	· ·	ICEHOLDER CE REPORT			ORM C/OH HEET PG 1	
The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	FIRST John LAST Biggan	MI R SUFFIX	Date Received	USEONLY	-
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 817 Forest (Hurst, TX 7)	Crossing Dr	CITY; STATE; ZIP CODE	A	8:33 24 PR 25 2025	_
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	-	SS OPERAT	0
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST Brody LAST Mulligan	Mi SUFFIX	Receipt # Date Processed Date Imaged	Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street ADDRESS 312 Ramblin Euless, TX		UITE #; CITY:	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(214)	PHONE NUMBER 546-1820	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	Formation and the state of the	(Officeholds		
10 PERIOD COVERED	Month 3	Day Year / 25 / 25	Month THROUGH 4	Day Year / 25		
11 ELECTION	ELECTION DAY Month Day 5 / 3	Year Primary	Runoff Other Description	E		
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (If know HEB ISD Board o		ace 2	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFIC CONSENT. CANDIDATE: COMMITTEE TYPE	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IMAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH COVER SHEET PG 2

SUPPORT	& TOTALS		- COVEN	JULLI	2 of 26
13 C / OH NAME			14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder	political contributions accepted or political expenditu These expenditures may have been made without to deficeholders are required to report this information	he candidate's or officeho	ilder's knowle	age or
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE	N PLEDGES, LOANS, CTRONICALLY)	\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$	6,164.00
EXPENDITURE TOTALS	3. TOTAL UNITEMI	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	6,415.05
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	3,618.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP. OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	2,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.	y of perjury, that the accor Il information required to I	mpanying rep be reported b	oort is y me
(>) N	ROBYN WHITNEY OTARY PUBLIC, STATE OF TEXA OMMISSION EXP. 06/21/2021 NOTARY ID # 124964173		. Candidate or Officeholde	er	
	ribed before me, by the sa	John Biggard	, this the	٢	day
Silpnal re of office	er administering	Printed name of officer administering	Noton P Title of officer a	white idministering	oath

FORM C/OH **SUBTOTALS - C/OH COVER SHEET PG 3** 3 of 27 18 FILER NAME 19 Filer ID 20 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 6,164.00 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 1,500.00 X SCHEDULE E: LOANS \$ 4. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 6,415.05 5. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ 10. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$

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Version V4.1.0.e02d6221

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: Sch: 1/21 Rpt: 4/26 2 FILER NAME 3 Filer ID 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 Amount of Contribution (\$)	\$25.00
	\$25.00
4 Date 5 Full name of contributor out-of-state PAC (ID#:	\$25.00
04/16/2025 Almendarez, Cindy 6 Contributor address: City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date 04/07/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Ash, Matthew Contributor address; City; State; Zip Code	\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) O4/07/2025 Azadpour, Aram Contributor address; City; State; Zip Code	\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 03/25/2025 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) Barish, Lucille Contributor address; City; State; Zip Code	\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
Date 04/07/2025 Barish, Lucille Contributor address; City; State; Zip Code Full name of contributor out-of-state PAC (ID#:	\$5.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	
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MONETA	ARY POLITICAL CONTRIBUTION	NS	SCHEDULE	≣ A1
The Instruc	tion Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 2/21 Rpt; 5/26	
2 FILER NAME			3 Filer tD	
04/21/2025	Full name of contributor		7 Amount of Contribution (\$)	\$25.00
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 04/14/2025	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date 03/26/2025	Full name of contributor		Amount of Contribution (\$)	\$50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date 04/07/2025	Full name of contributor		Amount of Contribution (\$)	\$15.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Date 04/07/2025 "	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$10.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
				0 -024622

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 3/21 Rpt: 6/26
2 FILER NAME	3 Filer ID
4 Date 04/15/2025 Berry, Suzanne 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Date Full name of contributor out-of-state PAC (ID#:) 03/26/2025 Blackett, Ann Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$5,00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)
Date O4/15/2025 Full name of contributor out-of-state PAC (ID#:) Brandon, Daniel Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)
Date Full name of contributor out-of-state PAC (ID#:) 04/08/2025 Britton, Kennard Contributor address; City; State; Zip Code	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)
Date 04/14/2025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Employer (See Instruction	is)

