                                                                                                                                                                        |            |
| Date<br>08/10/2026                                    |                                                                                                                  | Payee name<br>7-Eleven                                                                    |                                                                                                                                                                                        |            |
| Amount (\$)<br>\$46.04                                |                                                                                                                  | Payee address; City; State; Zip Code<br>211 N Ervay St<br>Suite 120<br>Dallas, TX 75201   |                                                                                                                                                                                        |            |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |                                                                                           | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |            |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                  | Candidate/Officeholder name Office sought Office held                                     |                                                                                                                                                                                        |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 2/33 Rpt: 19/50    |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                                       |
| 4 Date<br>07/20/2026                                  |  | 5 Payee name<br>7-Eleven                                                                                         |  |                                                                                                                                                                                                  |
| 6 Amount (\$)<br>\$28.55                              |  | 7 Payee address; City; State; Zip Code<br>211 N Ervay St<br>Suite 120<br>Dallas, TX 75201                        |  |                                                                                                                                                                                                  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas           |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                                  |
| Date<br>09/24/2026                                    |  | Payee name<br>Ace Parking                                                                                        |  |                                                                                                                                                                                                  |
| Amount (\$)<br>\$15.00                                |  | Payee address; City; State; Zip Code<br>3749 North Hall Street<br><br>Dallas, TX 75219                           |  |                                                                                                                                                                                                  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking       |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                                  |
| Date<br>07/27/2026                                    |  | Payee name<br>Afford-A-Bounce                                                                                    |  |                                                                                                                                                                                                  |
| Amount (\$)<br>\$25.00                                |  | Payee address; City; State; Zip Code<br>6900 South Freeway<br>Suite A-10<br>Fort Worth, TX 76134                 |  |                                                                                                                                                                                                  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense                                |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Rentals |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                                  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

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|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/33 Rpt: 20/50           | <b>2</b> FILER NAME<br>Offord, Damarcus                                                           | <b>3</b> Filer ID                                                                                                                                                                                           |
| <b>4</b> Date<br>08/31/2026                                         | <b>5</b> Payee name<br>Akita Hibachi Sushi Bar                                                    |                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$53.02                                     | <b>7</b> Payee address; City; State; Zip Code<br>416 N Hwy 67<br><br>Cedar Hill, TX 75104         |                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                                   |
| Date<br>08/24/2026                                                  | Payee name<br>Alexander, Michael                                                                  |                                                                                                                                                                                                             |
| Amount (\$)<br>\$375.00                                             | Payee address; City; State; Zip Code<br>6000 Singing Hills<br><br>Dallas, TX 75241                |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contract Labor           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                                   |
| Date<br>08/13/2026                                                  | Payee name<br>All Blooming Flowers                                                                |                                                                                                                                                                                                             |
| Amount (\$)<br>\$150.52                                             | Payee address; City; State; Zip Code<br>2615 Oak Lawn Ave<br>#103<br>Dallas, TX 75219             |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Gift/Awards/Memorials Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gift                     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                                   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 4/33 Rpt: 21/50           | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                          | <b>3</b> Filer ID                                                                                                                                                                                    |
| <b>4</b> Date<br>07/24/2026                                         | <b>5</b> Payee name<br>CAVA                                                                                      |                                                                                                                                                                                                      |
| <b>6</b> Amount (\$)<br>\$18.13                                     | <b>7</b> Payee address; City; State; Zip Code<br>1919 McKinney Ave<br><br>Dallas, TX 75201                       |                                                                                                                                                                                                      |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals      |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                  |                                                                                                                                                                                                      |
| Date<br>07/21/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                      |                                                                                                                                                                                                      |
| Payee name<br>Chili's                                               |                                                                                                                  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$89.26                                              | Payee address; City; State; Zip Code<br>3420 W Pleasant Run Rd<br><br>Lancaster, TX 75146                        |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                  |                                                                                                                                                                                                      |
| Date<br>09/02/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                      |                                                                                                                                                                                                      |
| Payee name<br>City of Dallas On-Street Parking                      |                                                                                                                  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$0.75                                               | Payee address; City; State; Zip Code<br>1500 Marilla St<br><br>Dallas, TX 75201                                  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                  |                                                                                                                                                                                                      |
|                                                                     |                                                                                                                  |                                                                                                                                                                                                      |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 5/33 Rpt: 22/50    |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                                 |  |
| 4 Date<br>08/24/2026                                  |  | 5 Payee name<br>City of Dallas On-Street Parking                                                                 |  |                                                                                                                                                                                            |  |
| 6 Amount (\$)<br>\$1.50                               |  | 7 Payee address; City; State; Zip Code<br>1500 Marilla St<br><br>Dallas, TX 75201                                |  |                                                                                                                                                                                            |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                  |  |
| Date<br>07/23/2026                                    |  | Payee name<br>City of Dallas On-Street Parking                                                                   |  |                                                                                                                                                                                            |  |
| Amount (\$)<br>\$2.50                                 |  | Payee address; City; State; Zip Code<br>1500 Marilla St<br><br>Dallas, TX 75201                                  |  |                                                                                                                                                                                            |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                  |  |
| Date<br>07/16/2026                                    |  | Payee name<br>City of Dallas On-Street Parking                                                                   |  |                                                                                                                                                                                            |  |
| Amount (\$)<br>\$3.00                                 |  | Payee address; City; State; Zip Code<br>1500 Marilla St<br><br>Dallas, TX 75201                                  |  |                                                                                                                                                                                            |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                  |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 6/33 Rpt: 23/50           | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                                           | <b>3</b> Filer ID                                                                                                                                                                                        |
| <b>4</b> Date<br>08/31/2026                                         | <b>5</b> Payee name<br>Coleman, Andrea                                                                                                            |                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$1,000.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>1033 Glencrest Dr<br><br>Cedar Hill, TX 75104                                                    |                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                                          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field services |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                   |                                                                                                                                                                                                          |
| Date<br>09/21/2026                                                  | Candidate/Officeholder name<br>Community Missionary Baptist Church                                                                                | Office sought<br>Office held                                                                                                                                                                             |
| Amount (\$)<br>\$300.00                                             | Payee address; City; State; Zip Code<br>115 W Belt Line Rd<br><br>DeSoto, TX 75115                                                                |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation              |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                   |                                                                                                                                                                                                          |
| Date<br>08/20/2026                                                  | Candidate/Officeholder name<br>Culinary Dropout                                                                                                   | Office sought<br>Office held                                                                                                                                                                             |
