

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:																												
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:40%; border-bottom: 1px solid black;">FIRST</td> <td style="width:40%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td>Mrs</td> <td>Corsandra</td> <td>B</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td>Phelps</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	Mrs	Corsandra	B	NICKNAME	LAST	SUFFIX		Phelps		OFFICE USE ONLY Date Received  Date Hand-delivered Date Postmarked Receipt # Amount \$ Date Processed Date Imaged																
MS / MRS / MR	FIRST	MI																													
Mrs	Corsandra	B																													
NICKNAME	LAST	SUFFIX																													
	Phelps																														
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">ADDRESS / PO BOX;</td> <td style="width:10%; border-bottom: 1px solid black;">APT / SUITE #;</td> <td style="width:15%; border-bottom: 1px solid black;">CITY;</td> <td style="width:10%; border-bottom: 1px solid black;">STATE;</td> <td style="width:35%; border-bottom: 1px solid black;">ZIP CODE</td> </tr> <tr> <td>217 E Belt Line Rd</td> <td>C</td> <td>Desoto</td> <td>Tx</td> <td>75115</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	217 E Belt Line Rd	C	Desoto	Tx	75115																			
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Month	Day	Year		Month	Day	Year																									
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14 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. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;">☐ GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;">☐ SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS																				
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GO TO PAGE 2

I love you

VERSE 2

How many days must I be fence all
around you
How many nights must I wipe your
tears away
How many storms must I bring you
safely through
For you to know just how much I
love you

REPEAT CHORUS

CHORUS 2

Didn't I put food on your able
Show UP! when your bills were
due
When the pains were racking your
badoy
Didn't I send a healing down to
you
When you were lost in sin and
sorrow
I died to set you free
So you would know just how much
I love you

Polo G

I've got a testimony

Rev. clay evans

RAIN DOWN ON ME

GloRilla, Kirk Franklin, Maverick City

Music, Kierra Sheard & Chandler

Moore



RE

--

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Corsandra Brigham Phelps

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,760.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,953.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 68.77
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Corsandra Brigham Phelps, and my date of birth is 06/19/1968

My address is 217 E Belt Line Rd Ste C, Desoto, Tx, 75115, USA

(street) (city) (state) (zip code) (country)

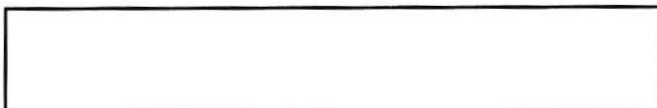
Executed in Dallas County, State of Tx, on the 10/ day of 4, 2026

(month) (year)

Signature of Candidate/Officeholder (Declarant)



⊗



SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Corsandra Brigham Phelps		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,760.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 867.23
10.	■ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 1,174.52
11.	■ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 607.22
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

Comments

Add a comment



**Sign Up And
Drop
Knowledge** 

Genius is the ultimate source of music
knowledge, created by scholars like
you who share facts and insight about
the songs and artists they love.

Sign Up

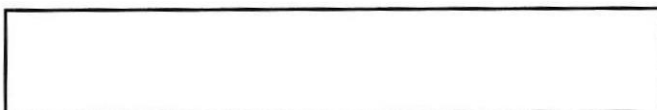


MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Corsandra Brigham Phelps		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/26	5 Full name of contributor out-of-state PAC (ID#: DR. Shirley Wesley King	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 500 QUICK SILVER DR DESOTO TX 75115		
8 Principal occupation / Job title (See Instructions) NOT Listed		9 Employer (See Instructions) NONE
Date 9/28/26	Full name of contributor out-of-state PAC (ID#: DIANE TRUETT	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2407 Creekside Cir Irving TX 75063		
Principal occupation / Job title (See Instructions) NOT Listed		Employer (See Instructions) NONE
Date 10/2/26	Full name of contributor out-of-state PAC (ID#: Arthur Basher	Amount of contribution (\$) 35.00
Contributor address; City; State; Zip Code 1350 Freeport Blvd #104 Sparks NV 89431		
Principal occupation / Job title (See Instructions) NOT Listed		Employer (See Instructions) NONE
Date 10/3/26	Full name of contributor out-of-state PAC (ID#: Bill Underhill	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 9201 Moss Farm Ln Dallas TX 75243		
Principal occupation / Job title (See Instructions) NOT Listed		Employer (See Instructions) NONE
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Corsandra Brigham Phelps	3 Filer ID (Ethics Commission Filers)
4 Date 08/05/2026	5 Payee name Phoenix Printing	
6 Amount (\$) 460.00 ~~460.00~~ 454.65 ☒ Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 5259 Worthy Way #405 Fairview TX 75069 Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description HP color laser jet Printer M553
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 09/25/2026	Payee name DFW Cheap Signs	
Amount (\$) 324.00 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3816 Bay Court Ft. Worth TX 76179 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Push Cards
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 09/29/2026	Payee name Schlotzky's	
Amount (\$) 38.58 ☒ Reimbursement from political contributions intended	Payee address; City; State; Zip Code 3740 Belt Line Rd Addison Tx 75001 Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food Beverage Expense	Description Lunch for helpers
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