		la la	Total pages Schedule A1:	
The Instru	ction Guide explains how to complete this for	m.	Sch: 4/21 Rpt: 7/26	
FILER NAME		3	Filer ID	
Date	5 Full name of contributor out-of-state PAC (ID#:) 7	Amount of Contribution (\$)	
04/07/2025	Campbell, Randy			\$100.
	6 Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
D-1-	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
Date 04/02/2025	Campolo, Allison		Amount of Containation (4)	\$250.
04/02/2023	Contributor address; City; State; Zip Code			
	Continuator address, Only, State, 219 Code			
	10000			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
04/07/2025	Carney, Tim			\$25.
	Contributor address; City; State; Zip Code			
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
04/14/2025	Christ, Dorothea			\$10.
04/14/2025				\$10
	Contributor address: City; State; Zip Code	Employer (See Instructions)		\$10 <i>.</i>
	Christ, Dorothea Contributor address: City; State; Zip Code		Amount of Contribution (\$)	
Principal occu	Christ, Dorothea Contributor address: City; State; Zip Code Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Clay, Judy	Employer (See Instructions)	Amount of Contribution (\$)	\$10.
Principal occu	Christ, Dorothea Contributor address: City; State; Zip Code pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions)	Amount of Contribution (\$)	
Principal occur Date 04/07/2025	Christ, Dorothea Contributor address: City; State; Zip Code Dation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Clay, Judy	Employer (See Instructions)	Amount of Contribution (\$)	

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this fo	rm.	1	Total pages Schedule A1: Sch: 5/21 Rpt: 8/26	
2	FILER NAME			3	Filer ID	
4	Date 04/14/2025	5 Full name of contributor out-of-state PAC (ID#: Coble, Edgar 6 Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/09/2025	Full name of contributor out-of-state PAC (ID#: Cogan, Daniel Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$300.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/25/2025	Full name of contributor			Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)		
	Date 03/25/2025	Full name of contributor out-of-state PAC (ID#: Crawford, Deena Contributor address: Citv: State; Zip Code			Amount of Contribution (\$)	\$15.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions))		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#: Crawford, Deena Contributor address: City; State; Zip Code			Amount of Contribution (\$)	\$30.00
	Principal occup	pation / Job title (See Instructions)	Émployer (See Instructions))		

	MONET	ARY POLITICAL CONTRIBUTIO	NS		SCHEDULE	A1
	The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/21 Rpt: 9/26	
2	FILER NAME			3	Filer ID	
4	Date 04/07/2025	Full name of contributor)	7	Amount of Contribution (\$)	\$10.00
8	Prîncipal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 04/10/2025	Full name of contributor out-of-state PAC (ID#: Damri, Ava Contributor address: Citv: State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	;) 		
	Date 03/25/2025	Full name of contributor out-of-state PAC (ID#: Damri, Ava)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/15/2025	Full name of contributor out-of-state PAC (ID#:_ Dansereau, Margaret Contributor address: City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		20
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#: DiNovo, John Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		

Date O4/10/2025 Principal occupation / Job title (See Instructions) Date O4/10/2025 Principal occupation / Job title (See Instructions) Date O4/10/2025 Principal occupation / Job title (See Instructions) Date O4/10/2025 Principal occupation / Job title (See Instructions) Date O4/10/2025 Principal occupation / Job title (See Instructions) Date O4/10/2025 Principal occupation / Job title (See Instructions) Date O4/10/2025 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$100 Amount of Contribution (\$) \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$20 Principal occupation / Job title (See Instructions) Employer (See Instructions)	MONET	ARY POLITICAL CONTRIBUTIO	ONS	SCHEDUL	E A1
Date O3/25/2025 S Full name of contributor	The Instruc	tion Guide explains how to complete this fo	orm.		
O3/25/2025 Donahue, Robert \$50 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date O4/10/2025 Pill name of contributor O4/10/2025 Out-of-state PAC (IDR O4/10/2025 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date O4/10/2025 Pill name of contributor O4/10/2025 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date O4/10/2025 Eng. James SContributor O4/10/2025 Employer (See Instructions) Employer (See Instructions) Date O4/10/2025 Eng. James SContributor O4/10/2025 Employer (See Instructions) Employer (See Instructions) Date O4/10/2025 Eng. James SCONTributor O4/10/2025 Employer (See Instructions) Employer (See Instructions) Date O4/10/2025 Eng. James SCONTributor O4/10/2025 Employer (See Instructions) Employer (See Instructions) S20 Principal occupation / Job title (See Instructions) Employer (See Instructions) S50 Principal occupation / Job title (See Instructions) Employer (See Instructions) S50 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) S50	FILER NAME			3 Filer ID	
Date O4/10/2025 Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$100 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)	03/25/2025	Donahue, Robert		7 Amount of Contribution (\$)	\$50.0
Duke, Michael Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$10 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of Contribution (\$) \$20 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	oation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 04/10/2025		Duke, Michael)	Amount of Contribution (\$)	\$100.6
O4/10/2025	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date Full name of contributor out-of-state PAC (ID#;) Amount of Contribution (\$) \$20	- 1	Eng, James)	Amount of Contribution (\$)	\$10.
O4/14/2025 Escalante, Irene \$20 Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) O4/07/2025 GRAHAM, CYNTHIA RIAL Contributor address: City State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)		
Date O4/07/2025 Full name of contributor out-of-state PAC (ID#:		Escalante, Irene)	Amount of Contribution (\$)	\$20.
O4/07/2025 GRAHAM, CYNTHIA RIAL Contributor address: City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occup	ation / Job title (See Instructions)	Employer (See Instructions))	
		GRAHAM, CYNTHIA RIAL		Amount of Contribution (\$)	\$50.
	Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions))	
		J			