| Amount (\$)<br>\$92.00                                              | Payee address; City; State; Zip Code<br>150 Turtle Creek Blvd<br>#101<br>Dallas, TX 75207                                                         |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                                         | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                   |                                                                                                                                                                                                          |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

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|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/33 Rpt: 24/50    | <b>2</b> FILER NAME<br>Offord, Damarcus                                                            | <b>3</b> Filer ID                                                                                                                                                                                           |
| <b>4</b> Date<br>08/17/2026                                  | <b>5</b> Payee name<br>Culinary Dropout                                                            |                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$97.94                              | <b>7</b> Payee address; City; State; Zip Code<br>150 Turtle Creek Blvd<br>#101<br>Dallas, TX 75207 |                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense   | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH |                                                                                                    |                                                                                                                                                                                                             |
| Date<br>07/23/2026                                           | Candidate/Officeholder name                                                                        | Office sought Office held                                                                                                                                                                                   |
| Payee name<br>Culinary Dropout                               |                                                                                                    |                                                                                                                                                                                                             |
| Amount (\$)<br>\$30.57                                       | Payee address; City; State; Zip Code<br>150 Turtle Creek Blvd<br>#101<br>Dallas, TX 75207          |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting        |
| Complete ONLY if direct expenditure to benefit C/OH          |                                                                                                    |                                                                                                                                                                                                             |
| Date<br>08/28/2026                                           | Candidate/Officeholder name                                                                        | Office sought Office held                                                                                                                                                                                   |
| Payee name<br>DemocracyToolbox.com                           |                                                                                                    |                                                                                                                                                                                                             |
| Amount (\$)<br>\$2,609.92                                    | Payee address; City; State; Zip Code<br>P.O. Box 6250<br><br>McKinney, TX 75071                    |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense             | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Services        |
| Complete ONLY if direct expenditure to benefit C/OH          |                                                                                                    |                                                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 8/33 Rpt: 25/50           |                                                                                                                  | 2 FILER NAME<br>Offord, Damarcus                                                                |                                                                                                                                                                                                                | 3 Filer ID |
| 4 Date<br>09/24/2026                                         |                                                                                                                  | 5 Payee name<br>Donor Box                                                                       |                                                                                                                                                                                                                |            |
| 6 Amount (\$)<br>\$469.15                                    |                                                                                                                  | 7 Payee address; City; State; Zip Code<br>1520 Belle View Blvd<br>#4106<br>Alexandria, VA 22307 |                                                                                                                                                                                                                |            |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Fees                                         |                                                                                                 | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Processing Fees |            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                  |                                                                                                 |                                                                                                                                                                                                                |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                                  |                                                                                                 |                                                                                                                                                                                                                |            |
| Date<br>08/27/2026                                           |                                                                                                                  | Payee name<br>Edwards & Patterson Signs                                                         |                                                                                                                                                                                                                |            |
| Amount (\$)<br>\$2,235.18                                    |                                                                                                                  | Payee address; City; State; Zip Code<br>203 S Belt Line Rd<br>Irving, TX 75060                  |                                                                                                                                                                                                                |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense                          |                                                                                                 | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing & Signs            |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                                  |                                                                                                 |                                                                                                                                                                                                                |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                                  |                                                                                                 |                                                                                                                                                                                                                |            |
| Date<br>08/10/2026                                           |                                                                                                                  | Payee name<br>Exxon (7-Eleven)                                                                  |                                                                                                                                                                                                                |            |
| Amount (\$)<br>\$51.01                                       |                                                                                                                  | Payee address; City; State; Zip Code<br>4171 W Plano Pkwy<br>Plano, TX 75093                    |                                                                                                                                                                                                                |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |                                                                                                 | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas                         |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                                  |                                                                                                 |                                                                                                                                                                                                                |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                                  |                                                                                                 |                                                                                                                                                                                                                |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 9/33 Rpt: 26/50    |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                             |
| 4 Date<br>09/17/2026                                  |  | 5 Payee name<br>Exxon Tiger Mart                                                                                 |  |                                                                                                                                                                                        |
| 6 Amount (\$)<br>\$20.24                              |  | 7 Payee address; City; State; Zip Code<br>102 E Belt Line Rd<br><br>DeSoto, TX 75115                             |  |                                                                                                                                                                                        |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                        |
| Date<br>07/15/2026                                    |  | Payee name<br>Exxon Tiger Mart                                                                                   |  |                                                                                                                                                                                        |
| Amount (\$)<br>\$26.19                                |  | Payee address; City; State; Zip Code<br>102 E Belt Line Rd<br><br>DeSoto, TX 75115                               |  |                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                        |
| Date<br>07/13/2026                                    |  | Payee name<br>Exxon Tiger Mart                                                                                   |  |                                                                                                                                                                                        |
| Amount (\$)<br>\$40.00                                |  | Payee address; City; State; Zip Code<br>102 E Belt Line Rd<br><br>DeSoto, TX 75115                               |  |                                                                                                                                                                                        |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                        |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 10/33 Rpt: 27/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                          | <b>3</b> Filer ID                                                                                                                                                                                  |
| <b>4</b> Date<br>07/27/2026                                         | <b>5</b> Payee name<br>FedEx Office                                                                              |                                                                                                                                                                                                    |
| <b>6</b> Amount (\$)<br>\$66.05                                     | <b>7</b> Payee address; City; State; Zip Code<br>1919 McKinney Ave<br><br>Dallas, TX 75201                       |                                                                                                                                                                                                    |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense                      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                  |                                                                                                                                                                                                    |
| Date<br>09/01/2026                                                  | Candidate/Officeholder name<br>Frank Crowley Courts Garage                                                       |                                                                                                                                                                                                    |
| Amount (\$)<br>\$5.00                                               | Office sought<br>199 N Riverfront Blvd<br><br>Dallas, TX 75207                                                   |                                                                                                                                                                                                    |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                  |                                                                                                                                                                                                    |
