

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs FIRST Keziah MI MV NICKNAME LAST Farrar SUFFIX	OFFICE USE ONLY Date Received									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 2080 Cannon Dr Mansfield TX 76063 APT / SUITE #; CITY; STATE; ZIP CODE										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817) PHONE NUMBER 319-4032 EXTENSION										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs FIRST Leigh Ann MI NICKNAME LAST Tipping SUFFIX	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged									
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1021 Pebble Beach Dr Mansfield TX 76063 APT / SUITE #; CITY; STATE; ZIP CODE										
8 CAMPAIGN TREASURER PHONE	AREA CODE (682) PHONE NUMBER 472-0161 EXTENSION										
9 REPORT TYPE	☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)										
10 PERIOD COVERED	Month Day Year 1 / 15 / 2025 THROUGH Month Day Year 3 / 31 / 2025										
11 ELECTION	ELECTION DATE Month Day Year 05 / 03 / 25 ELECTION TYPE ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special										
12 OFFICE	OFFICE HELD (if any) Mansfield ISD Board of Trustees Place 4	13 OFFICE SOUGHT (if known) Mansfield ISD Board of Trustees Place 4									
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: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">☐ GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">☐ SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
☐ GENERAL	COMMITTEE ADDRESS										
☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5979.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5586.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 393.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

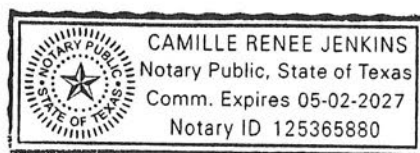
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Keziah Farrar

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Keziah Farrar this the 31st day of March.

2025 to certify which, witness my hand and seal of office.

Camille Renee Jenkins Camille Renee Jenkins Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$5919.70

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$ 100.00

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 5586.67

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 265.48

10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

\$

11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED
TO FILER

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME KEZIAH VALDES FARRAR		3 Filer ID (Ethics Commission Filers)
4 Date 2-20-25	5 Full name of contributor out-of-state PAC (ID#: Donald Ellis 6 Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-20-25	Full name of contributor out-of-state PAC (ID#: Tom Wilder Contributor address; City; State; Zip Code [REDACTED] Fort Worth TX 76102	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-27-25	Full name of contributor out-of-state PAC (ID#: Lorraine Valdes Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-24-25	Full name of contributor out-of-state PAC (ID#: LaCretia Johnson Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063	Amount of contribution (\$) 103.48
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.		

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: 10
2 FILER NAME <u>Keriah Valdes Fumar</u>		3 Filer ID (Ethics Commission Filers)
4 Date 2-24-25	5 Full name of contributor <u>Kim Rios</u> out-of-state PAC (ID# _____) 6 Contributor address; _____ City; _____ State; _____ Zip Code <u>Mansfield TX 76063</u>	7 Amount of contribution (\$) <u>50.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-24-25	Full name of contributor <u>Mike Hanner</u> out-of-state PAC (ID# _____) Contributor address; _____ City; _____ State; _____ Zip Code <u>Mansfield TX 76063</u>	Amount of contribution (\$) <u>50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-25	Full name of contributor <u>Cathy Kigney</u> out-of-state PAC (ID# _____) Contributor address; _____ City; _____ State; _____ Zip Code <u>Colleyville TX 76034</u>	Amount of contribution (\$) <u>400.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-26-25	Full name of contributor <u>Scot Bowman</u> out-of-state PAC (ID# _____) Contributor address; _____ City; _____ State; _____ Zip Code <u>Mansfield TX 76063</u>	Amount of contribution (\$) <u>100.00</u>
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.

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: 10
2 FILER NAME <u>Keriah Valdes Famar</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2-26-25</u>	5 Full name of contributor <u>Kristy Clements</u> out-of-state PAC (ID#: _____) 6 Contributor address: _____ City: <u>Burleson</u> State: <u>TX</u> Zip Code: <u>76028</u>	7 Amount of contribution (\$) <u>25.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>2-27-25</u>	Full name of contributor <u>Todd Privette</u> out-of-state PAC (ID#: _____) Contributor address: _____ City: <u>Mansfield</u> State: <u>TX</u> Zip Code: <u>76063</u>	Amount of contribution (\$) <u>103.48</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2-27-25</u>	Full name of contributor <u>Ronald Canoll</u> out-of-state PAC (ID#: _____) Contributor address: _____ City: <u>Mansfield</u> State: <u>TX</u> Zip Code: <u>76063</u>	Amount of contribution (\$) <u>55.38</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>2-28-25</u>	Full name of contributor <u>Robert Simko</u> out-of-state PAC (ID#: _____) Contributor address: _____ City: <u>Mansfield</u> State: <u>TX</u> Zip Code: <u>76063</u>	Amount of contribution (\$) <u>103.48</u>
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.

