

# 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: <b>11</b>                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 3. CANDIDATE / OFFICEHOLDER NAME                                                              | MS / MRS / MR: <b>Mr</b> FIRST: <b>Craig</b> MI: <b>W</b><br>NICKNAME: LAST: <b>Tipping</b> SUFFIX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        | <b>OFFICE USE ONLY</b><br><hr/> Date Received<br><br><br><hr/> Date Hand-delivered or Date Postmarked<br><br><br><hr/> Receipt #      Amount \$<br><br><hr/> Date Processed<br><br><br><hr/> Date Imaged |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 4. CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX: <b>1021 Pebble Beach Dr.</b> APT / SUITE #: CITY: <b>Manstfield, TX</b> STATE: <b>76063</b> ZIP CODE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 5. CANDIDATE / OFFICEHOLDER PHONE                                                             | AREA CODE: <b>(682)</b> PHONE NUMBER: <b>472-2276</b> EXTENSION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 6. CAMPAIGN TREASURER NAME                                                                    | MS / MRS / MR: <b>Mr</b> FIRST: <b>Kevin</b> MI: <b>J</b><br>NICKNAME: LAST: <b>Orsak</b> SUFFIX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 7. CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE): <b>1102 Country Club Ct.</b> APT / SUITE #: CITY: <b>Manstfield, TX</b> STATE: <b>76063</b> ZIP CODE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 8. CAMPAIGN TREASURER PHONE                                                                   | AREA CODE: <b>(682)</b> PHONE NUMBER: <b>808-3411</b> EXTENSION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 9. 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 10. PERIOD COVERED                                                                            | Month      Day      Year      THROUGH      Month      Day      Year<br><b>01 / 23 / 2025</b> <b>03 / 24 / 2025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 11. ELECTION                                                                                  | ELECTION DATE: Month      Day      Year      ELECTION TYPE:<br><b>05 / 03 / 2025</b> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 12. OFFICE                                                                                    | OFFICE HELD (if any): <b>Place 3 Manstfield ISD School Board-</b> 13. OFFICE SOUGHT (if known): <b>same</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| 14. NOTICE FROM POLITICAL COMMITTEE(S)<br><br><input type="checkbox"/> 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.<br><table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;"> <input type="checkbox"/> GENERAL<br/><br/><br/> <input type="checkbox"/> SPECIFIC         </td> <td style="border: none;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMITTEE TYPE</td><td style="padding: 2px;">COMMITTEE NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE ADDRESS</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td><td style="padding: 2px;"> </td></tr> </table> </td> </tr> </table> |                                        |                                                                                                                                                                                                          | <input type="checkbox"/> GENERAL<br><br><br><input type="checkbox"/> SPECIFIC | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMITTEE TYPE</td><td style="padding: 2px;">COMMITTEE NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE ADDRESS</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td><td style="padding: 2px;"> </td></tr> </table> | COMMITTEE TYPE                    | COMMITTEE NAME | COMMITTEE ADDRESS                    |  | COMMITTEE CAMPAIGN TREASURER NAME |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |  |
| <input type="checkbox"/> GENERAL<br><br><br><input type="checkbox"/> SPECIFIC                 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">COMMITTEE TYPE</td><td style="padding: 2px;">COMMITTEE NAME</td></tr> <tr><td style="padding: 2px;">COMMITTEE ADDRESS</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td><td style="padding: 2px;"> </td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | COMMITTEE TYPE                         | COMMITTEE NAME                                                                                                                                                                                           | COMMITTEE ADDRESS                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | COMMITTEE CAMPAIGN TREASURER NAME |                | COMMITTEE CAMPAIGN TREASURER ADDRESS |  |                                   |  |                                      |  |
| COMMITTEE TYPE                                                                                | COMMITTEE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| COMMITTEE ADDRESS                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| COMMITTEE CAMPAIGN TREASURER NAME                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |
| COMMITTEE CAMPAIGN TREASURER ADDRESS                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                          |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                |                                      |  |                                   |  |                                      |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

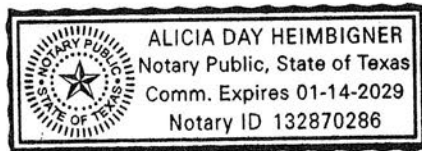
|                                   |                                                                                                                                       |                                        |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| 15 C/OH NAME <u>Craig Tipping</u> |                                                                                                                                       | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS            | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ —                                   |
|                                   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                                  | \$ <u>3,151.00</u>                     |
| EXPENDITURE TOTALS                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE                                                                                             | \$ —                                   |
|                                   | 4. TOTAL POLITICAL EXPENDITURES                                                                                                       | \$ <u>1,488.18</u>                     |
| CONTRIBUTION BALANCE              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                                    | \$ <u>2,507.30</u>                     |
| OUTSTANDING LOAN TOTALS           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                                         | \$ —                                   |

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

Craig Tipping  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Craig Tipping this the 2 day of April, 2025, to certify which, witness my hand and seal of office.