| Date<br>08/24/2026                                                  | Candidate/Officeholder name<br>Frankie's Downtown                                                                |                                                                                                                                                                                                    |
| Amount (\$)<br>\$24.77                                              | Office sought<br>1303 Main St<br><br>Dallas, TX 75202                                                            |                                                                                                                                                                                                    |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                  |                                                                                                                                                                                                    |
|                                                                     |                                                                                                                  |                                                                                                                                                                                                    |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 11/33 Rpt: 28/50          |                                                                                                                  | 2 FILER NAME<br>Offord, Damarcus                                                              |                                                                                                                                                                                                           | 3 Filer ID |
| 4 Date<br>07/17/2026                                         |                                                                                                                  | 5 Payee name<br>George Allen Courts Garage                                                    |                                                                                                                                                                                                           |            |
| 6 Amount (\$)<br>\$7.00                                      |                                                                                                                  | 7 Payee address; City; State; Zip Code<br>600 Commerce St<br><br>Dallas, TX 75202             |                                                                                                                                                                                                           |            |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |                                                                                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking                |            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                  |                                                                                               |                                                                                                                                                                                                           |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                                  |                                                                                               |                                                                                                                                                                                                           |            |
| Date<br>09/02/2026                                           |                                                                                                                  | Payee name<br>Google Workspace                                                                |                                                                                                                                                                                                           |            |
| Amount (\$)<br>\$17.91                                       |                                                                                                                  | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043 |                                                                                                                                                                                                           |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense               |                                                                                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software/Subscriptions |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                                  |                                                                                               |                                                                                                                                                                                                           |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                                  |                                                                                               |                                                                                                                                                                                                           |            |
| Date<br>08/03/2026                                           |                                                                                                                  | Payee name<br>Google Workspace                                                                |                                                                                                                                                                                                           |            |
| Amount (\$)<br>\$17.91                                       |                                                                                                                  | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043 |                                                                                                                                                                                                           |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense               |                                                                                               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software/Subscriptions |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                                  |                                                                                               |                                                                                                                                                                                                           |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                                  |                                                                                               |                                                                                                                                                                                                           |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 12/33 Rpt: 29/50   |  | 2 FILER NAME<br>Offord, Damarcus                                                                                 |  | 3 Filer ID                                                                                                                                                                                                |  |
| 4 Date<br>07/02/2026                                  |  | 5 Payee name<br>Google Workspace                                                                                 |  |                                                                                                                                                                                                           |  |
| 6 Amount (\$)<br>\$17.91                              |  | 7 Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043                  |  |                                                                                                                                                                                                           |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense               |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software/Subscriptions |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                                 |  |
| Date<br>07/22/2026                                    |  | Payee name<br>Honk Parking                                                                                       |  |                                                                                                                                                                                                           |  |
| Amount (\$)<br>\$10.50                                |  | Payee address; City; State; Zip Code<br>90 Eglinton Ave E<br>Suite 970<br>Toronto ON M4P2Y3 Canada               |  |                                                                                                                                                                                                           |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking                |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                                 |  |
| Date<br>07/22/2026                                    |  | Payee name<br>Honk Parking                                                                                       |  |                                                                                                                                                                                                           |  |
| Amount (\$)<br>\$7.50                                 |  | Payee address; City; State; Zip Code<br>90 Eglinton Ave E<br>Suite 970<br>Toronto ON M4P2Y3 Canada               |  |                                                                                                                                                                                                           |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking                |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                                      |  | Office sought Office held                                                                                                                                                                                 |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 13/33 Rpt: 30/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                                                  | <b>3</b> Filer ID                                                                                                                                                                                  |
| <b>4</b> Date<br>07/15/2026                                         | <b>5</b> Payee name<br>Honk Parking                                                                                                                      |                                                                                                                                                                                                    |
| <b>6</b> Amount (\$)<br>\$14.50                                     | <b>7</b> Payee address; City; State; Zip Code<br>90 Eglinton Ave E<br>Suite 970<br>Toronto ON M4P2Y3 Canada                                              |                                                                                                                                                                                                    |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense                                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                          |                                                                                                                                                                                                    |
| Date<br>08/24/2026                                                  | Candidate/Officeholder name<br>Hopewell Missionary Baptist Church                                                                                        |                                                                                                                                                                                                    |
| Amount (\$)<br>\$1,000.00                                           | Office sought<br>5144 Dolphin Rd<br>Dallas, TX 75223                                                                                                     |                                                                                                                                                                                                    |
| Office held                                                         |                                                                                                                                                          |                                                                                                                                                                                                    |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                          |                                                                                                                                                                                                    |
| Date<br>08/27/2026                                                  | Candidate/Officeholder name<br>Huerta-Gonzalez - Vetrans Valet, Jose                                                                                     |                                                                                                                                                                                                    |
| Amount (\$)<br>\$20.00                                              | Office sought<br>2353 N Field St. Ste 421.<br>Dallas, TX 75201                                                                                           |                                                                                                                                                                                                    |
| Office held                                                         |                                                                                                                                                          |                                                                                                                                                                                                    |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense                                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                          |                                                                                                                                                                                                    |