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: 10
2 FILER NAME Keriah Valdes Furrar		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Full name of contributor out-of-state PAC (ID# _____) Jessica Ross 6 Contributor address; City; State; Zip Code Mansfield TX 76063	7 Amount of contribution (\$) 26.25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-1-25	Full name of contributor out-of-state PAC (ID# _____) Scott Cook Contributor address; City; State; Zip Code Mansfield TX 76063	Amount of contribution (\$) 515.38
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-2-25	Full name of contributor out-of-state PAC (ID# _____) Natasha Angel Contributor address; City; State; Zip Code Mansfield TX 76063	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-3-25	Full name of contributor out-of-state PAC (ID# _____) Shawn Ashman Contributor address; City; State; Zip Code Burleson TX 76028	Amount of contribution (\$) 103.48
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.

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: 10
2 FILER NAME: Keriah Valdes Farrar		3 Filer ID (Ethics Commission Filers)
4 Date: 3-3-25	5 Full name of contributor: Amanda Menaffie out-of-state PAC (ID#: _____) 6 Contributor address: [REDACTED] City: Grand Prairie TX Zip Code: 75054	7 Amount of contribution (\$): 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: 3-3-25	Full name of contributor: Kevin Braud out-of-state PAC (ID#: _____) Contributor address: [REDACTED] City: Mansfield TX Zip Code: 76063	Amount of contribution (\$): 515.38
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 3-3-25	Full name of contributor: Melinda Farrar out-of-state PAC (ID#: _____) Contributor address: [REDACTED] City: Arlington TX Zip Code: 76001	Amount of contribution (\$): 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 3-3-25	Full name of contributor: Patricia Chappel out-of-state PAC (ID#: _____) Contributor address: [REDACTED] City: Mansfield TX Zip Code: 76063	Amount of contribution (\$): 103.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME <u>Keriah Valdes Fuhrar</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-6-25</u>	5 Full name of contributor out-of-state PAC (ID# _____) <u>Charles Brady</u> 6 Contributor address; City; State; Zip Code <u>Milington TX 76001</u>	7 Amount of contribution (\$) <u>206.44</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-7-25</u>	Full name of contributor out-of-state PAC (ID# _____) <u>Stefanie Oconney</u> Contributor address; City; State; Zip Code <u>Mansfield TX 76063</u>	Amount of contribution (\$) <u>206.44</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-8-25</u>	Full name of contributor out-of-state PAC (ID# _____) <u>Tony Meenan</u> Contributor address; City; State; Zip Code <u>Mansfield TX 76063</u>	Amount of contribution (\$) <u>500.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-9-25</u>	Full name of contributor out-of-state PAC (ID# _____) <u>JAMES DAVIS III</u> Contributor address; City; State; Zip Code <u>Mansfield TX 76063</u>	Amount of contribution (\$) <u>51.99</u>
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>10</u>
2 FILER NAME <u>Keriah Valdes Famar</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-12-25</u>	5 Full name of contributor out-of-state PAC (ID# _____) <u>Joanie Fowler</u> 6 Contributor address: _____ City: <u>Mansfield</u> State: <u>TX</u> Zip Code <u>76063</u>	7 Amount of contribution (\$) <u>100.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-14-25</u>	Full name of contributor out-of-state PAC (ID# _____) <u>Brenda Hayes</u> Contributor address: _____ City: <u>Mansfield</u> State: <u>TX</u> Zip Code <u>76063</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-14-25</u>	Full name of contributor out-of-state PAC (ID# _____) <u>Fidel Ramirez</u> Contributor address: _____ City: <u>Mansfield</u> State: <u>TX</u> Zip Code <u>76063</u>	Amount of contribution (\$) <u>50.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-14-25</u>	Full name of contributor out-of-state PAC (ID# _____) <u>Cory Hoffman</u> Contributor address: _____ City: <u>Mansfield</u> State: <u>TX</u> Zip Code <u>76063</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME <u>Keniah Valdes Famar</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-18-25</u>	5 Full name of contributor <u>Dr. Prak Bhakta</u> out-of-state PAC (ID# _____) 6 Contributor address; _____ City; _____ State; _____ Zip Code <u>Mansfield TX 76063</u>	7 Amount of contribution (\$) <u>250.