# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 6

**OFFICE USE ONLY**

Date Received

RECEIVED BOARD SERVICES DALLAS ISD 2025 JUL 15 P 4:28

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**3 CANDIDATE / OFFICEHOLDER NAME**

MS / MRS / MR: Ms. | FIRST: Natashia | MI:

NICKNAME | LAST: Gerald | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

ADDRESS / PO BOX: 3816 Kushla | APT / SUITE #: | CITY: Dallas, | STATE: TX | ZIP CODE: 75216

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: ( 214 ) | PHONE NUMBER: 450-3607 | EXTENSION:

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: Ms | FIRST: Rona | MI:

NICKNAME | LAST: Holt | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 918 Brookhaven Drive | APT / SUITE #: | CITY: Lancaster, | STATE: TX | ZIP CODE: 75134

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: ( 469 ) | PHONE NUMBER: 636-5032 | 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: 04 / 26 / 2025 THROUGH Month / Day / Year: 7 / 15 / 2025

**11 ELECTION**

ELECTION DATE — Month / Day / Year: 05 / 03 / 25

ELECTION TYPE: ☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special

**12 OFFICE**

OFFICE HELD (if any):

**13 OFFICE SOUGHT** (if known): School Board Trustee District 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

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 Natashia Gerald | | | **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) | $ |
| | 2. | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ 0.00 |
| | 4. | **TOTAL POLITICAL EXPENDITURES** | $ 3613.04 |
| 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.

Natashia Gerald

Signature of Candidate or Officeholder

## Please complete either option below:

**(1) Affidavit**

SAMETRA MCGUIRE
Notary Public, State of Texas
Comm. Expires 12-15-2027
Notary ID 124986239

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Natashia Gerald this the 15th day of July, 20 25, to certify which, witness my hand and seal of office.

Sametra McGuire | Sametra McGuire | Notary Public

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

_____
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH**
**COVER SHEET PG 3**

| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Natashia Gerald | |

| 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 | $ 3613.04 |
| 6. | ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | $ |
| 7. | ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 8. | ☐ SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | $ |
| 9. | ☐ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | $ |
| 10. | ☐ SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | $ |
| 11. | ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ |
| 12. | ☐ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | $ |

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

| **1** Total pages Schedule F1: | **2** FILER NAME | **3** Filer ID (Ethics Commission Filers) |
|---|---|---|
| 2 | Natashia Gerald | |

**4** Date

**5** Payee name

**6** Amount ($)

**7** Payee address; City; State; Zip Code

**8** **PURPOSE OF EXPENDITURE**

**(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

**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

**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

**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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

**The Instruction Guide explains how to complete this form.**

**•• Complete only if "Report Type" on page 1 is marked "Final Report" ••**

**1** C/OH NAME
Natashia Gerald

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

**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

**4 FILER WHO IS NOT AN OFFICEHOLDER**

**•• Complete A & B below *only* if you are not an officeholder. ••**

**A. CAMPAIGN FUNDS**

**Check only one:**

☒ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

**Check only one:**

☒ I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

**5 OFFICEHOLDER**

**•• Complete this section *only* if you are an officeholder ••**

☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

| Transaction Date | Type | Amount | Description |
|---|---|---|---|
| 05/05/25 | Debit Card Purchase | (220.54) | Texting Rounds |
| 05/05/25 | Debit Card Purchase | (220.54) | Texting Rounds |
| 04/30/25 | Debit Card Purchase | (51.59) | Texting Rounds |
| 05/05/25 | Debit Card Purchase | (21.64) | Capcut - Fee |
| 05/05/25 | Debit Card Purchase | (95.00) | Mass Texts |
| 04/25/25 | Debit Card Purchase | (10.00) | Good Party - Subscription Fee |
| 04/28/25 | Zelle Payment | (10.00) | Traci - Campaign Closeout Expense |
| 04/28/25 | Zelle Payment | (20.00) | Daisy - Campaign Closeout Expens |
| 04/28/25 | Zelle Payment | (20.00) | DFR - Campaign Closeout Expense |
| 05/07/25 | Zelle Payment | (160.00) | Campaign Closeout Expense |
| 05/07/25 | Zelle Payment | (747.86) | Transportation Expense |
| 05/27/25 | Zelle Payment | (800.00) | Kyndal - Signs, Amazon, Misc |
| 06/09/25 | Zelle Payment | (500.00) | Natashia - Bags/Marketing/Misc. |
| 06/16/25 | Zelle Payment | (450.00) | Kyndal - Campaign Closeout Expen |
| 06/20/25 | Zelle Payment | (75.00) | Campaign Closeout Expense |
| 06/20/25 | Bank Fee | (8.00) | Bank Fee |
| 07/14/25 | Zelle Payment | (200.00) | Reimbursement Natashia Gerald |
| 07/15/25 | Zelle Payment | (2.87) | Reimbursement Natashia Gerald |
| | | (3,613.04) | |