| Candidate/Officeholder name<br>Office sought<br>Office held         |                                                                                                                                                          |                                                                                                                                                                                                    |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 14/33 Rpt: 31/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                   | <b>3</b> Filer ID                                                                                                                                                                                                |
| <b>4</b> Date<br>08/07/2026                                         | <b>5</b> Payee name<br>Hurtado Barbecue                                                                   |                                                                                                                                                                                                                  |
| <b>6</b> Amount (\$)<br>\$69.42                                     | <b>7</b> Payee address; City; State; Zip Code<br>900 S Harwood St<br><br>Dallas, TX 75201                 |                                                                                                                                                                                                                  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting      |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                               | Office sought Office held                                                                                                                                                                                        |
| Date<br>09/21/2026                                                  | Payee name<br>Intuit QuickBooks Online                                                                    |                                                                                                                                                                                                                  |
| Amount (\$)<br>\$40.51                                              | Payee address; City; State; Zip Code<br>2700 Coast Avenue<br><br>Mountain View, CA 94043                  |                                                                                                                                                                                                                  |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software/Subscriptions |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                               | Office sought Office held                                                                                                                                                                                        |
| Date<br>08/20/2026                                                  | Payee name<br>Intuit QuickBooks Online                                                                    |                                                                                                                                                                                                                  |
| Amount (\$)<br>\$40.51                                              | Payee address; City; State; Zip Code<br>2700 Coast Avenue<br><br>Mountain View, CA 94043                  |                                                                                                                                                                                                                  |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software/Subscriptions |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                               | Office sought Office held                                                                                                                                                                                        |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 15/33 Rpt: 32/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                      | <b>3</b> Filer ID                                                                                                                                                                                                |
| <b>4</b> Date<br>07/20/2026                                         | <b>5</b> Payee name<br>Intuit QuickBooks Online                                                              |                                                                                                                                                                                                                  |
| <b>6</b> Amount (\$)<br>\$40.51                                     | <b>7</b> Payee address; City; State; Zip Code<br>2700 Coast Avenue<br><br>Mountain View, CA 94043            |                                                                                                                                                                                                                  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Software/Subscriptions |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                              |                                                                                                                                                                                                                  |
| Date<br>08/21/2026                                                  | Candidate/Officeholder name<br>Payee name<br>Johnson, Kattie                                                 |                                                                                                                                                                                                                  |
| Amount (\$)<br>\$40.00                                              | Office sought<br>Payee address; City; State; Zip Code<br>3401 Hickory Tree Rd<br><br>Balch Springs, TX 75180 |                                                                                                                                                                                                                  |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                              |                                                                                                                                                                                                                  |
| Date<br>08/05/2026                                                  | Candidate/Officeholder name<br>Payee name<br>Johnson, Kattie                                                 |                                                                                                                                                                                                                  |
| Amount (\$)<br>\$120.00                                             | Office sought<br>Payee address; City; State; Zip Code<br>3401 Hickory Tree Rd<br><br>Balch Springs, TX 75180 |                                                                                                                                                                                                                  |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor     | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                              |                                                                                                                                                                                                                  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 16/33 Rpt: 33/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                 | <b>3</b> Filer ID                                                                                                                                                                                             |
| <b>4</b> Date<br>08/24/2026                                         | <b>5</b> Payee name<br>Kabbara, Kasim                                                                                   |                                                                                                                                                                                                               |
| <b>6</b> Amount (\$)<br>\$250.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>2724 Santa Cruz dr.<br><br>Dallas, TX 75227                            |                                                                                                                                                                                                               |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Photography service |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                             | Office sought Office held                                                                                                                                                                                     |
| Date<br>08/07/2026                                                  | Payee name<br>LAZ Parking                                                                                               |                                                                                                                                                                                                               |
| Amount (\$)<br>\$5.45                                               | Payee address; City; State; Zip Code<br>1201 Main St<br>Suite 1320<br>Dallas, TX 75202                                  |                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                             | Office sought Office held                                                                                                                                                                                     |
| Date<br>08/04/2026                                                  | Payee name<br>Little Caesars                                                                                            |                                                                                                                                                                                                               |
| Amount (\$)<br>\$19.63                                              | Payee address; City; State; Zip Code<br>2723 S Buckner Blvd.<br><br>Dallas, TX 75227                                    |                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals               |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                             | Office sought Office held                                                                                                                                                                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

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|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 17/33 Rpt: 34/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                 | <b>3</b> Filer ID                                                                                                                                                                                        |
| <b>4</b> Date<br>07/27/2026                                         | <b>5</b> Payee name<br>Lowrey, Mike                                                                                     |                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$100.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>910 Beltline Rd<br><br>Dallas, TX 75253                                |                                                                                                                                                                                                          |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Field Services |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                             | Office sought Office held                                                                                                                                                                                |
| Date<br>08/06/2026                                                  | Payee name<br>Maple Terrace (Ace Parking)                                                                               |                                                                                                                                                                                                          |
| Amount (\$)<br>\$11.50                                              | Payee address; City; State; Zip Code<br>3001 Maple Ave<br><br>Dallas, TX 75201                                          |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                             | Office sought Office held                                                                                                                                                                                |
| Date<br>08/31/2026                                                  | Payee name<br>McDonald's                                                                                                |                                                                                                                                                                                                          |
| Amount (\$)<br>\$4.85                                               | Payee address; City; State; Zip Code<br>1001 N Interstate 35 E<br><br>DeSoto, TX 75115                                  |                                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals          |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                             | Office sought Office held                                                                                                                                                                                |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

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|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 18/33 Rpt: 35/50   | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                          | <b>3</b> Filer ID                                                                                                                                                                               |
| <b>4</b> Date<br>07/23/2026                                  | <b>5</b> Payee name<br>McDonald's                                                                                |                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$9.29                               | <b>7</b> Payee address; City; State; Zip Code<br>1001 N Interstate 35 E<br><br>DeSoto, TX 75115                  |                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                 | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH |                                                                                                                  |                                                                                                                                                                                                 |
