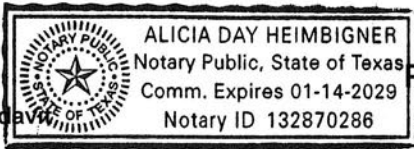


CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: <u>18</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>Mrs</u>	FIRST <u>Keriah</u>	MI	Date Received	
	NICKNAME	LAST <u>Farrar</u>	SUFFIX		
4 ORIGINAL REPORT TYPE	☐ January 15 ☐ Runoff ☐ Final report ☐ July 15 ☐ Exceeded modified reporting limit ☒ 30th day before election ☐ 15th day after treasurer appointment (officeholder only) ☐ 8th day before election Other (specify) _____			Date Hand-delivered or Date Postmarked	
				Receipt # Amount \$	
5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year <u>1</u> / <u>15</u> / <u>2025</u> THROUGH <u>3</u> / <u>31</u> / <u>2025</u>			Date Processed	
				Date Imaged	
6 EXPLANATION OF CORRECTION <u>On page 2 form COT Box 4, total political expenditures. Initially only reported the amount total from Schedule F1. Did not include amount from schedule G political expenditures made from personal funds. Both totals were reported correctly on page 3 of original report. Updated total on page 2 to reflect the total from schedule F1 & G. Updated address of payee. Tenant campaign services</u>					
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable: ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. ☒ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.  (1) Affidavit NOTARY STAMP/SEAL <u>Keriah Farrar</u> Signature of Candidate/Officeholder					
Please complete either option below: (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)					

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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: 17

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Keziah

MV

NICKNAME

LAST

SUFFIX

Farrar

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2080 Cannon Dr Mansfield TX 76063

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

319-4032

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs

Leigh Ann

NICKNAME

LAST

SUFFIX

Tipping

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1021 Pebble Beach Dr Mansfield TX 76063

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(682)

472-0161

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

1 / 15 / 2025

THROUGH

Month

Day

Year

3 / 31 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 25

ELECTION TYPE



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Mansfield ISD Board of Trustees Place 4

13 OFFICE SOUGHT (if known)

Mansfield ISD Board of Trustees Place 4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Keziah Valdes Farrar</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>5979.70</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5852.15</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>393.03</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

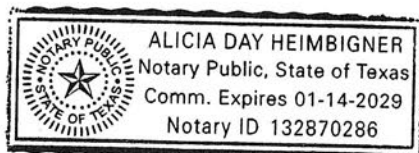
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Keziah Farrar

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Keziah Farrar this the 3 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***Keniah Valdes Famar***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 5979.70

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

\$ 100.00

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 5586.67

6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

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

\$

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

\$

9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

\$ 265.48

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

\$

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

\$

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

\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME <i>Kenan Valdes Fumar</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-24-25</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Kim Rios</i> 6 Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>Mansfield TX 76063</i>	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2-24-25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Mike Hanner</i> Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>Mansfield TX 76063</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-25-25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Came Kigney</i> Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>Colleyville TX 76034</i>	Amount of contribution (\$) <i>400.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-26-25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Scot Bownan</i> Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>Mansfield TX 76063</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME <i>Keriah Valdes Famar</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2-26-25</i>	5 Full name of contributor <i>Kristy Clements</i> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Burnson ND 5828</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2-27-25</i>	Full name of contributor <i>Todd Kriwette</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>103.48</i>
Contributor address; City; State; Zip Code <i>705 Parkhill dr Mansfield TX 76063</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-27-25</i>	Full name of contributor <i>Ronald Carroll</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>55.38</i>
Contributor address; City; State; Zip Code [Redacted] <i>Mansfield TX 76063</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2-28-25</i>	Full name of contributor <i>Robert Simko</i> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>103.48</i>
Contributor address; City; State; Zip Code [Redacted] <i>Mansfield TX 76063</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Keriah Valdes Furrar		3 Filer ID (Ethics Commission Filers)
4 Date 2-28-25	5 Full name of contributor Jessica Ross out-of-state PAC (ID#: _____) 6 Contributor address: _____ City: _____ State: _____ Zip Code Mansfield TX 76063	7 Amount of contribution (\$) 26.25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-1-25	Full name of contributor Scott Cook out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code Mansfield TX 76063	Amount of contribution (\$) 515.38
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-2-25	Full name of contributor Natasha Angel out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code Mansfield TX 76063	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-3-25	Full name of contributor Shaun Ashman out-of-state PAC (ID#: _____) Contributor address: _____ City: _____ State: _____ Zip Code Burleson TX 76028	Amount of contribution (\$) 103.48
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME <i>Keriah Valdes Farrar</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3-3-25</i>	5 Full name of contributor out-of-state PAC (ID#: _____) <i>Amanda Mehaffie</i> 6 Contributor address; City; State; Zip Code [Redacted] <i>Grand Prairie TX 75054</i>	7 Amount of contribution (\$) <i>25.00</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-3-25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Kevin Braud</i> Contributor address; City; State; Zip Code [Redacted] <i>Mansfield TX 76063</i>	Amount of contribution (\$) <i>515.38</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-3-25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Melinda Farrar</i> Contributor address; City; State; Zip Code [Redacted] <i>Arlington TX 76001</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-3-25</i>	Full name of contributor out-of-state PAC (ID#: _____) <i>Patricia Chappell</i> Contributor address; City; State; Zip Code [Redacted] <i>Mansfield TX 76063</i>	Amount of contribution (\$) <i>103.48</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10
2 FILER NAME Keriah Valdes Fuhrar		3 Filer ID (Ethics Commission Filers)
4 Date 3-6-25	5 Full name of contributor Charles Brady out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code [Redacted] Arlington TX 76010	7 Amount of contribution (\$) 206.44
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3-7-25	Full name of contributor Stefanie Oconney out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063	Amount of contribution (\$) 206.44
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-8-25	Full name of contributor Tony Meenan out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-9-25	Full name of contributor James Davis III out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063	Amount of contribution (\$) 51.99
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

