	1,771	77	CEHOLDER E REPORT			FOI COVER SHI	RM C/OH EET PG 1
	The C/OH Instruction (Suide explains how t	o complete this form.	1 Filer ID (Ethics Comm	nission Filers)	2 Total pages filed:	19
3	CANDIDATE /	MS / MRS / MR	FIRST	м	end of	OFFICE U	SEONLY
	OFFICEHOLDER NAME	MR	John		₹	Date Received	
		NICKNAME	LAST Biggan	SI	UFFIX	I DE	CENTER
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 817 Forest C Hurst, TX 760	APT / SUITE #; C	CITY; STATE; ZI	IP CODE		CEIVED L2 av R 3 2025
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		Dati Hand-delivered or BUSINES	Date Postmarked SS OPERAT O
6	CAMPAIGN	MS / MRS / MR	FIRST	М	II	Receipt #	Amount \$
	TREASURER NAME	MR	Brody			Date Processed	
		NICKNAME	LAST Mulliga n	SI	UFFIX	Date Imaged	
	CAMPAIGN TREASURER ADDRESS Residence or Business)	street ADDRESS (A 312 Rambling Euless, TX 70	g Ct	JITE #; CITY;		STATE;	ZIP CODE
8	CAMPAIGN TREASURER PHONE	(214)	PHONE NUMBER 546-1820	EXTENSION			
9	REPORT TYPE	January 15	30th day before el	hand for	4 14 - 4/6 - J	15th day after treasurer appo (Officeholder C	ointment Only)
		July 15	8th day before ele	ction Exceeded Reporting	d Modified g Limit	Final Report (A	Attach C/OH - FR)
10	PERIOD COVERED	Month 1	Day Year 1 / 25	THROUGH	Month:	Day Year / 25	
11	ELECTION	ELECTION DATE Month Day 5 / 3 /	Year Primary 25 General	Runoff	Other Description		
12	OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHEB ISD B	•	Trustees, Plac	ce 2
14	NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	OF POLITICAL CONTRIBUTIONS A HOLDER. THESE EXPENDITURES ND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHO	OUT THE CANE	DIDATE'S OR OFFICEHOLDE	R'S KNOWLEDGE OR
	, ,	COMMITTEE TYPE	COMMITTEE NAME				
	Additional Pages	GENERAL	COMMITTEE ADDRESS				
		SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
			COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		11)	
			GO TO I	PAGE 2			

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 19 The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** R MR John NAME Date Received NICKNAME SUFFIX LAST Biggan RECEIVED 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE APT / SUITE #; STATE; 11:12 am **OFFICEHOLDER** 817 Forest Crossing Dr MAILING Hurst, TX 76053 3 2025 **ADDRESS** Change of Address Hand-delivered or Date Postmarked BUSINESS OPERATIONS 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** PHONE Amount \$ MS / MRS / MR FIRST М 6 CAMPAIGN **TREASURER** Brody MR Date Processed NAME LAST NICKNAME Date Imaged Mulligan ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: 7 CAMPAIGN **TREASURER** 312 Rambling Ct **ADDRESS** Euless, TX 76039 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE) 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Dav Year COVERED 24 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Runoff Primary Other Day Year Description 3 25 General 13 OFFICE SOUGHT (if known) 12 OFFICE HEB ISD Board of Trustees, Place 2 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	COVER	JILLI I O Z		
15 C/OH NAME John Biggan		16 Filer ID (Ethi	cs 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 LAS OF REPORTING PERIOD	T DAY \$	3,040.46		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	1,500.00		
	Please complete either option below	r:	ē		
	Please complete either option below		holder		
سمم					
(1) Affidavit	ROBYN WHITNEY NOTARY PUBLIC, STATE OF TEXAS COMMISSION EXP. 06/21/2028 NOTARY ID # 124964173				
NOTARY STAMP/SEAL		6			
Sworn to and subscribed	before me by John Biggan this the	3rd day o	f April		
20 25, to certify which, witness my hand and seal of office.					
Signature of officer administer	Printed name of officer administering oath	Title of	office administering oath		
OR OR					
(2) Unsworn Declaration	on .				
My name is	, and my date of birth is		i e		
My address is		,			
2	(street) (city) (s	tate) (zip code	e) (country)		
Executed in	County, State of, on the day of(month	, 20 <u>(</u> ye	ear)		
	Signature of Candid	ate/Officeholder ((Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 File	er ID (Ethics Commis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1::	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5,315.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	461.02
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	1,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TONS \$	3,235.56
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7,0	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	BUTIONS \$	
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 BUSINES	SS OF C/OH \$	
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE TO FILER	STURNED \$	

