

# 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: 19								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MR</div> <div>FIRST John</div> <div>MI R</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Biggan</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b>  Date Received  <div style="font-size: 1.5em; margin: 5px 0;">11:12 am</div> <div style="font-size: 1.2em;">APR 3 2025</div> </div> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 5px;"> Date Hand-delivered or Date Postmarked  <b>BUSINESS OPERATIONS</b> </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; 817 Forest Crossing Dr Hurst, TX 76053</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
5 CANDIDATE/ OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (      )</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MR</div> <div>FIRST Brody</div> <div>MI</div> </div> <hr style="border: 0; border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Mulligan</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); 312 Rambling Ct Euless, TX 76039</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE ( 214 )</div> <div>PHONE NUMBER 546-1820</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year  1   /   1   /   25 </div> <div>THROUGH</div> <div> Month    Day    Year  3   /   24   /   25 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month    Day    Year  5   /   3   /   25 </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) HEB ISD Board of Trustees, Place 2									
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	<p style="font-size: 0.8em;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

**GO TO PAGE 2**

# 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: 19

## OFFICE USE ONLY

Date Received

RECEIVED

11:12 am  
APR 3 2025

Date Hand-delivered or Date Postmarked

BUSINESS OPERATIONS

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

MR

John

R

NICKNAME

LAST

SUFFIX

Biggan

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

817 Forest Crossing Dr  
Hurst, TX 76053

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

MR

Brody

NICKNAME

LAST

SUFFIX

Mulligan

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

312 Rambling Ct  
Euless, TX 76039

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( )

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1

/

1

/

25

THROUGH

Month

Day

Year

3

/

24

/

25

11 ELECTION

ELECTION DATE

Month

Day

Year

5

/

3

/

25

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

HEB ISD Board of Trustees, Place 2

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**

John Biggan

**16 Filer ID (Ethics Commission Filers)**

**17 CONTRIBUTION  
TOTALS**

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

\$ 0.00

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5,776.02

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. **TOTAL POLITICAL EXPENDITURES**

\$ 3,235.56

**CONTRIBUTION  
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ 3,040.46

**OUTSTANDING  
LOAN TOTALS**

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

\$ 1,500.00

**18 SIGNATURE**

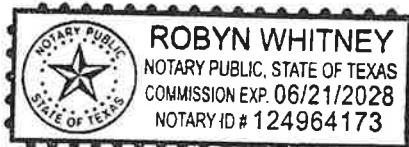
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Signature]*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by John Biggan this the 3<sup>rd</sup> day of April,  
20 25, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

**OR**

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_,  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULESUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,315.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 461.02
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,235.56
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	\$
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: 11
2 FILER NAME John Biggan		3 Filer ID (Ethics Commission Filers)
4 Date 02/05/2025	5 Full name of contributor Brody Mulligan out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  5.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 02/13/2025	Full name of contributor Sam Eppler out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) Student		Employer (See Instructions) Self
Date 02/14/2025	Full name of contributor Kim Olson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/15/2025	Full name of contributor Amber Swinford out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions) UX Writer		Employer (See Instructions) K2United
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.

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2 FILER NAME John Biggan		3 Filer ID (Ethics Commission Filers)
4 Date 02/15/2025	5 Full name of contributor Deena Crawford out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) GCISD
Date 02/15/2025	Full name of contributor Bjorn Bennett out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Epiq Global
Date 02/16/2025	Full name of contributor Irene Escalante out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions) Sr Account Director		Employer (See Instructions) Sabre Corporation
Date 02/16/2025	Full name of contributor Rachel King out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  25.00
Principal occupation / Job title (See Instructions) Production Specialist		Employer (See Instructions) Paycom
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.

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2 FILER NAME John Biggan		3 Filer ID (Ethics Commission Filers)
4 Date 02/16/2025	5 Full name of contributor out-of-state PAC (ID#: Michelle Wallace 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions) Special Education Counselor		9 Employer (See Instructions) Eagle Mountain-Saginaw ISD
Date 02/16/2025	Full name of contributor out-of-state PAC (ID#: Andrew Woolen Contributor address; City; State; Zip Code	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) Regional Sales Director		Employer (See Instructions) Semperis
Date 02/18/2025	Full name of contributor out-of-state PAC (ID#: Christopher McMurrough Contributor address; City; State; Zip Code	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UT Arlington
Date 02/19/2025	Full name of contributor out-of-state PAC (ID#: John Duncan Contributor address; City; State; Zip Code	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Group Health Cooperative of South Central Wisconsin
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: 11
2 FILER NAME John Biggan		3 Filer ID (Ethics Commission Filers)
4 Date 02/22/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Kate Lyon 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/23/2025	Full name of contributor out-of-state PAC (ID#: _____) Dennis Biggan Contributor address; City; State; Zip Code	Amount of contribution (\$)  50.00
Principal occupation / Job title (See Instructions) Perfusionist		Employer (See Instructions) University Medical Center
Date 02/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Alex Andrade Contributor address; City; State; Zip Code	Amount of contribution (\$)  350.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Bulle Rock Capital
Date 02/24/2025	Full name of contributor out-of-state PAC (ID#: _____) Steve Ezeonu Contributor address; City; State; Zip Code	Amount of contribution (\$)  250.00
Principal occupation / Job title (See Instructions) Political Manager		Employer (See Instructions) Climate Cabinet Action
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.