MONETA	ARY POLITICAL CONTRIBUTION	NS	SCHEDUL	E A1
The Instruc	tion Guide explains how to complete this for	rm.	1 Total pages Schedule A1: Sch: 8/21 Rpt: 11/26	
FILER NAME			3 Filer ID	
04/19/2025	5 Full name of contributor out-of-state PAC (ID#: Gatlin, Charles 6 Contributor address; City; State; Zip Code		7 Amount of Contribution (\$)	\$25.
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Date 04/03/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$100.
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions)	
Date 03/25/2025	Full name of contributor out-of-state PAC (ID#: Gonzales, Cecilia Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$5.
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
Date 04/14/2025	Full name of contributor out-of-state PAC (ID#: Goode, Trisha Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	i)	
Date 04/08/2025	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	\$50.
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	
	y Texas Ethics Commission www.ethics.s		Version V4.1.	0.0020

MONETARY	Y POLITICAL CONTRIBUTIONS		SCHEDULE	A1
The Instruction	Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 9/21 Rpt: 12/26	
2 FILER NAME		3	Filer ID	
04/07/2025 Gr	Il name of contributor	7	Amount of Contribution (\$)	\$25.00
B Principal occupation	/ Job title (See Instructions) 9 Employer (See Instructions	<u> </u>	-	
04/14/2025 Gr	Il name of contributor		Amount of Contribution (\$)	\$50.00
Principal occupation	/ Job title (See Instructions) Employer (See Instructions	5)		
03/29/2025 Gr	Il name of contributor		Amount of Contribution (\$)	\$50.00
Principal occupation	/ Job title (See Instructions) Employer (See Instructions	s)		
04/14/2025 Ha	Il name of contributor		Amount of Contribution (\$)	\$20.00
Principal occupation I	/ Job title (See Instructions) Employer (See Instructions	s)		
03/31/2025 Ha	Il name of contributor		Amount of Contribution (\$)	\$100.00
Principal occupation /	Job title (See Instructions) Employer (See Instructions	<u> </u>		
Corme provided by Tex	as Ethics Commission www.ethics.state.tx.us		Version V4.1.0	.e02d622

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The Instru	ction Guide explains how to complete this forr	n.	1	Total pages Schedule A1: Sch: 10/21 Rpt: 13/26	
			2	Filer ID	
FILER NAME			3	Life: 10	
Date	5 Full name of contributor uut-of-state PAC (ID#:		7	Amount of Contribution (\$)	
04/14/2025	Hartweg, Becky	OVERTICA CONTRACTOR OF THE PARK AND			\$30.0
	6 Contributor address; City; State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	<u> </u>		
				Amount of Contribution (\$)	_
Date 04/07/2025	Full name of contributor out-of-state PAC (ID#: Hicks, Maryellen			Amount of Continuation (4)	\$15.
04/07/2023	Contributor address: City; State; Zip Code				
	Continuator annies () My, State, 2p Code				
Principal occu	oation / Job title (See Instructions)	Employer (See Instructions	<u>L</u>		
Date	Full name of contributor out-of-state PAC (ID#:		_	Amount of Contribution (\$)	
04/09/2025	Hill, Beverly				\$50
	Contributor address; City; State; Zip Code				
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions) i)		
Principal occu	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:	Employer (See Instructions	 	Amount of Contribution (\$)	
	Full name of contributor out-of-state PAC (ID#: Horan, Heidi))	Amount of Contribution (\$)	\$25
Date	Full name of contributor out-of-state PAC (ID#:		(i)	Amount of Contribution (\$)	\$25
Date 04/07/2025	Full name of contributor out-of-state PAC (ID#: Horan, Heidi			Amount of Contribution (\$)	\$25.
Date 04/07/2025 Principal occu	Full name of contributor			Amount of Contribution (\$) Amount of Contribution (\$)	\$25
Date 04/07/2025 Principal occu	Full name of contributor				
Date 04/07/2025 Principal occu	Full name of contributor	Employer (See Instructions			\$25 \$15