So you would know, so you would
know how much
So you would know, so you would
know how much
So you would know just how much
I love you



About

Have the inside scoop on this song?
Sign up and drop some knowledge

Start the song bio

Q&A

Find answers to frequently asked
questions about the song and explore its
deeper meaning

Ask a question

W

C



MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

53

2 FILER NAME

Corsandra Brigham Phelps

3 Filer ID (Ethics Commission Filers)

4 Date

08/29/2026

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jeremy Rhudy

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

502 E Vista Drive Garland Tx 75041

8 Principal occupation / Job title (See Instructions)

not listed

9 Employer (See Instructions)

none

Date

08/20/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Susan Fountain

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

10630 Chesterton Dr Dallas Tx 75238

Principal occupation / Job title (See Instructions)

not listed

Employer (See Instructions)

none

Date

08/20/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Diane Truitt

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

2407 Creekside Cir Irving Tx 75063

Principal occupation / Job title (See Instructions)

not listed

Employer (See Instructions)

none

Date

08/20/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Jacqueline Drake

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

2454 Club Terrace Dallas Tx 75237

Principal occupation / Job title (See Instructions)

not listed

Employer (See Instructions)

none

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

High & Lifted Up
(1999)
The Brooklyn Tabernacle
Choir

- | | |
|--|--|
| 1. <u>Total Praise</u> | 6. <u>Father We Adore</u>
<u>Thee</u> |
| 2. <u>Psalm 150 (Praise</u>
<u>Ye the Lord)</u> | 7. <u>High & Lifted Up</u> |
| 3. <u>My Help (Cometh</u>
<u>from the Lord)</u> | 8. <u>Blessed Be The</u>
<u>Lord</u> |
| 4. <u>We Are United</u> | 9. So You Would
Know |

Credits

Released in
1999

Tags

Pop



MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **4 3****2 FILER NAME**

Corsandra Brigham Phelps

3 Filer ID (Ethics Commission Filers)**4 Date**

08/18/2026

5 Full name of contributor

out-of-state PAC (ID#: _____)

Tammie Jacobs

7 Amount of contribution (\$)**25.00****6 Contributor address;**

City;

State;

Zip Code

6422 Parkmont Dr Arlington Tx 76001

8 Principal occupation / Job title (See Instructions)

not listed

9 Employer (See Instructions)

none

Date

08/08/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Keven Sloan

Amount of contribution (\$)**50.00****Contributor address;**

City;

State;

Zip Code

200 Hillside Oak Ln Covington Ga 30016

Principal occupation / Job title (See Instructions)

not listed

Employer (See Instructions)

none

Date

08/05/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Patricia Ditto

Amount of contribution (\$)**50.00****Contributor address;**

City;

State;

Zip Code

15539 Preston Rd #1039 Dallas Tx 75248

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****Date**

07/29/2026

Full name of contributor

out-of-state PAC (ID#: _____)

Diane Truitt

Amount of contribution (\$)**200.00****Contributor address;**

City;

State;

Zip Code

2407 Creekside Cir Irving Tx 75063

Principal occupation / Job title (See Instructions)**Employer (See Instructions)****ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H:	2 FILER NAME Corsandra Brigham Phelps	3 Filer ID (Ethics Commission Filers)
4 Date	5 Business name Keepers Press	
6 Amount (\$) ~~1,144.16~~ 1174.52	7 Business address; City; State; Zip Code 1905 Alpha Dr Suite 170 Rockwall TX 75087 Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Yard Signs
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Business name	
Amount (\$)	Business address; City; State; Zip Code Check if individual's residence address.	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