| Date<br>08/10/2026                                           | Candidate/Officeholder name<br>Metropolis Parking                                                                |                                                                                                                                                                                                 |
| Amount (\$)<br>\$3.99                                        | Office sought<br>Office held                                                                                     |                                                                                                                                                                                                 |
| Purpose of Expenditure                                       | Payee name<br>Metropolis Parking                                                                                 |                                                                                                                                                                                                 |
| Purpose of Expenditure                                       | Payee address; City; State; Zip Code<br>1201 Elm St<br><br>Dallas, TX 75270                                      |                                                                                                                                                                                                 |
| Purpose of Expenditure                                       | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking      |
| Complete ONLY if direct expenditure to benefit C/OH          |                                                                                                                  |                                                                                                                                                                                                 |
| Date<br>08/07/2026                                           | Candidate/Officeholder name<br>Metropolis Parking                                                                |                                                                                                                                                                                                 |
| Amount (\$)<br>\$6.99                                        | Office sought<br>Office held                                                                                     |                                                                                                                                                                                                 |
| Purpose of Expenditure                                       | Payee name<br>Metropolis Parking                                                                                 |                                                                                                                                                                                                 |
| Purpose of Expenditure                                       | Payee address; City; State; Zip Code<br>1201 Elm St<br><br>Dallas, TX 75270                                      |                                                                                                                                                                                                 |
| Purpose of Expenditure                                       | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking      |
| Complete ONLY if direct expenditure to benefit C/OH          |                                                                                                                  |                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 19/33 Rpt: 36/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                                      | <b>3</b> Filer ID                                                                                                                                                                                           |
| <b>4</b> Date<br>08/07/2026                                         | <b>5</b> Payee name<br>Metropolis Parking                                                                                                    |                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$2.00                                      | <b>7</b> Payee address; City; State; Zip Code<br>1201 Elm St<br><br>Dallas, TX 75270                                                         |                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense                      | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking           |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                              |                                                                                                                                                                                                             |
| Date<br>08/10/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                  |                                                                                                                                                                                                             |
| Amount (\$)<br>\$211.50                                             | Payee name<br>Mi Cocina<br><br>Payee address; City; State; Zip Code<br>3232 McKinney Ave<br>Suite 175<br>Dallas, TX 75204                    |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                              |                                                                                                                                                                                                             |
| Date<br>09/22/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                                                                  |                                                                                                                                                                                                             |
| Amount (\$)<br>\$6.79                                               | Payee name<br>Mokah Coffee & Tea<br><br>Payee address; City; State; Zip Code<br>8330 Lyndon B Johnson Fwy<br>Suite B-214<br>Dallas, TX 75243 |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                              |                                                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

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|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 20/33 Rpt: 37/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                                           | <b>3</b> Filer ID                                                                                                                                                                               |
| <b>4</b> Date<br>08/03/2026                                         | <b>5</b> Payee name<br>Morsels                                                                                                                    |                                                                                                                                                                                                 |
| <b>6</b> Amount (\$)<br>\$13.26                                     | <b>7</b> Payee address; City; State; Zip Code<br>555 S Lamar St<br><br>Dallas, TX 75202                                                           |                                                                                                                                                                                                 |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                                                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                                                   |                                                                                                                                                                                                 |
| Date<br>08/14/2026                                                  | Candidate/Officeholder name<br>North Texas Democrats                                                                                              | Office sought<br>Office held                                                                                                                                                                    |
| Amount (\$)<br>\$500.00                                             | Payee address; City; State; Zip Code<br>5310 Harvest Hill Rd.<br>Suite 184<br>Dallas, TX 75230                                                    |                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Donation     |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                   |                                                                                                                                                                                                 |
| Date<br>08/03/2026                                                  | Candidate/Officeholder name<br>Omni Dallas Hotel Self Parking                                                                                     | Office sought<br>Office held                                                                                                                                                                    |
| Amount (\$)<br>\$22.73                                              | Payee address; City; State; Zip Code<br>555 S Lamar St<br><br>Dallas, TX 75202                                                                    |                                                                                                                                                                                                 |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense                                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking      |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                                                   |                                                                                                                                                                                                 |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 21/33 Rpt: 38/50          |  | 2 FILER NAME<br>Offord, Damarcus                                                          |  | 3 Filer ID                                                                                                                                                                                           |
| 4 Date<br>09/14/2026                                         |  | 5 Payee name<br>PNC Bank                                                                  |  |                                                                                                                                                                                                      |
| 6 Amount (\$)<br>\$6.25                                      |  | 7 Payee address; City; State; Zip Code<br>300 Fifth Avenue<br><br>Pittsburgh, PA 15222    |  |                                                                                                                                                                                                      |
| 8 PURPOSE OF EXPENDITURE                                     |  | (a) Category (See Categories listed at the top of this schedule)<br>Fees                  |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fees         |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                     |  |                                                                                                                                                                                                      |
| Date<br>07/01/2026                                           |  | Payee name<br>PNC Bank                                                                    |  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$3.00                                        |  | Payee address; City; State; Zip Code<br>300 Fifth Avenue<br><br>Pittsburgh, PA 15222      |  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                       |  | (a) Category (See Categories listed at the top of this schedule)<br>Accounting/Banking    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Bank Fees         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                     |  |                                                                                                                                                                                                      |
| Date<br>08/18/2026                                           |  | Payee name<br>Pappadeaux Seafood Kitchen                                                  |  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$40.75                                       |  | Payee address; City; State; Zip Code<br>800 E Hwy 67<br><br>Duncanville, TX 75137         |  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                       |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                     |  |                                                                                                                                                                                                      |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 22/33 Rpt: 39/50          |  | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                          |  | <b>3</b> Filer ID                                                                                                                                                                                           |
| <b>4</b> Date<br>08/18/2026                                         |  | <b>5</b> Payee name<br>Pappadeaux Seafood Kitchen                                                                |  |                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$53.12                                     |  | <b>7</b> Payee address; City; State; Zip Code<br>800 E Hwy 67<br><br>Duncanville, TX 75137                       |  |                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                 |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                                             |
| Date<br>07/27/2026                                                  |  | Payee name<br>Pappadeaux Seafood Kitchen                                                                         |  |                                                                                                                                                                                                             |
| Amount (\$)<br>\$155.19                                             |  | Payee address; City; State; Zip Code<br>800 E Hwy 67<br><br>Duncanville, TX 75137                                |  |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                                             |
| Date<br>09/03/2026                                                  |  | Payee name<br>ParkMobile                                                                                         |  |                                                                                                                                                                                                             |