SCHEDULE A1

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

ii the reques	sted information is not applicable	e, DO NOT 11	lorade tills page in tille	
The	Instruction Guide explains how t	o complete this	s form.	1 Total pages Schedule A1: 11
2 FILER NAME John Biggar	1			3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#:) Brody Mulligan			7 Amount of contribution (\$)
02/05/2025	6 Contributes and ss;	City;	State; Zip Code	5.00
8 Principal occu Consultant	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Date	Full name of contributor Sam Eppler	out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/13/2025	Contributor address	City;	State; Zip Code	250.00
Principal occup Student	ation / Job title (See Instructions)		Employer (See Instruct Self	ions)
Date	Full name of contributor out-of-state PAC (ID#:			Amount of contribution (\$)
02/14/2025	Contributor address;	City	State; Zip Code	250.00
Principal occup Not Employed	ation / Job title (See Instructions)		Employer (See Instruct Not Employed	iions)
Date	Full name of contributor Amber Swinford	out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/15/2025	Contributor address;	City;	State; Zip Code	25.00
Principal occup UX Writer	ation / Job title (See Instructions)		Employer (See Instruct	cions)
	ATTACH ADDITIO	NAL COPIES	OF THIS SCHEDULE AS N	EEDED

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

If the reques	If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to	s form.	1 Total pages Schedule A1: 11			
2 FILER NAME John Biggar	1			3 Filer ID (Ethics Commission Filers)		
4 Date 02/15/2025	5 Full name of contributorDeena Crawford6 Contributor address;	out-of-state PAG	C (ID#:) State; Zip Code	7 Amount of contribution (\$) 25.00		
	l L	¥				
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruct GCISD	ions)		
Date 02/15/2025	Full name of contributor Bjorn Bennett Contributor address;		State; Zip Code	Amount of contribution (\$)		
Principal occup Sales	ation / Job title (See Instructions)	Employer (See Instruct	ions)			
Date 02/16/2025	Full name of contributor out-of-state PAC		C (ID#:)	Amount of contribution (\$) 25.00		
	Contributor address;	City;	State; Zip Code	23.00		
Principal occup Sr Account Dire	ation / Job title (See Instructions)		Employer (See Instruct Sabre Corporation	tions)		
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
02/16/2025	Rachel King Contributor address;	City;	State; Zip Code	25.00		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)		
Production Spe	ecialist		Paycom			
	ATTACH ADDITIO		OF THIS SCHEDULE AS N			

SCHEDULE A1

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

If the requested information is not applicable, bo NOT include this page in the report.					
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1: 11	
2 FILER NAME John Biggar	n			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Michelle Wallace	out-of-state PA	C (ID#;)	7 Amount of contribution (\$)	
02/16/2025	6 Contributor address;	City;	State; Zip Code	50.00	
8 Principal occupation / Job title (See Instructions) Special Education Counselor 9 Employer (See Instructions) Eagle Mountain-Sagi					
Date	Full name of contributor Andrew Woolen	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
02/16/2025	Contributor address;	City;	State; Zip Code	250.00	
Principal occupation / Job title (See Instructions) Regional Sales Director Employer (See Instructions) Semperis			Employer (See Instruct Semperis	ions)	
Date	Full name of contributor Christopher McMurrough		C (ID#:)	Amount of contribution (\$)	
02/18/2025	Contributor address;	City;	State; Zip Code	100.00	
Principal occup Professor	ation / Job title (See Instructions)		Employer (See Instruct UT Arlington	ions)	
Date	Full name of contributor John Duncan	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
02/19/2025	Contributor address;	City;	State; Zip Code	250.00	
Principal occup Manager	ation / Job title (See Instructions)		Employer (See Instruct Group Health Coopera	ions) ative of South Central Wisconsin	
	ATTACH ADDITION		OF THIS SCHEDULE AS Ni		