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<b>2</b> FILER NAME John Biggan		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/25/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: Vicki Moore <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$) <b>50.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: Kenneth Wenzel Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: Karina Quintana Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) National Organizer		Employer (See Instructions) AFGE
Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: Dennis Sherrard Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>11</b>
<b>2</b> FILER NAME John Biggan		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 02/27/2025	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Dorothy Romero <b>6</b> Contributor address; City; State; Zip Code	<b>7</b> Amount of contribution (\$) <b>100.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) Multilingual Desktop Publisher		<b>9</b> Employer (See Instructions) Dorothy's Documents
Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Treasure Ford Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Moxie Pest Control
Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Steve Riddell Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Active Network
Date 02/27/2025	Full name of contributor out-of-state PAC (ID#: _____) Peggy Beaulieu Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

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2 FILER NAME John Biggan		3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2025	5 Full name of contributor Wesley Gould out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 02/27/2025	Full name of contributor Katie Duzan out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) VP		Employer (See Instructions) Veeva Systems
Date 02/27/2025	Full name of contributor Jerrilyn Woodard-Entrekin out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  35.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Enseninos
Date 02/28/2025	Full name of contributor Thomas Jacobsen out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)  100.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) The Bedford Group
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: 11
2 FILER NAME John Biggan		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Helen Martin 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions) Financial Planner		9 Employer (See Instructions) Gebra Texas
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Roger Gallenstein Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>200.00</b>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Allac Jones Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>500.00</b>
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) SMJ Accounting
Date 02/28/2025	Full name of contributor out-of-state PAC (ID#: _____) Julie Cole Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) Sr Analyst		Employer (See Instructions) Fidelity Investments
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.

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2 FILER NAME John Biggan		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2025	5 Full name of contributor out-of-state PAC (ID#: _____) Michael Hajduk 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>200.00</b>
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Mike Hajduk & Associates
Date 03/04/2025	Full name of contributor out-of-state PAC (ID#: _____) Lindsay Watts Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Stride K12
Date 03/05/2025	Full name of contributor out-of-state PAC (ID#: _____) Dan Cogan Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>300.00</b>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 03/09/2025	Full name of contributor out-of-state PAC (ID#: _____) Rachel King Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Production Specialist		Employer (See Instructions) Paycom
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11
2 FILER NAME John Biggan		3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2025	5 Full name of contributor Christina Hutchens out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) <b>25.00</b>
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Christina Hutchens Photography
Date 03/10/2025	Full name of contributor Janice Schwarz out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) SS&C
Date 03/21/2025	Full name of contributor Courtney Harris out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>25.00</b>
Principal occupation / Job title (See Instructions) Instructional Coach		Employer (See Instructions) Frisco ISD
Date 02/17/2025	Full name of contributor Ellen Jones out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <b>250.00</b>
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
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: 11
2 FILER NAME John Biggan		3 Filer ID (Ethics Commission Filers)
4 Date 02/23/2025	5 Full name of contributor Kimberly Manskey out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)  50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
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.		

**SCHEDULE A2**

1 Total pages Schedule A2: 1

\$

Revised 1/1/2025



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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: <b>1</b>
<b>2</b> FILER NAME John Biggan		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 02/27/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) John Biggan	<b>9</b> Loan Amount (\$) 1,000.00
<b>6</b> Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8</b> Lender address; City; State; Zip Code 817 Forest Crossing Dr Hurst, TX 76053	<b>10</b> Interest rate 0.00
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) Data Scientist		<b>13</b> Employer (See Instructions) ACH Child and Family Services
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender 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 John Biggan	3 Filer ID (Ethics Commission Filers)
4 Date 01/31/2025	5 Payee name Frost Bank	
6 Amount (\$) 10.00	7 Payee address; City; State; Zip Code 2051 Airport Fwy, Euless, TX, 76040	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Service Fee
	(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 02/10/2025	Payee name Squarespace	
Amount (\$) 38.38	Payee address; City; State; Zip Code 8 Clarkson, New York, NY, 10013	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Web Hosting
	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 02/10/2025	Payee name Campaign Verify	
Amount (\$) 95.00	Payee address; City; State; Zip Code 1215 31st St NW, Washington, DC, 20007	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description 10 DLC Verification Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

# POLITICAL EXPENDITURES MADE FROM 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 John Biggan	3 Filer ID (Ethics Commission Filers)
4 Date 02/26/2025	5 Payee name Edwards & Patterson Signs	
6 Amount (\$) 1,711.43	7 Payee address; City; State; Zip Code 203 S Belt Line Rd, Irving, TX, 75060	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs
	(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 02/28/2025	Payee name Edwards & Patterson Signs	
Amount (\$) 1,067.78	Payee address; City; State; Zip Code 203 S Belt Line Rd, Irving, TX, 75060	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signs
	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 03/07/2025	Payee name Amazon	
Amount (\$) 100.80	Payee address; City; State; Zip Code 440 Terry Ave N, Seattle, WA 98109	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Supplies
	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		
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	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.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME John Biggan	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 03/10/2025	<b>5</b> Payee name Squarespace	
<b>6</b> Amount (\$) <b>38.38</b>	<b>7</b> Payee address; City; State; Zip Code 8 Clarkson, New York, NY 10013	
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Web Hosting
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 03/24/2025	Payee name Donorbox	
Amount (\$) <b>173.79</b>	Payee address; City; State; Zip Code 1520 Belle View Blvd, #4106, Alexandria, VA, 22307	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Merchant Card Services 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		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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