Alicia Heimbigner Alicia Heimbigner Coordinator School Board Services  
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<br><i>Craig Tipping</i>     |                                                                                                             | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL<br>AMOUNT                     |
| 1.                                        | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 3,151. <sup>00</sup>                |
| 2.                                        | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 100. <sup>00</sup>                  |
| 3.                                        | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS                                                  | \$                                     |
| 4.                                        | <input type="checkbox"/> SCHEDULE E: LOANS                                                                  | \$                                     |
| 5.                                        | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 844. <sup>48</sup>                  |
| 6.                                        | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                           | \$                                     |
| 7.                                        | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.                                        | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$                                     |
| 9.                                        | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 643. <sup>70</sup>                  |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

|                                                                                                                                                                           |                                                                                                             |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| The Instruction Guide explains how to complete this form.                                                                                                                 |                                                                                                             | 1 Total pages Schedule A1: <b>5</b>               |
| 2 FILER NAME<br><b>Craig Tipping</b>                                                                                                                                      |                                                                                                             | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>2/24/25</b>                                                                                                                                                  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>LaCretia Johnson</b> | 7 Amount of contribution (\$)<br><b>\$ 100.00</b> |
| 6 Contributor address, City, State, Zip Code<br>[REDACTED] <b>Manstfield TX 76063</b>                                                                                     |                                                                                                             |                                                   |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                     |                                                                                                             | 9 Employer (See Instructions)                     |
| Date<br><b>2/28/25</b>                                                                                                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Todd Tonore</b>        | Amount of contribution (\$)<br><b>\$ 200.00</b>   |
| Contributor address, City, State, Zip Code<br>[REDACTED] <b>Manstfield TX 76063</b>                                                                                       |                                                                                                             |                                                   |
| Principal occupation / Job title (See Instructions)                                                                                                                       |                                                                                                             | Employer (See Instructions)                       |
| Date<br><b>2/28/25</b>                                                                                                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>scot Bowman</b>        | Amount of contribution (\$)<br><b>\$ 100.00</b>   |
| Contributor address, City, State, Zip Code<br>[REDACTED] <b>Manstfield TX 76063</b>                                                                                       |                                                                                                             |                                                   |
| Principal occupation / Job title (See Instructions)                                                                                                                       |                                                                                                             | Employer (See Instructions)                       |
| Date<br><b>2/28/25</b>                                                                                                                                                    | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Chris Carson</b>       | Amount of contribution (\$)<br><b>\$ 200.00</b>   |
| Contributor address, City, State, Zip Code<br>[REDACTED] <b>Bollard TX 75757</b>                                                                                          |                                                                                                             |                                                   |
| Principal occupation / Job title (See Instructions)                                                                                                                       |                                                                                                             | Employer (See Instructions)                       |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                             |                                                   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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. **5**

2 FILER NAME **Craig Tipping**

3 Filer ID (Ethics Commission Filers)

4 Date  
**2/28/25**

5 Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Jessica Ross**

7 Amount of contribution (\$)

**\$ 25.00**

6 Contributor address City State Zip Code  
[REDACTED] **Manstfeld TX 76063**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date  
**3/1/25**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**shane Trotter**

Amount of contribution (\$)

**\$ 25.00**

Contributor address City State Zip Code  
[REDACTED] **Manstfeld TX 76063**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/2/25**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Cory Ray**

Amount of contribution (\$)

**\$ 200.00**

Contributor address City State Zip Code  
[REDACTED] **Manstfeld TX 76063**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date  
**3/6/25**

Full name of contributor ☐ out-of-state PAC (ID# \_\_\_\_\_)  
**Charles Brady**

Amount of contribution (\$)