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A					
2 FILER NAME John Biggar	า	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor Kate Lyon		C (ID#:)	7 Amount of contribution (\$)	
02/22/2025	6 Contributor address;	City;	State; Zip Code	25.00	
8 Principal occu Not Employed	pation / Job title (See Instructions)		9 Employer (See Instruct Not Employed	tions)	
Date Full name of contributor out-of-state PAC (ID#) Dennis Biggan			(ID#:)	Amount of contribution (\$)	
02/23/2025		City;	State; Zip Code	50.00	
Principal occupation / Job title (See Instructions) Perfusionist Employer (See Instructions) University Medical Ce					
Date	Full name of contributor Alex Andrade		C (ID#:)	Amount of contribution (\$)	
02/24/2025	Contributor address;	City;	State; Zip Code	350.00	
Principal occup Financial Advis	nation / Job title (See Instructions)		Employer (See Instruct Bulle Rock Capital	tions)	
Date	Full name of contributor Steve Ezeonu	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
02/24/2025			State; Zip Code	250.00	
Principal occupation / Job title (See Instructions) Political Manager Cl			Employer (See Instruction Climate Cabinet Action	•	
				2)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE A1

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

		<u></u>				
The	Instruction Guide explains how to	form.	1 Total pages Schedule A1: 11			
2 FILER NAME John Biggar	1		3 Filer ID (Ethics Commission Filers)			
4 Date	Vicki Moore			7 Amount of contribution (\$)		
02/25/2025				50.00		
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Not Employed Not Employed				tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
02/27/2025	Kenneth Wenzel Contributor address;	City;	State; Zip Code	500.00		
			*			
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed				ions)		
Date	Full name of contributor Karina Quintana	out-of-state PAC	(ID#:)	Amount of contribution (\$)		
02/27/2025	Contributor address;		State; Zip Code	50.00		
	t),		o s €			
Principal occup National Organ	ation / Job title (See Instructions)		Employer (See Instruct AFGE	tions)		
Date			; (ID#:)	Amount of contribution (\$)		
02/27/2025	Dennis Sherrard Contributor address;	City;	State; Zip Code	250.00		
	700					
Principal occupations Not Employed	ation / Job title (See Instructions)		Employer (See Instruct Not Employed	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.						

SCHEDULE A1

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

7 475 . 54666				
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1: 11
2 FILER NAME John Biggar	1			3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2025	5 Full name of contributor Dorothy Romero	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
02/27/2023	6 Contributor address;	City;	State; Zip Code	100.00
	pation / Job title (See Instructions) sktop Publisher	=	9 Employer (See Instruct Dorothy's Documents	ions)
Date	Full name of contributor Treasure Ford	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
02/27/2025	Contributor address;	City;	State; Zip Code	100.00
Principal occup Manager	nation / Job title (See Instructions)		Employer (See Instruct Moxie Pest Control	ions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/27/2025	Steve Riddell Contributor address;	City;	State; Zip Code	100.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instructive Network	tions)
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
02/27/2025	Peggy Beaulieu Contributor address;	City;	State; Zip Code	50.00
Principal occup Not Employed	pation / Job title (See Instructions)		Employer (See Instruction Not Employed	tions)
a				
	ATTACH ADDITION		OF THIS SCHEDULE AS N ruction guide for additional	