| Amount (\$)<br>\$11.50                                              |  | Payee address; City; State; Zip Code<br>1100 Spring Street NW<br>Suite 200<br>Atlanta, GA 30309                  |  |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking                  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |  | Candidate/Officeholder name Office sought Office held                                                            |  |                                                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 23/33 Rpt: 40/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                 | <b>3</b> Filer ID                                                                                                                                                                                                     |
| <b>4</b> Date<br>08/17/2026                                         | <b>5</b> Payee name<br>Parterre                                                                                         |                                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$28.22                                     | <b>7</b> Payee address; City; State; Zip Code<br>331 Singleton Boulevard<br>Suite 100<br>Dallas, TX 75212               |                                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals                       |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                         |                                                                                                                                                                                                                       |
| Date<br>09/24/2026                                                  | Candidate/Officeholder name<br>Paypal                                                                                   |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$490.43                                             | Office sought<br>2211 North First Street<br>San Jose, CA 95131                                                          |                                                                                                                                                                                                                       |
| Office held                                                         |                                                                                                                         |                                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees                                         | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Credit Card Processing Fees |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                         |                                                                                                                                                                                                                       |
| Date<br>08/10/2026                                                  | Candidate/Officeholder name<br>Platinum Parking                                                                         |                                                                                                                                                                                                                       |
| Amount (\$)<br>\$10.00                                              | Office sought<br>2021 McKinney Avenue<br>Dallas, TX 75201                                                               |                                                                                                                                                                                                                       |
| Office held                                                         |                                                                                                                         |                                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking                     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                         |                                                                                                                                                                                                                       |
|                                                                     |                                                                                                                         |                                                                                                                                                                                                                       |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

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|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 24/33 Rpt: 41/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                 | <b>3</b> Filer ID                                                                                                                                                                             |
| <b>4</b> Date<br>08/17/2026                                         | <b>5</b> Payee name<br>QuikTrip                                                                                         |                                                                                                                                                                                               |
| <b>6</b> Amount (\$)<br>\$28.95                                     | <b>7</b> Payee address; City; State; Zip Code<br>602 S Hampton Rd<br><br>Dallas, TX 75208                               |                                                                                                                                                                                               |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                                         |                                                                                                                                                                                               |
| Date<br>07/29/2026                                                  | Candidate/Officeholder name Payee name<br>Office sought Office held<br>QuikTrip                                         |                                                                                                                                                                                               |
| Amount (\$)<br>\$58.79                                              | Payee address; City; State; Zip Code<br>602 S Hampton Rd<br><br>Dallas, TX 75208                                        |                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                         |                                                                                                                                                                                               |
| Date<br>07/20/2026                                                  | Candidate/Officeholder name Payee name<br>Office sought Office held<br>QuikTrip                                         |                                                                                                                                                                                               |
| Amount (\$)<br>\$59.96                                              | Payee address; City; State; Zip Code<br>602 S Hampton Rd<br><br>Dallas, TX 75208                                        |                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                                         |                                                                                                                                                                                               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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.

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|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule F1:<br>Sch: 25/33 Rpt: 42/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                       | <b>3</b> Filer ID                                                                                                                                                                                             |
| <b>4</b> Date<br>09/24/2026                                         | <b>5</b> Payee name<br>RavenEdge Inc.                                                         |                                                                                                                                                                                                               |
| <b>6</b> Amount (\$)<br>\$350.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>910 S Pearl Expy<br><br>Dallas, TX 75201     |                                                                                                                                                                                                               |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Consulting Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Services |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                               |                                                                                                                                                                                                               |
| Date<br>08/03/2026                                                  | Candidate/Officeholder name                                                                   | Office sought      Office held                                                                                                                                                                                |
| Payee name<br>RavenEdge Inc.                                        |                                                                                               |                                                                                                                                                                                                               |
| Amount (\$)<br>\$1,500.00                                           | Payee address; City; State; Zip Code<br>910 S Pearl Expy<br><br>Dallas, TX 75201              |                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Consulting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                               |                                                                                                                                                                                                               |
| Date<br>07/15/2026                                                  | Candidate/Officeholder name                                                                   | Office sought      Office held                                                                                                                                                                                |
| Payee name<br>RavenEdge Inc.                                        |                                                                                               |                                                                                                                                                                                                               |
| Amount (\$)<br>\$350.00                                             | Payee address; City; State; Zip Code<br>910 S Pearl Expy<br><br>Dallas, TX 75201              |                                                                                                                                                                                                               |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Consulting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                               |                                                                                                                                                                                                               |
|                                                                     |                                                                                               |                                                                                                                                                                                                               |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 26/33 Rpt: 43/50   |  | 2 FILER NAME<br>Offord, Damarcus                                                             |  | 3 Filer ID                                                                                                                                                                                           |
| 4 Date<br>08/20/2026                                  |  | 5 Payee name<br>Reilly Echols Printing                                                       |  |                                                                                                                                                                                                      |
| 6 Amount (\$)<br>\$319.34                             |  | 7 Payee address; City; State; Zip Code<br>1710 S Harwood St<br><br>Dallas, TX 75215          |  |                                                                                                                                                                                                      |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense      |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Printing & Signs  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name Office sought Office held                                        |  |                                                                                                                                                                                                      |
| Date<br>07/17/2026                                    |  | Payee name<br>Salsa Limón                                                                    |  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$47.26                                |  | Payee address; City; State; Zip Code<br>5012 White Settlement Rd<br><br>Fort Worth, TX 76114 |  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                        |  |                                                                                                                                                                                                      |
| Date<br>08/03/2026                                    |  | Payee name<br>Schlotzsky's                                                                   |  |                                                                                                                                                                                                      |
| Amount (\$)<br>\$15.03                                |  | Payee address; City; State; Zip Code<br>1807 Ross Ave<br><br>Dallas, TX 75201                |  |                                                                                                                                                                                                      |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals             |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name Office sought Office held                                        |  |                                                                                                                                                                                                      |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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.

