

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 (51111 Commission Filers)

2 Total pages filed:

5

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mrs. Rebecca D NICKNAME LAST SUFFIX Becky Dobbs	OFFICE USE ONLY RECEIVED APR 03 2025 <i>By: Lynette Spence</i> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE [REDACTED]	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION [REDACTED]	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Ticoy M NICKNAME LAST SUFFIX Young	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASED) APT / SUITE # CITY STATE ZIP CODE 107 Still Glen Dr. Terrell, TX 75160 (Residence or Business)	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (972) 849-9427	
9 REPORT TYPE	☐ January 15 ☒ 70th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 80th day before election ☐ Expedited Modified Reporting Limit ☐ Final Report (Attach C/OH - PR)	
10 PERIOD COVERED	Month Day Year Month Day Year 3 1 25 THROUGH 4 3 25	
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff 5 3 25 ☒ General ☐ Special	
12 OFFICE	OFFICE HELD (if any) School Board Place 6	13 OFFICE SOUGHT (if known) School Board Place 6
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	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Rebecca Dobbs

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)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 7,728.88

CONTRIBUTION
BALANCE

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

\$ 0.00

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

18 SIGNATURE

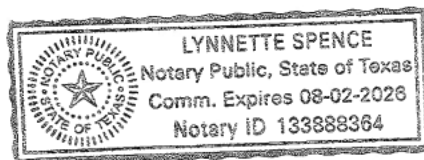
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Rebecca Dobbs

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rebecca Dobbs this the 3 day of April

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

Lynnette Spence

Signature of officer administering oath

Lynnette Spence

Printed name of officer administering oath

Notary Public-Texas

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 Rebecca Dobbs		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 7,007.93
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 720.95
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		\$

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officer/holder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift Awards/Memorabilia Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborScholarship/Endowment 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 F4 1		2 FILER NAME Rebecca Dobbs		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$					
5 Date 03/03/2025		6 Payee name First Graphic Services			
7 Amount (\$) 2,007.93		8 Payee address: 229 Garvon St. Garland, TX 75040		City:	State: Zip Code
9 TYPE OF EXPENDITURE		☒ Political ☐ Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Printing		(b) Description Signs	
		(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officer/holder living expense.			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officer/holder name Rebecca Dobbs		Office sought School Board Place 6	Office held School Board Place 6
Date 03/10/2025		Payee name Rebecca Dobbs			
Amount (\$) 5,000.00		Payee address: 6923 Indiana Ave PMB 292 Lubbock, T 79413-6111		City:	State: Zip Code
TYPE OF EXPENDITURE		☒ Political ☐ Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting		Description Campaign Management	
		☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officer/holder living expense.			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officer/holder name Rebecca Dobbs		Office sought School Board Place 6	Office held School Board Place 6

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 Service

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

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

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1 Total pages: Schedule G: 1	2 FILER NAME Rebecca Dobbs	3 Filer ID (Ethics Commission Filers)			
4 Date 03/17/2025	5 Payee name Just Print It				
6 Amount (\$) 720.95 <small>Reimbursement from political contributions intended</small>	7 Payee address: _____ City: _____ State: _____ Zip Code: _____				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing				
	(b) Description Walking Cards				
(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	<table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name Rebecca Dobbs</td> <td style="width: 25%;">Office sought School Board Place 6</td> <td style="width: 25%;">Office held School Board Place 6</td> </tr> </table>		Candidate / Officeholder name Rebecca Dobbs	Office sought School Board Place 6	Office held School Board Place 6
Candidate / Officeholder name Rebecca Dobbs	Office sought School Board Place 6	Office held School Board Place 6			
Date	Payee name				
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address: _____ City: _____ State: _____ Zip Code: _____				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)				
	Description				
(c) ☐ 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	<table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			
Date	Payee name				
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address: _____ City: _____ State: _____ Zip Code: _____				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)				
	Description				
(c) ☐ 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	<table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> </table>		Candidate / Officeholder name	Office sought	Office held
Candidate / Officeholder name	Office sought	Office held			

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