SCHEDULE A1

If the reques	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 Biggar	1	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor out-of-state Wesley Gould	7 Amount of contribution (\$)				
02/27/2025	6 Contributor address; City;	State; Zip Code	50.00			
8 Principal occu Not Employed	pation / Job title (See Instructions)	9 Employer (See Instruction Not Employed	etions)			
Date	Full name of contributor out-of-state Katie Duzan	PAC (ID#:)	Amount of contribution (\$)			
02/27/2025		State; Zip Code	100.00			
Principal occup VP	ation / Job title (See Instructions)	Employer (See Instruc Veeva Systems	tions)			
Date 02/27/2025	Full name of contributor out-of-state Jerrilyn Woodard-Entrekin	⇒ PAC (ID#:)	Amount of contribution (\$)			
02/2//2020	Contributor address; City;	State; Zip Code	35.00			
Principal occup Owner	ation / Job title (See Instructions)	Employer (See Instruc Enseninos	tions)			
Date		PAC (ID#:)	Amount of contribution (\$)			
02/28/2025	Thomas Jacobsen Contributor address; City;	State; Zip Code	100.00			
Principal occupation / Job title (See Instructions) Employer (The Bedford			tions)			
	ATTACH ADDITIONAL COPI					

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If the requested information is not applicable, DO NOT include this page in the report.							
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 11						
2 FILER NAME John Biggar	1	3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor Helen Martin		C (ID#:)	7 Amount of contribution (\$)			
02/28/2025	6 Contributor address;	City;	State; Zip Code	200.00			
8 Principal occu Financial Plant	pation / Job title (See Instructions)		9 Employer (See Instruction Gebra Texas	tions)			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)			
02/28/2025	Roger Gallenstein Contributor address;	City;	State; Zip Code	200.00			
, 2000 1, 4							
Principal occupation / Job title (See Instructions) Not Employed Employer (See Instructions) Not Employed				ions)			
Date			C (ID#:)	Amount of contribution (\$)			
02/28/2025	Allac Jones Contributor address;	City;	State; Zip Code	500.00			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruction SMJ Accounting	tions)			
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
02/28/2025	Julie Cole Contributor address;		State; Zip Code	100.00			
Principal occup Sr Analyst	ation / Job title (See Instructions)		Employer (See Instruct	tions)			
	ATTACH ADDITION		OF THIS SCHEDULE AS Nuction guide for additional r				

SCHEDULE A1

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

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The	The Instruction Guide explains how to complete this form.							
2 FILER NAME John Biggar	ו		3 Filer ID (Ethics Commission Filers)					
4 Date	5 Full name of contributor Michael Hajduk	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)				
02/28/2025	6 Contributor address;	City;	State; Zip Code	200.00				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Owner Mike Hajduk & Assoc								
Date	Full name of contributor Lindsay Watts	out-of-state PAC	(ID#:)	Amount of contribution (\$)				
03/04/2025	Contributor address	City;	State; Zip Code	50.00				
Principal occup Teacher	ation / Job title (See Instructions)		Employer (See Instruct Stride K12	ions)				
Date	Full name of contributor Dan Cogan	out-of-state PAC	C (ID#:)	Amount of contribution (\$)				
03/05/2025	Contributor address;	City;	State; Zip Code	300.00				
Principal occup Not Employed	ation / Job title (See Instructions)		Employer (See Instruction Not Employed	tions)				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)				
03/09/2025	Rachel King Contributor address;	City;	State; Zip Code	25.00				
Principal occup	ation / Job title (See Instructions) ecialist		Employer (See Instruction Paycom	tions)				
	ATTACH ADDITION		OF THIS SCHEDULE AS Nuction guide for additional r					

If the reques	sted information is not applicabl	e, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to	o complete this	form.	1 Total pages Schedule A1: 11
2 FILER NAME John Biggar	ו			3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2025	5 Full name of contributorChristina Hutchens6 Contributor address;	out-of-state PAC	State; Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct Christina Hutchens Ph	
Date 03/10/2025	Full name of contributor Janice Schwarz Contributor address		State; Zip Code	Amount of contribution (\$) 25.00
Principal occup Analyst	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 03/21/2025	Full name of contributor Courtney Harris Contributor address;		State; Zip Code	Amount of contribution (\$) 25.00
Principal occup Instructional Co	pation / Job title (See Instructions)		Employer (See Instruction ISD	tions)
Date 02/17/2025	Full name of contributor Ellen Jones Contributor address;		State; Zip Code	Amount of contribution (\$) 250.00
Principal occup Not Employed	ation / Job title (See Instructions)		Employer (See Instruction Not Employed	tions)
	ATTACH ADDITIO	ONAL COPIES	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC,	please see Instr	uction guide for additional (reporting requirements.