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|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Total pages Schedule F1:<br>Sch: 27/33 Rpt: 44/50   | 2 FILER NAME<br>Offord, Damarcus                                                                                 | 3 Filer ID                                                                                                                                                                               |
| 4 Date<br>08/25/2026                                  | 5 Payee name<br>Shell                                                                                            |                                                                                                                                                                                          |
| 6 Amount (\$)<br>\$36.71                              | 7 Payee address; City; State; Zip Code<br>1805 W 43rd Street<br><br>Houston, TX 77018                            |                                                                                                                                                                                          |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas   |
| 9 Complete ONLY if direct expenditure to benefit C/OH |                                                                                                                  |                                                                                                                                                                                          |
| Date<br>07/27/2026                                    | Candidate/Officeholder name                                                                                      | Office sought Office held                                                                                                                                                                |
| Amount (\$)<br>\$44.21                                | Payee name<br>Shell                                                                                              |                                                                                                                                                                                          |
|                                                       | Payee address; City; State; Zip Code<br>1805 W 43rd Street<br><br>Houston, TX 77018                              |                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Gas   |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                  |                                                                                                                                                                                          |
| Date<br>08/17/2026                                    | Candidate/Officeholder name                                                                                      | Office sought Office held                                                                                                                                                                |
| Amount (\$)<br>\$19.16                                | Payee name<br>Starbucks                                                                                          |                                                                                                                                                                                          |
|                                                       | Payee address; City; State; Zip Code<br>100 Sharaf Ave<br><br>Red Oak, TX 75154                                  |                                                                                                                                                                                          |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals |
| Complete ONLY if direct expenditure to benefit C/OH   |                                                                                                                  |                                                                                                                                                                                          |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 28/33 Rpt: 45/50          | <b>2</b> FILER NAME<br>Offord, Damarcus                                                          | <b>3</b> Filer ID                                                                                                                                                                                           |
| <b>4</b> Date<br>08/31/2026                                         | <b>5</b> Payee name<br>Tacodeli                                                                  |                                                                                                                                                                                                             |
| <b>6</b> Amount (\$)<br>\$32.48                                     | <b>7</b> Payee address; City; State; Zip Code<br>1878 Sylvan Ave<br><br>Dallas, TX 75208         |                                                                                                                                                                                                             |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                  |                                                                                                                                                                                                             |
| Date<br>07/20/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                             |
| Payee name<br>Texas Roadhouse                                       |                                                                                                  |                                                                                                                                                                                                             |
| Amount (\$)<br>\$118.50                                             | Payee address; City; State; Zip Code<br>2848 W Wheatland Rd<br><br>Dallas, TX 75237              |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                  |                                                                                                                                                                                                             |
| Date<br>08/26/2026                                                  | Candidate/Officeholder name<br>Office sought<br>Office held                                      |                                                                                                                                                                                                             |
| Payee name<br>The Capital Grille                                    |                                                                                                  |                                                                                                                                                                                                             |
| Amount (\$)<br>\$110.81                                             | Payee address; City; State; Zip Code<br>500 Crescent Ct<br><br>Dallas, TX 75201                  |                                                                                                                                                                                                             |
| PURPOSE OF EXPENDITURE                                              | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          |                                                                                                  |                                                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## 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 F1:<br>Sch: 29/33 Rpt: 46/50          |                                                                                           | 2 FILER NAME<br>Offord, Damarcus                                                                 |                                                                                                                                                                                                      | 3 Filer ID |
| 4 Date<br>08/06/2026                                         |                                                                                           | 5 Payee name<br>The Dock - The Exchange                                                          |                                                                                                                                                                                                      |            |
| 6 Amount (\$)<br>\$61.17                                     |                                                                                           | 7 Payee address; City; State; Zip Code<br>211 S Akard St<br><br>Dallas, TX 75202                 |                                                                                                                                                                                                      |            |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense |                                                                                                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                           | Candidate/Officeholder name Office sought Office held                                            |                                                                                                                                                                                                      |            |
| Date<br>07/20/2026                                           |                                                                                           | Payee name<br>The Thompson Dallas (Food & Beverage)                                              |                                                                                                                                                                                                      |            |
| Amount (\$)<br>\$111.26                                      |                                                                                           | Payee address; City; State; Zip Code<br>205 N Akard St<br><br>Dallas, TX 75201                   |                                                                                                                                                                                                      |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense |                                                                                                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals             |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                           | Candidate/Officeholder name Office sought Office held                                            |                                                                                                                                                                                                      |            |
| Date<br>08/18/2026                                           |                                                                                           | Payee name<br>Thibodeaux's Authentic Cajun Cookin'                                               |                                                                                                                                                                                                      |            |
| Amount (\$)<br>\$72.53                                       |                                                                                           | Payee address; City; State; Zip Code<br>107 N Cedar Ridge Dr<br>Ste 106<br>Duncanville, TX 75116 |                                                                                                                                                                                                      |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense |                                                                                                  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                           | Candidate/Officeholder name Office sought Office held                                            |                                                                                                                                                                                                      |            |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## 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 F1:<br>Sch: 30/33 Rpt: 47/50   | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                                 | <b>3</b> Filer ID                                                                                                                                                                                                              |
| <b>4</b> Date<br>07/22/2026                                  | <b>5</b> Payee name<br>Thibodeaux's Authentic Cajun Cookin'                                                             |                                                                                                                                                                                                                                |
| <b>6</b> Amount (\$)<br>\$61.31                              | <b>7</b> Payee address; City; State; Zip Code<br>107 N Cedar Ridge Dr<br>Ste 106<br>Duncanville, TX 75116               |                                                                                                                                                                                                                                |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense                        | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Political Meeting                    |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name                                                                                             | Office sought Office held                                                                                                                                                                                                      |
| Date<br>07/01/2026                                           | Payee name<br>Turner, Cameasha                                                                                          |                                                                                                                                                                                                                                |
| Amount (\$)<br>\$1,000.00                                    | Payee address; City; State; Zip Code<br>2235 Lovedale Ave<br>Unit 106<br>Dallas, TX 75235                               |                                                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor                | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Fieldwork services - Sign Management |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                             | Office sought Office held                                                                                                                                                                                                      |
| Date<br>08/31/2026                                           | Payee name<br>Victory Park                                                                                              |                                                                                                                                                                                                                                |