I love you

VERSE 2

How many days must I be fence all
around you

How many nights must I wipe your
tears away

How many storms must I bring you
safely through

For you to know just how much I
love you

REPEAT CHORUS

CHORUS 2

Didn't I put food on your able
Show UP! when your bills were
due

When the pains were racking your
badoy

Didn't I send a healing down to
you

When you were lost in sin and
sorrow

I died to set you free

So you would know just how much
I love you

Polo G

I've got a testimony

Rev. clay evans

RAIN DOWN ON ME

GloRilla, Kirk Franklin, Maverick City

Music, Kierra Sheard & Chandler

Moore



RE

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

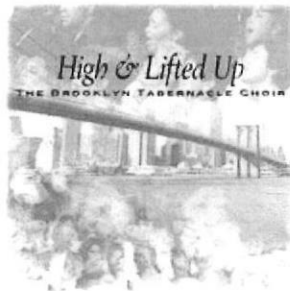
SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 2	2 FILER NAME CORSAUDRA BRIANNA PHELPS		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/2026	5 Payee name Razzoo		
6 Amount (\$) 90.00	7 Payee address; City State Zip Code 3712 Towne Crossing Blvd Meyville TX 75150		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) SUPPORTERS DINNER	(b) Description (See instructions regarding type of information required.)	
Date 8/25/26	Payee name Amazon Seattle WA		
Amount (\$)	Payee address; City State Zip Code Seattle WA		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) Printer Cartridges	Description (See instructions regarding type of information required.)	
Date 8/7/26	Payee name Walmart		
Amount (\$) 50.00	Payee address; City State Zip Code 150 N 1-35 Lancaster TX 75146		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) GAS	Description (See instructions regarding type of information required.) TO Meet + Greet	
Date 9/19/26	Payee name GT		
Amount (\$)	Payee address; City State Zip Code 3311 Pleasant Run LANCASTER TX 75146		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.) GAS	Description (See instructions regarding type of information required.) TO Meet + Greet	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



So You Would K

The Brooklyn Tabernacle Choir

Track 9 on

High & Lifted Up ↗

📅 1999 ⌚ 1 Viewer 👁 92.5K Views

So You Would Know Lyrics 3 Contributors

GENIUS

So You Would Know - The Brooklyn Tabernacle Choir ↗

Lyrics

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Q&A

Comments

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How many times must I prove how
much I love you
How many ways must my love for
you I show
How many times must I rescue you
from trouble
For you to know just how much I
love you

CHORUS

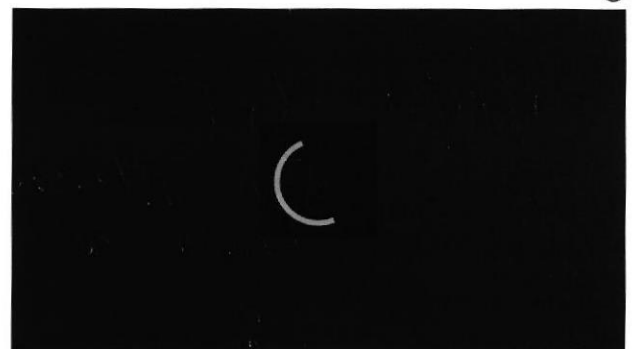
Didn't I wake you up this morning
Were you clothed in your right
mind
When you walked on this problem
Didn't I step right in on time
When you got weak along life's

you
My
So you would know just how much



Play "So You Would Know"

on Amazon Music Unlimited (ad)



You might also like

My All

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule I: 2		2 FILER NAME CORSAANDRA BRIGHAM Phelps		3 Filer ID (Ethics Commission Filers)	
4 Date 10/3/26		5 Payee name Howdy's Express			
6 Amount (\$) \$20.00		7 Payee address 1100 Pioneer Rd Mesquite TX 75149			
8 PURPOSE OF EXPENDITURE		(a) Category (See instructions for examples of acceptable categories.) GAS		(b) Description (See instructions regarding type of information required.) Pick up DONATION	
Date 10/5/26		Payee name Gloria's			
Amount (\$) 82.36		Payee address; 4140 Lemon Ave DALLAS TX 75219			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) DINNER FOR Supper		Description (See instructions regarding type of information required.)	
Date 10/5/26		Payee name 7/11			
Amount (\$) \$49.27		Payee address; 757 E. Belt Line Rd DESO TO TX 75115			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.) GAS		Description (See instructions regarding type of information required.) To meet & Greet	
Date		Payee name			
Amount (\$)		Payee address; City State Zip Code			
PURPOSE OF EXPENDITURE		Category (See instructions for examples of acceptable categories.)		Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