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

Date <i>3-18-25</i>	Full name of contributor out-of-state PAC (ID# _____) <i>Jessica Gray</i>	Amount of contribution (\$) <i>150.00</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>Mansfield TX 76063</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3-18-25</i>	Full name of contributor out-of-state PAC (ID# _____) <i>Robert Ray</i>	Amount of contribution (\$) <i>200.00</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>Mansfield TX 76063</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <i>3-20</i>	Full name of contributor out-of-state PAC (ID# _____) <i>Danny Ray</i>	Amount of contribution (\$) <i>300.00</i>
Contributor address: _____ City: _____ State: _____ Zip Code _____ <i>Mansfield TX 76063</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>10</u>
2 FILER NAME <u>Keniah Valdes Falar</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-31-25</u>	5 Full name of contributor <u>Jeff Cathey</u> out-of-state PAC (ID# _____) 6 Contributor address; _____ City; _____ State; _____ Zip Code <u>Mansfield TX 76063</u>	7 Amount of contribution (\$) <u>50.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor _____ out-of-state PAC (ID# _____) Contributor address; _____ City; _____ State; _____ Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor _____ out-of-state PAC (ID# _____) Contributor address; _____ City; _____ State; _____ Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor _____ out-of-state PAC (ID# _____) Contributor address; _____ City; _____ State; _____ Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM 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: 3	2 FILER NAME Keniah Valdes Famar	3 Filer ID (Ethics Commission Filers)
-------------------------------------	---	---------------------------------------

4 Date 2-28-25	5 Payee name Tarrant Campaign Services
-----------------------	---

6 Amount (\$) 625.00	7 Payee address; 1601 CR 703 A AVALARADO TX 76009	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description place large signs
	(c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-20-25	Payee name Print Place
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Amount (\$) 466.02	Payee address; 1130 Ave H East Arlington TX 76011	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description push cards
	Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-20-25	Payee name Williams Signs
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Amount (\$) 930.95	Payee address; 3933 E California Pkwy Forest Hill TX 76119	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/printing expense	Description large signs
	Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Keriah Valdes Farar		3 Filer ID (Ethics Commission Filers)	
4 Date 3-20-25		5 Payee name Tarrant Campaign Services			
6 Amount (\$) 405.94		7 Payee address; City; State; Zip Code 1601 CR 703A Alvarado TX 76009			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense		(b) Description place large signs		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-24-25		Payee name Bluestone Creatives			
Amount (\$) 3000.00		Payee address; City; State; Zip Code 1501 Haul Johnson Rd #123 Colleyville TX 76034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising / consulting		Description recreate website, design pushcards video social media		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3-31-25		Payee name Anedot			
Amount (\$) 37.80		Payee address; City; State; Zip Code 1340 Poydras St. #1770 New Orleans LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

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