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 11/21 Rpt: 14/26 3 Filer ID 2 FILER NAME 7 Amount of Contribution (\$) out-of-state PAC (ID#:_ 4 Date 5 Full name of contributor \$250.00 LaChance, Christen 04/04/2025 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#:_ Date Full name of contributor \$10.00 04/07/2025 Landgraf, Kenni Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$25.00 04/07/2025 Leder, Robert Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$9.00 03/26/2025 Lessard, Dempsey Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$100.00 03/29/2025 Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/21 Rpt: 15/26 3 Filer ID 2 FILER NAME 7 Amount of Contribution (\$) out-of-state PAC (ID#:_ 4 Date 5 Full name of contributor \$150.00 04/21/2025 Luebanos, Anael 6 Contributor address; City; State; Zip Code 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:_ \$50.00 04/14/2025 Lyon, Katherine Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#:_ Full name of contributor Date \$30,00 03/25/2025 MONDRAGON, CARLOS Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor ut-of-state PAC (ID#:_ Date \$20.00 04/07/2025 MONDRAGON, CARLOS Contributor address: City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#:_ Date Full name of contributor \$50.00 04/08/2025 Mattord, Roberta Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Version V4.1.0.e02d6221 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1			
The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 13/21 Rpt: 16/26		
2 FILER NAME			3 Filer ID		
04/14/2025	 Full name of contributor		7 Amount of Contribution (\$)	\$20.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
Date 03/25/2025	Full name of contributor out-of-state PAC (ID#:_ McCann, Anne Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$5.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)		
Date 04/07/2025	Full name of contributor out-of-state PAC (ID#:_ McCauley, Myra Noel Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$20.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions))		
Date 04/10/2025	Full name of contributor out-of-state PAC (ID#:_ Morgan, David Contributor address: Citv; State; Zip Code		Amount of Contribution (\$)	\$50.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	;)		
Date 04/10/2025	Full name of contributor out-of-state PAC (ID#:_ Morgan, Jan Contributor address; City; State; Zip Code)	Amount of Contribution (\$)	\$50.00	
Principal occup	oation / Job title (See Instructions)	Employer (See Instructions	l ;)		
Tayma ayayld - 4 h	ny Texas Ethics Commission www.ethics	s.state.tx.us	Version V4.1.	0.e02d622	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/21 Rpt: 17/26 3 Filer ID 2 FILER NAME 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#; \$50.00 04/08/2025 Partridge, Paula 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$100.00 04/07/2025 Patrick, Brian Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:__ Date \$31.00 03/25/2025 Paudel, Tika Contributor address: City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) ut-of-state PAC (ID#:_ Date Full name of contributor \$50.00 04/14/2025 Pearson, Celestine Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#:_ \$10.00 03/25/2025 Platt. Melvin Contributor address: City State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 15/21 Rpt: 18/26 3 Filer ID 2 FILER NAME 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$30.00 03/25/2025 Quittner, Claudia 6 Contributor address; City; State; Zip Code 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$100.00 04/07/2025 ROYSE, JANIE Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:_ Date \$20.00 04/07/2025 Rheams, Chris Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#:_ Date Full name of contributor \$9.00 04/08/2025 Riley, Patrick Contributor address; City; State; Zip Code Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date \$20.00 04/07/2025 Ritchie, David Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS	SCHEDUL	E A1
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 16/21 Rpt: 19/26	
2 FILER NAME	3 Filer ID	
4 Date 04/07/2025 Full name of contributor out-of-state PAC (ID#:) Roche, Brenda 6 Contributor address; City; State; Zip Code	7 Amount of Contribution (\$)	\$100.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	<u> </u>	
Date Full name of contributor out-of-state PAC (ID#:) Rowe, Dana Contributor address; City; State; Zip Code	Amount of Contribution (\$)	\$10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) ()	
Date Full name of contributor out-of-state PAC (ID#:) 04/07/2025 Ruiz, Steve Contributor address; City; State; Zip Code	Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	s)	
Date O4/11/2025 Full name of contributor out-of-state PAC (ID#:) Sabol, Amy Contributor address: City: State; Zip Code	Amount of Contribution (\$)	\$250.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	5)	
Date O4/08/2025 Full name of contributor out-of-state PAC (ID#:) Schilling, August Contributor address; City; State; Zip Code	Amount of Contribution (\$)	\$400.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)	5)	
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МО	NETARY POLITICAL CONTRIBUTIONS		SCHEDULE A1		
The	Instruction Guide explains how to complete this form.		Total pages Schedule A1: Sch: 17/21 Rpt: 20/26		
2 FILER	NAME	3	Filer ID		
4 Date 03/25	5 Full name of contributor out-of-state PAC (ID#:	7	Amount of Contribution (\$)	\$50.00	
8 Princip	pal occupation / Job title (See Instructions) 9 Employer (See Instructions)	structions)			
Date 04/08	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$25.00	
Princip	pal occupation / Job title (See Instructions) Employer (See Instructions)				
Date 04/07	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$20.00	
Princip	pal occupation / Job title (See Instructions) Employer (See Instructions)	structions)			
Date 04/07	Full name of contributor out-of-state PAC (ID#: Syed, Hisham Contributor address: Citv: State; Zip Code		Amount of Contribution (\$)	\$5.00	
Princip	val occupation / Job title (See Instructions) Employer (See Instructions)	structions)			
Date 03/31	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$50.00	
Princip	al occupation / Job title (See Instructions) Employer (See Instructions)	structions)			
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MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 18/21 Rpt: 21/26	
2	FILER NAME				Filer ID	
4	Date 03/25/2025	 Full name of contributor out-of-state PAC (ID#:_Traver, Sue Contributor address; City; State; Zip Code)	7	Amount of Contribution (\$)	\$20.00
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)		
	Date 03/25/2025	Full name of contributor			Amount of Cantribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s) 		
	Date 04/18/2025	Full name of contributor out-of-state PAC (ID#:_ Trevino, Lara Contributor address: City; State; Zip Code)		Amount of Contribution (\$)	\$50.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 04/07/2025	Full name of contributor out-of-state PAC (ID#_Vaughan, Jacqueline ity; State; Zip Code			Amount of Contribution (\$)	\$50,00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date 04/14/2025	Full name of contributor out-of-state PAC (ID#:_ Vaughan, Jacqueline Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$20.00
	Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	3)		