**\$ 200.00**

Contributor address City State Zip Code  
[REDACTED] **Artington TX 76001**

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. <b>5</b>               |
| 2 FILER NAME<br><b>Craig Tipping</b>                                                                                                                                                                           |                                                                                                             | 3 Filer ID (Ethics Commission Filers)             |
| 4 Date<br><b>3/7/25</b>                                                                                                                                                                                        | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>David Villagomez</b> | 7 Amount of contribution (\$)<br><b>\$ 100.00</b> |
| 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____<br><b>North Richland Hills TX 76180</b>                                                                                                  |                                                                                                             |                                                   |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                                                          |                                                                                                             | 9 Employer (See Instructions)                     |
| Date<br><b>3/10/25</b>                                                                                                                                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Serry Downs</b>        | Amount of contribution (\$)<br><b>\$ 250.00</b>   |
| Contributor address: _____ City: _____ State: _____ Zip Code: _____<br><b>Manstfield TX 76063</b>                                                                                                              |                                                                                                             |                                                   |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                                             | Employer (See Instructions)                       |
| Date<br><b>3/11/25</b>                                                                                                                                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Kevin Orsak</b>        | Amount of contribution (\$)<br><b>\$ 251.00</b>   |
| Contributor address: _____ City: _____ State: _____ Zip Code: _____<br><b>Manstfield TX 76063</b>                                                                                                              |                                                                                                             |                                                   |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                                             | Employer (See Instructions)                       |
| Date<br><b>3/14/25</b>                                                                                                                                                                                         | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Brenda Hayes</b>       | Amount of contribution (\$)<br><b>\$ 100.00</b>   |
| Contributor address: _____ City: _____ State: _____ Zip Code: _____<br><b>Manstfield TX 76063</b>                                                                                                              |                                                                                                             |                                                   |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                                             | Employer (See Instructions)                       |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                             |                                                   |

# 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. <b>5</b>           |
| 2 FILER NAME <b>Craig Tipping</b>                                                                                                                                                                              |                                                                                                                                                                                                 | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br><b>3/14/25</b>                                                                                                                                                                                       | 5 Full name of contributor <b>Cory Hoffman</b><br><input type="checkbox"/> out-of-state PAC (ID# _____)<br>6 Contributor address, City, State, Zip Code<br><b>[REDACTED] Mansfield TX 76063</b> | 7 Amount of contribution (\$) <b>\$100.00</b> |
| 8 Principal occupation / Job title (See Instructions)                                                                                                                                                          |                                                                                                                                                                                                 | 9 Employer (See Instructions)                 |
| Date<br><b>3/10/25</b>                                                                                                                                                                                         | Full name of contributor <b>Jessica Gray</b><br><input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address, City, State, Zip Code<br><b>[REDACTED] Mansfield TX 76063</b>     | Amount of contribution (\$) <b>\$50.00</b>    |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                                                                                                                                 | Employer (See Instructions)                   |
| Date<br><b>3/11/25</b>                                                                                                                                                                                         | Full name of contributor <b>Ronald Snouffer</b><br><input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address, City, State, Zip Code<br><b>[REDACTED] Mansfield TX 76063</b>  | Amount of contribution (\$) <b>\$250.00</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                                                                                                                                 | Employer (See Instructions)                   |
| Date<br><b>3/3/25</b>                                                                                                                                                                                          | Full name of contributor <b>Marty Melton</b><br><input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address, City, State, Zip Code<br><b>[REDACTED] Fort Worth TX 76115</b>    | Amount of contribution (\$) <b>\$500.00</b>   |
| Principal occupation / Job title (See Instructions)                                                                                                                                                            |                                                                                                                                                                                                 | Employer (See Instructions)                   |
| <p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> |                                                                                                                                                                                                 |                                               |

