

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 Filer)		2 Total pages filed: 9			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Katie			OFFICE USE ONLY			
	NICKNAME LAST SUFFIX Tanner						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE 						
☐ Change of Address							
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION 						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Kathleen			Date Received			
	NICKNAME LAST SUFFIX Hill			Date Hand-delivered or Date Postmarked			
				Receipt # Amount \$			
				Date Processed			
Date Imaged							
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 						
(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 THROUGH Month Day Year 3 / 24 / 2025 4 / 24 / 2025						
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special						
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) Rockwall ISD Place 5						
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.						
☐ Additional Pages		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px; vertical-align: top;"> COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table>				COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE ☐ GENERAL ☐ SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Katie Tanner 15 Filer ID (Ethics Commission Filer)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,288.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 211.40
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

Katie Tanner

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____
20_____, 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

(2) Unsworn Declaration

My name is Katie Tanner and my date of birth is 2/23/1961

My address is _____ Rockwall TX 75032 USA
(street) (city) (state) (zip code) (country)

Executed in Rockwall County, State of TX, on the 25th day of April, 2025
(month) (year)

Katie Tanner
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Katie Tanner</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,500.00
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	\$ 302.98
9.	☒ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 1,288.60
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: <u>2</u>
2 FILER NAME <u>Katie Tanner</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/27/25</u>	5 Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Nancy Farrar</u> 6 Contributor address: City: State: Zip Code <u>102 Mustang Dr., Fate, TX 75087</u>	7 Amount of contribution (\$) <u>\$100.00</u>
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date <u>4/1/25</u>	Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Nancy Himmelrieck</u> Contributor address: City: State: Zip Code <u>2620 White Rd., Rockwall, TX 75087</u>	Amount of contribution (\$) <u>\$600.00</u>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <u>4/1/25</u>	Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Judy Rodgers</u> Contributor address: City: State: Zip Code <u>2272 Lafayette Landing, Heath, TX 75087</u>	Amount of contribution (\$) <u>\$500.00</u>
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date <u>4/4/25</u>	Full name of contributor ☐ out-of-state PAC (ID# _____) <u>Shelley Garrett</u> Contributor address: City: State: Zip Code <u>321 Highland Dr., Rockwall, TX 75087</u>	Amount of contribution (\$) <u>\$100.00</u>
Principal occupation / Job title (See instructions)		Employer (See instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Katie Tanner		3 Filer ID (Ethics Commission Files)
4 Date 4/22/25	5 Full name of contributor ☐ out-of-state PAC (OR _____) Sheila Hudson 6 Contributor address: City: State: Zip Code 1009 Covenant Ct., Heath, TX 75037	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See instructions)		9 Employer (See instructions)
Date 4/24/25	Full name of contributor ☐ out-of-state PAC (OR _____) Dr. Michael Sanders Contributor address: City: State: Zip Code 7903 Elaine Ct., Wylie, TX 75098	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date	Full name of contributor ☐ out-of-state PAC (OR _____) 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 (OR _____) 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 (OR _____) 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.		

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/Officeholder/Political Committee

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

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

Solicitation/Purchasing 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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Katie Tanner	3 FILER ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		5
6 CREDIT CARD ISSUER	Name of financial institution Citi Cards	
6 PAYMENT	(a) Amount Charged \$ 169.18	(b) Date Expenditure Charged 3/25/25
	(c) Date(s) Credit Card Issuer Paid 4/19/25	
7 PAYEE	(a) Payee name Minuteman Press	(b) Payee address: City, State, Zip Code 1104B Ridge Rd., Rockwall, TX 75087
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Exp.	(b) Description Push cards
☒ Political ☐ Non-Political	(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	
PAYMENT	(a) Amount Charged \$ 42.08	(b) Date Expenditure Charged 3/25/25
	(c) Date(s) Credit Card Issuer Paid 4/19/25	
PAYEE	(a) Payee name Yacht Club	(b) Payee address: City, State, Zip Code 501 Yacht Club Dr., Rockwall, TX 75082
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev. Exp.	(b) Description Dinner at meet & greet
☒ Political ☐ Non-Political	(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	Candidate / Officeholder name Office Sought Office Held	
PAYMENT	(a) Amount Charged \$ 73.43	(b) Date Expenditure Charged 4/15/25
	(c) Date(s) Credit Card Issuer Paid 4/19/25	
PAYEE	(a) Payee name Yacht Club	(b) Payee address: City, State, Zip Code 501 Yacht Club Dr., Rockwall, TX 75082
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev. Exp.	(b) Description Dinner at meet & greet
☒ Political ☐ Non-Political	(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	Candidate / Officeholder name Office Sought Office Held	

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
Candidates/Officeholders/Political Committee
Credit Card Payment

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2		2 FILER NAME Katie Tanner		3 Filer ID (Ethics Commission Filers)	
4 Date 3/24/25		5 Payee name Keepers Press			
6 Amount (\$) \$600.79 ☒ Reimbursement from political contributions intended		7 Payee address: City: State: Zip Code 520 Loma Vista, Heath, TX 75032			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Exp.		(b) Description Small yard signs		
	☐ 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 4/11/25		Payee name Keepers Press			
Amount (\$) \$384.83 ☒ Reimbursement from political contributions intended		Payee address: City: State: Zip Code 520 Loma Vista, Heath, TX 75032			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Exp.		Description Large yard 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 4/19/25		Payee name Citi Cards			
Amount (\$) \$302.98 ☒ Reimbursement from political contributions intended		Payee address: City: State: Zip Code Po Box 78019, Phoenix, AZ 85062-8019			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Pmt.		Description Pmt. of cc bill for printing and food/bev. exp.		
	☐ 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					

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/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Acquire/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rent/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME Katie Tanner		3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			5
6 CREDIT CARD ISSUER	Name of Financial Institution Citi Cards		
7 PAYMENT	(a) Amount Charged \$ 18.29	(b) Date Expenditure Charged 4/21/25	(c) Date(s) Credit Card Issuer Paid
8 PAYEE	(a) Payee name Starbucks	(b) Payee address: City, State, Zip Code 2235 S Goliad St, Rockwall, TX 75087	
9 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) Food/Bev. Exp.		(b) Description Meal during meeting to discuss website work
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense		
10 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address: City, State, Zip Code	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) 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	Candidate / Officeholder name Office Sought Office Held		
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name	(b) Payee address: City, State, Zip Code	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) 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	Candidate / Officeholder name Office Sought Office Held		

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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/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rent/Expense
Printing Expense
Salary/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2	2 FILER NAME Katie Tanner	3 Filer ID (Ethics Commission Filer)
4 Date 4/21/25	5 Payee name Starbuck's	
6 Amount (\$) \$18.29 ☒ Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code 2235 S. Goliad St, Rockwall, TX 75082	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Bev. Exp.	(b) Description meal during meeting to discuss website work
	(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date Payee name		
Amount (\$) Payee address; City: State: Zip Code ☐ Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date Payee name		
Amount (\$) Payee address; City: State: Zip Code ☐ Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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