| Amount (\$)<br>\$23.65                                       | Payee address; City; State; Zip Code<br>3030 Nowitzki Way<br><br>Dallas, TX 75219                                       |                                                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Transportation Equipment And Related Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Parking                              |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name                                                                                             | Office sought Office held                                                                                                                                                                                                      |

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Solicitation/Fundraising Expense  
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Travel Out of District  
OTHER (enter a category not listed above)

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|                                                              |                                                                                                    |                                                                                      |                                                                                                                                                                                                      |            |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 1 Total pages Schedule F1:<br>Sch: 31/33 Rpt: 48/50          |                                                                                                    | 2 FILER NAME<br>Offord, Damarcus                                                     |                                                                                                                                                                                                      | 3 Filer ID |
| 4 Date<br>08/07/2026                                         |                                                                                                    | 5 Payee name<br>Walmart.com                                                          |                                                                                                                                                                                                      |            |
| 6 Amount (\$)<br>\$118.47                                    |                                                                                                    | 7 Payee address; City; State; Zip Code<br>702 SW 8th St<br><br>Bentonville, AR 72716 |                                                                                                                                                                                                      |            |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense |                                                                                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Supplies |            |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH |                                                                                                    |                                                                                      |                                                                                                                                                                                                      |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                    |                                                                                      |                                                                                                                                                                                                      |            |
| Date<br>08/06/2026                                           |                                                                                                    | Payee name<br>Walmart.com                                                            |                                                                                                                                                                                                      |            |
| Amount (\$)<br>\$107.17                                      |                                                                                                    | Payee address; City; State; Zip Code<br>702 SW 8th St<br><br>Bentonville, AR 72716   |                                                                                                                                                                                                      |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense |                                                                                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Supplies |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                    |                                                                                      |                                                                                                                                                                                                      |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                    |                                                                                      |                                                                                                                                                                                                      |            |
| Date<br>08/06/2026                                           |                                                                                                    | Payee name<br>Walmart.com                                                            |                                                                                                                                                                                                      |            |
| Amount (\$)<br>\$982.97                                      |                                                                                                    | Payee address; City; State; Zip Code<br>702 SW 8th St<br><br>Bentonville, AR 72716   |                                                                                                                                                                                                      |            |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense |                                                                                      | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign Supplies |            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   |                                                                                                    |                                                                                      |                                                                                                                                                                                                      |            |
| Candidate/Officeholder name Office sought Office held        |                                                                                                    |                                                                                      |                                                                                                                                                                                                      |            |

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|--------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 32/33 Rpt: 49/50   |  | <b>2</b> FILER NAME<br>Offord, Damarcus                                                                  |  | <b>3</b> Filer ID                                                                                                                                                                                        |  |
| <b>4</b> Date<br>08/19/2026                                  |  | <b>5</b> Payee name<br>Wendy's                                                                           |  |                                                                                                                                                                                                          |  |
| <b>6</b> Amount (\$)<br>\$5.40                               |  | <b>7</b> Payee address; City; State; Zip Code<br>1100 N I-35E<br><br>DeSoto, TX 75115                    |  |                                                                                                                                                                                                          |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense         |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Meals          |  |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                              |  | Office sought                                                                                                                                                                                            |  |
| Date<br>08/28/2026                                           |  | Payee name<br>Wheat, Cinthy                                                                              |  |                                                                                                                                                                                                          |  |
| Amount (\$)<br>\$650.00                                      |  | Payee address; City; State; Zip Code<br>2529 Park Ave Row Ave<br><br>Dallas, TX 75215                    |  |                                                                                                                                                                                                          |  |
| PURPOSE OF EXPENDITURE                                       |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contract Labor |  |
| Complete ONLY if direct expenditure to benefit C/OH          |  | Candidate/Officeholder name                                                                              |  | Office sought                                                                                                                                                                                            |  |
| Date<br>07/27/2026                                           |  | Payee name<br>Woods, Kirondria                                                                           |  |                                                                                                                                                                                                          |  |
| Amount (\$)<br>\$500.00                                      |  | Payee address; City; State; Zip Code<br>1309 Canton ST.<br><br>Dallas, TX 75202                          |  |                                                                                                                                                                                                          |  |
| PURPOSE OF EXPENDITURE                                       |  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Salaries/Wages/Contract Labor |  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Contract Labor |  |
| Complete ONLY if direct expenditure to benefit C/OH          |  | Candidate/Officeholder name                                                                              |  | Office sought                                                                                                                                                                                            |  |

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|                                                       |  |                                                                                                      |  |                                                                                                                                                                                                 |  |
|-------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1 Total pages Schedule F1:<br>Sch: 33/33 Rpt: 50/50   |  | 2 FILER NAME<br>Offord, Damarcus                                                                     |  | 3 Filer ID                                                                                                                                                                                      |  |
| 4 Date<br>08/31/2026                                  |  | 5 Payee name<br>Young Urban League                                                                   |  |                                                                                                                                                                                                 |  |
| 6 Amount (\$)<br>\$42.42                              |  | 7 Payee address; City; State; Zip Code<br>3662 W. Camp Wisdom Road<br>Suite 2044<br>Dallas, TX 75237 |  |                                                                                                                                                                                                 |  |
| 8 PURPOSE OF EXPENDITURE                              |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense                    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Ticket |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH |  | Candidate/Officeholder name                                                                          |  | Office sought Office held                                                                                                                                                                       |  |
| Date<br>08/31/2026                                    |  | Payee name<br>Young Urban League                                                                     |  |                                                                                                                                                                                                 |  |
| Amount (\$)<br>\$109.92                               |  | Payee address; City; State; Zip Code<br>3662 W. Camp Wisdom Road<br>Suite 2044<br>Dallas, TX 75237   |  |                                                                                                                                                                                                 |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense                    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Ticket |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                          |  | Office sought Office held                                                                                                                                                                       |  |
| Date<br>08/06/2026                                    |  | Payee name<br>Young Urban League                                                                     |  |                                                                                                                                                                                                 |  |
| Amount (\$)<br>\$89.04                                |  | Payee address; City; State; Zip Code<br>3662 W. Camp Wisdom Road<br>Suite 2044<br>Dallas, TX 75237   |  |                                                                                                                                                                                                 |  |
| PURPOSE OF EXPENDITURE                                |  | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense                    |  | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event Ticket |  |
| Complete ONLY if direct expenditure to benefit C/OH   |  | Candidate/Officeholder name                                                                          |  | Office sought Office held                                                                                                                                                                       |  |