		SCHEDULE	- AT	
The Instructi	ion Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 19/21 Rpt: 22/26	
2 FILER NAME		3	Filer ID	
03/25/2025	Full name of contributor ut-of-state PAC (ID#:) Vonrosen, Nancy Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$10.00
8 Principal occupat	tion / Job title (See Instructions) 9 Employer (See Instructions)	ns)		
Date 04/14/2025	Full name of contributor out-of-state PAC (ID#:) Wallace, Michelle Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$50.00
Principal occupat	tion / Job title (See Instructions) Employer (See Instruction	ns)		
Date 04/15/2025	Full name of contributor		Amount of Contribution (\$)	\$50.00
Principal occupat	tion / Job title (See Instructions) Employer (See Instruction	ns)		
Date 04/06/2025	Full name of contributor out-of-state PAC (ID#:) Wenzel, Judy Contributor address: City: State; Zip Code		Amount of Contribution (\$)	\$500.00
Principal occupat	tion / Job title (See Instructions) Employer (See Instruction	ns)		
Date 04/13/2025	Full name of contributor out-of-state PAC (ID#:) White, Travis Contributor address: City; State; Zip Code		Amount of Contribution (\$)	\$50.00
Principal occupat	tion / Job title (See Instructions) Employer (See Instruction	ns)		
	Texas Ethics Commission www.ethics.state.tx.us		Version V4.1.	0024522