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 Biggar	1		3 Filer ID (Ethics Commission Filers)		
4 Date	Kimberly Manskey	C (ID#:)	7 Amount of contribution (\$)		
02/23/2025	6 Contributor address; City;	State; Zip Code	50.00		
	<u></u>	8			
8 Principal occu Not Employed	pation / Job title (See Instructions)	9 Employer (See Instruct Not Employed	tions)		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor out-of-state PAG	> (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;				
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
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:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
John Bigg	jan 💮				
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor Out-of-state PAC (ID#)	8 Amount of 9 In-kind contribution		
5 Date	Dan Cogan		Contribution \$ description		
	Dan Oogan		461.02 Fundraising		
03/05/2025	7 Contributor address; City; State;	Zip Code	refreshments and		
			Check if travel outside of Texas. Complete Schedule T.		
10 Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL) Not Employed 13 Contributor's Principal occupation (FOR JUDICIAL) Not Employed			utor's job title (FOR JUDICIAL) (See Instructions)		
	employer/law firm (FOR JUDICIAL)		n of contributor's spouse (if any) (FOR JUDICIAL)		
40.16	to a bild low for af acceptor (if any) (FOR HIDICIAL)				
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of In-kind contribution		
Build			Contribution \$ description		
			<u>J</u>		
	Contributor address; City; State;	Zip Code			
		,,	Check if travel outside of Texas. Complete Schedule T.		
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (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.

SCHEDULE E LOANS

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:		
2 FILER NAME John Biggan		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	IITEMIZED LOANS		\$		
5 Date of loan 02/27/2025	7 Name of lender		9 Loan Amount (\$) 1,000.00		
6 Is lender a financial Institution?	8 Lender address; City; 817 Forest Crossing Dr Hurst, TX 76053	est Crossing Dr			
12 Principal occupation / Job title (See Instructions) Data Scientist 13 Employer (See Instructions) ACH Child and Family		Services			
14 Description of Colla	ateral	15 Check if personal fun account (See Instruct	ds were deposited into political tions)		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
■ not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)		
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
YN			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable Principal Occupation	on (See Instructions)	Employer (See Instructions)			
	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEI	EDED		

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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee 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)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form,		
1 Total pages Schedule F1:	2 FILER NAME John Biggan		3 Filer ID (Ethics	s Commission Filers)
4 Date 01/31/2025	5 Payee name Frost Bank			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
10.00	2051 Airport Fwy, Euless, TX, 76040			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Service Fee		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
02/10/2025	Squarespace			
Amount (\$)	Payee address;	City;	State;	Zip Code
38.38	8 Clarkson, New York, NY, 10013			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Advertising Expense	Web Hosting		
EXPENDITURE				
	Check if travel outside of Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Рауее пате			
02/10/2025	Campaign Verify			
Amount (\$)	Payee address;	City;	State;	Zip Code
95.00	1215 31st St NW, Washington, DC, 2	0007		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	10 DLC Verific	cation Fee	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salanes/vv The Instruction Guide explains how to c	omplete this form.	Other (enter a categor	Ty Not Notice 22000)
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
3	John Biggan			
4 Date 02/26/2025	5 Payee name Edwards & Patterson Signs			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,711.43	203 S Belt Line Rd, Irving, TX, 75060			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Signs		
OF EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/28/2025	Edwards & Patterson Signs			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,067.78	203 S Belt Line Rd, Irving, TX, 75060			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Signs		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Date	Рауее пате			
03/07/2025	A			
03/01/2023	Amazon			
Amount (\$)	Payee address;	City;	State;	Zip Code
100.80	440 Terry Ave N, Seattle, WA 98109			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Sign Supplies		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oh	1			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

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

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)

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