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-18-25</u>	Full name of contributor <u>Jessica Gray</u> out-of-state PAC (ID# _____) Contributor address; _____ City; _____ State; _____ Zip Code <u>Mansfield TX 76063</u>	Amount of contribution (\$) <u>150.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-18-25</u>	Full name of contributor <u>Robert Ray</u> out-of-state PAC (ID# _____) Contributor address; _____ City; _____ State; _____ Zip Code <u>Mansfield TX 76063</u>	Amount of contribution (\$) <u>200.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-20</u>	Full name of contributor <u>Danny Ray</u> out-of-state PAC (ID# _____) Contributor address; _____ City; _____ State; _____ Zip Code <u>Mansfield TX 76063</u>	Amount of contribution (\$) <u>300.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 10
2 FILER NAME Keniah Valdes Farrar		3 Filer ID (Ethics Commission Filers)
4 Date 3-31-25	5 Full name of contributor out-of-state PAC (ID# _____) Jeff Cathey	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID# _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME Keriah Valdes Famar		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 100.00	
5 Date 3-11-25	6 Full name of contributor ☐ out-of-state PAC (ID#: _____) Big Feelas Ice House	8 Amount of Contribution \$ 100.00	9 In-kind contribution description Food/campaign kick off event
7 Contributor address; City; State; Zip Code 1826 Cannon Dr Mansfield TX 76063		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor ☐ out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 3		2 FILER NAME Keriah Valdes Famar		3 Filer ID (Ethics Commission Filers)	
4 Date 2-28-25		5 Payee name Tarrant Campaign Services			
6 Amount (\$) 625.00		7 Payee address; City; State; Zip Code 1510 Valleywood Trl. Mansfield TX 76063			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense		(b) Description place large 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					
Date 3-20-25		Payee name Print Place			
Amount (\$) 466.02		Payee address; City; State; Zip Code 1130 Ave H East Arlington TX 76011			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing 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					
Date 3-20-25		Payee name Williams Signs			
Amount (\$) 930.95		Payee address; City; State; Zip Code 3933 E California Pkwy Forest Hill TX 76119			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/printing expense		Description large signs		
	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					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: 3		2 FILER NAME Keriah Valdes-Fahar		3 Filer ID (Ethics Commission Filers)	
4 Date 3-20-25		5 Payee name Tahant Campaign Services			
6 Amount (\$) 405.94		7 Payee address; City; State; Zip Code 1510 Valleywood Trn. Mansfield TX 76063			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense		(b) Description place large 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					
Date 3-24-25		Payee name Bluestone Creatives			
Amount (\$) 3000.00		Payee address; City; State; Zip Code 1501 Haul Johnson Rd #123 Colleyville TX 76034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising / consulting		Description recreate website, design pushcards video social media		
	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					
Date 3-31-25		Payee name Anedot			
Amount (\$) 37.90		Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees		
	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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 F1: <u>3</u>		2 FILER NAME <u>Keniah Valdes Fajnar</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3-31-25</u>		5 Payee name <u>Paypal</u>			
6 Amount (\$) <u>120.96</u>		7 Payee address; <u>2211 N 1st St.</u> City; <u>San Jose</u> State; <u>CA</u> Zip Code <u>95131</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>fees</u>		(b) Description <u>fees</u>		
	(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 _____		Payee name _____			
Amount (\$) _____		Payee address; _____ City; _____ State; _____ Zip Code _____			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____					
Date _____		Payee name _____			
Amount (\$) _____		Payee address; _____ City; _____ State; _____ Zip Code _____			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Kevin Valdes Fajal	3 Filer ID (Ethics Commission Filers)
4 Date 2-2-25	5 Payee name Wix	
6 Amount (\$) 265.48 ✓ Reimbursement from political contributions intended	7 Payee address; 100 Gansevoort St. New York NY 10014	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description website
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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