The Instruc	tion Guide explains how to complete this fo	rm.	1 Total pages Schedule A1: Sch: 20/21 Rpt: 23/26	
FILER NAME			3 Filer ID	
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of Contribution (\$)	#FO (
04/09/2025	Williams, Sarah			\$50.0
	6 Contributor address; City; State; Zip Code			
Principal occup	pation / Job title (See Instructions)	9 Employer (See Instructions))	
			Amount of Contribution (\$)	
Date 04/08/2025	Full name of contributor out-of-state PAC (ID#: Wolovits, Mel		Amount of Containation (4)	\$20.0
04/06/2025				
	Contributor address; City; State; Zip Code			
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions))	
Date	Full name of contributor Out-of-state PAC (ID#:		Amount of Contribution (\$)	
04/05/2025	Woolen, Andrew			\$250.
	Contributor address; City; State; Zip Code	***************************************		
		Francisco (See Instructions		
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/18/2025	Wright, James Mark			\$15.
	Contributor address; City; State; Zip Code			
Principal occup	eation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	
04/07/2025	Y, Kay			\$100.
1	Contributor address; City; State; Zip Code			
			i e	

MONETARY POLITICAL	CONTRIBUTIONS		SCHEDULE A1
The Instruction Guide explains h	1 Total pages S Sch: 21/21 F		
2 FILER NAME		3 Filer ID	
4 Date 03/25/2025 5 Full name of contributor scarborough, daniel 6 Contributor address: City	out-of-state PAC (ID#:) r; State; Zip Code	7 Amount of Co	ntribution (\$) \$30.00
8 Principal occupation / Job title (See Instructi	ons) 9 Employer (See Instruction	ns)	
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	LOANS						SCHEDULE E
F	The Instructio	n Guide explains how to c	complete this f	orm.	1		ges Schedule E: L Rpt: 25/27
2	FILER NAME				3	Filer iD	
4	TOTAL OF UN	ITEMIZED LOANS					\$
m	Date of loan 04/10/2025	7 Name of lenderJohn, Biggan	out-of-state PA	C (ID#:			9 Loan Amount (\$) \$1,500.00
	Is lender a financial institution?	8 Lender address; City; 817 Forrest Crossing DR	State;	Zip Code			10 Interest Rate
	No	Hurst, TX 76053					11 Maturity Date
12	Principal occupation Data Analyist	on / Job title (See Instructions)		13 Employer (See Instru Dept of Child Serv			
	Description of Coll	aterai		15 Check if personal fu		deposited	l into political account (See Instructions)
_	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code			
20	Principal occupation	חת		21 Employer (See Instr	uctions)		
-							

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Version V4.1.0.e02d6221

POLITICAL EXPENDITURES FROM POLITICAL SCHEDULE F1 CONTRIBUTIONS **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Fees Travel in District Travel Out of District Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 1/2 Rpt: 25/26 4 Date 5 Payee name 04/23/2025 DONORBOX State; Zip Code 6 Amount (\$) Payee address; City; \$221.74 1520 Belle View Blvd #4106 Alexandria, VA 22307 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense MERCHANT CARD SERVICES FEES Office held Candidate/Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date 04/17/2025 Edward & Patterson and Sons Signs State: Zip Code Amount (\$) Payee address; City; 203 S Belt Line Rd \$681.89 Irving, TX 75060 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense YARD SIGNS Office held Office sought Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 04/14/2025 Emblem, Inc. State; Zip Code Payee address; City; Amount (\$) \$1,000.00 1201 Evans Avenue STE 100 Fort Worth, TX 76104 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T, OF Consulting Expense EXPENDITURE Check if Austin, TX, officeholder living expense CONSULTING EXPENSE Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District OTHER (enter a category not listed above) Polling Expense
Printing Expense
Salaries/Wages/Contract Labor Food/Beverage Expense
Gift/Awards/Memorials Expense Consulting Expense
Contributions/ Jonations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Legal Services The Instruction Guide explains how to complete this form. 3 Filer iD 1 Total pages Schedule F1: 2 FILER NAME Sch: 2/2 Rpt: 26/26 Payee name 4 Date 04/11/2025 Emblem, Inc. 6 Amount (\$) Payee address; City; State; Zip Code 1201 Evans Avenue STE 100 \$1,000.00 Fort Worth, TX 76104 (b) Description PURPOSE (a) Category (See Categories listed at the top of this schedule) Check If travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense CONSULTING EXPENSE Office held Office sought Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name My Marketing Cure 04/18/2025 Payee address; City; State; Zip Code Amount (\$) 951 W Pipeline Rd #444 \$1,847.56 Hurst, TX 76053 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense MAILERS Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Date Рауее пате Printplace 04/14/2025 State; Zip Code Payee address; City; Amount (\$) \$1,663.86 1130 Ave H East Arlington, TX 76011 (b) Description **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. OF Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense MAILERS Office held Complete ONLY if direct Office sought Candidate/Officeholder name expenditure to benefit C/OH