# 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. **5**

2 FILER NAME

**Craig Tipping**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/19/25**

5 Full name of contributor

**Tony Meehan**

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

**\$ 500.00**

6 Contributor address

City

State

Zip Code

**Manstield 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: <b>1</b>                                             |                                                                    |
| 2 FILER NAME<br><b>Craig Tipping</b>                                                      |                                                                                                                 | 3 Filer ID (Ethics Commission Filers)                                           |                                                                    |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                     |                                                                                                                 | \$ <b>\$100.00</b>                                                              |                                                                    |
| 5 Date<br><b>3/11/25</b>                                                                  | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Big Fellas Ice House</b> | 8 Amount of Contribution \$<br><b>\$100.00</b>                                  | 9 In-kind contribution description<br><b>Food / Campaign Event</b> |
| 7 Contributor address; City; State; Zip Code<br><b>1826 Cannon Dr. Mansfield TX 76063</b> |                                                                                                                 | <input type="checkbox"/> 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 <input type="checkbox"/> out-of-state PAC (ID# _____) | Amount of Contribution \$                                                       | In-kind contribution description |
| Contributor address; City; State; Zip Code                               |                                                                                | <input type="checkbox"/> 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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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# 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                        | 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 F1:<br><b>1</b>                                                                                                                        | 2 FILER NAME<br><b>Craig Tipping</b>                                                         | 3 Filer ID (Ethics Commission Filers) |
| 4 Date<br><b>2/24/25</b>                                                                                                                                      | 5 Payee name<br><b>Paypal</b>                                                                |                                       |
| 6 Amount (\$)<br><b>\$ 2.38</b>                                                                                                                               | 7 Payee address, City, State, Zip Code<br><b>2211 N 1<sup>st</sup> St. San Jose CA 95131</b> |                                       |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                                                                                                                         | (a) Category (See Categories listed at the top of this schedule)<br><b>Fees</b>              |                                       |
|                                                                                                                                                               | (b) Description<br><b>Transaction fees</b>                                                   |                                       |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                                                                                              |                                       |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                                                                  |                                                                                              |                                       |
| Candidate / Officeholder name Office sought Office held                                                                                                       |                                                                                              |                                       |
| Date<br><b>3/24/25</b>                                                                                                                                        |                                                                                              |                                       |
| Payee name<br><b>Anedot</b>                                                                                                                                   |                                                                                              |                                       |
| Amount (\$)<br><b>\$ 14.20</b>                                                                                                                                |                                                                                              |                                       |
| Payee address, City, State, Zip Code<br><b>1340 Poydras St. #1770 New Orleans LA 70112</b>                                                                    |                                                                                              |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | Category (See Categories listed at the top of this schedule)<br><b>Fees</b>                  |                                       |
|                                                                                                                                                               | Description<br><b>Transaction fees</b>                                                       |                                       |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><b>3/11/25</b>                                                                                                                                        |                                                                                              |                                       |
| Payee name<br><b>Williams Sign Company</b>                                                                                                                    |                                                                                              |                                       |
| Amount (\$)<br><b>\$ 827.90</b>                                                                                                                               |                                                                                              |                                       |
| Payee address, City, State, Zip Code<br><b>3933 E California Pkwy Forest Hill TX 76119</b>                                                                    |                                                                                              |                                       |
| PURPOSE<br>OF<br>EXPENDITURE                                                                                                                                  | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>           |                                       |
|                                                                                                                                                               | Description<br><b>Signs</b>                                                                  |                                       |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 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:<br><b>1</b>                                                                                      | 2 FILER NAME<br><b>Craig Tipping</b>                                                                                                                          |                          | 3 Filer ID (Ethics Commission Filers) |                          |
| 4 Date<br><b>2/18/25</b>                                                                                                   | 5 Payee name<br><b>Wix.com</b>                                                                                                                                |                          |                                       |                          |
| 6 Amount (\$)<br><b>\$77.45</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address;<br><b>100 Gansevoort street</b>                                                                                                              | City;<br><b>New York</b> | State;<br><b>NY</b>                   | Zip Code<br><b>10014</b> |
| 8 PURPOSE OF EXPENDITURE                                                                                                   | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>                                                                        |                          | (b) Description<br><b>Website</b>     |                          |
|                                                                                                                            | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                          |                                       |                          |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                               |                                                                                                                                                               |                          |                                       |                          |
| Date<br><b>2/28/25</b>                                                                                                     | Payee name<br><b>MS Hayes Inc dba Tarrant Campaign Services</b>                                                                                               |                          |                                       |                          |
| Amount (\$)<br><b>\$566.25</b><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended  | Payee address;<br><b>1601 CR 703A</b>                                                                                                                         | City;<br><b>Alvarado</b> | State;<br><b>TX</b>                   | Zip Code<br><b>76009</b> |
| PURPOSE OF EXPENDITURE                                                                                                     | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>                                                                            |                          | Description<br><b>sign placement</b>  |                          |
|                                                                                                                            | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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                           |                          |
|                                                                                                                            | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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