1327/12/19		ICEHOLDER CE REPORT			COVE	FORM C	
The C/OH instruction	Guide explains how	w to complete this form.	1 Filter ID (Ethi	ca Commission Filers)	2 Total	pages filed: 11	
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR MR	FIRST	L	мі R	c	FFICE USE ONLY	
NAME	NICKNAME	John	*************	SUFFIX	Osto Rece	ivod	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO 817 Forest Hurst, TX 7	x: APT / SURFA: C	CHY; STAT	E; ZIP CODE		RECEIVE SIDE 15	an
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTE	NSION	Bl	delivered or Date Postm JSINESS OPI	to the second
6 CAMPAIGN TREASURER	MS / MRS / NR	FIRST		MI	Receipt #	Actionity 3	
NAME	MR	Brody		SUFFEX	Oate Prote		
		Mulliga	in			-125 TO 600F	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	312 Rambli Euless, TX		URTE #: C	ITV;	S	TATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	рноне number 546-1820	EXTE	MOISM			
9 REPORT TYPE	January 15	30th day before e	section	Runofi	tr	Sth day after campaign easurer appointment (ficeholder Only)	
	July 15	8th day before ele	KANON L	Exceeded Modified Reporting Limit	✓ F	inal Report (Attach C/OH -	FR)
10 PERIOD COVERED	Month 4	Day Year / 24 / 25	THROUGH	Menth 7	_ Веу _/ З	Year / 25	
11 ELECTION	ELECTION D Month Day 5 3	Year Primary 25 V General	Runodi Special	Other Description			
12 OFFICE	OFFICE HELD (If any HEB ISD BO	ard of Trustees, Pla		CE SOUGHT (II known	1)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / DEEL	CE OF POLITICAL CONTRIBUTIONS . CEHOLDER. <i>THESE EXPENDITURES</i> & AND OFFICEHOLDERS ARE REQUIF	이 이렇게 가하나도 하는데서 가게 된	DE MITHOUT THE CAN	MOATES OR C	たんじじんりいりんしん ネストン	DGE ON
00/////////////////////////////////////	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS	\$				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	}	i		
	-	GO TO	PAGE 2				

FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) John Biggan 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 0 **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 4,003.97 **TOTAL POLITICAL CONTRIBUTIONS** 2. \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS 7,460.66 TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0.00BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. 0.00**LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. 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 _, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is (state) (zip code) (country) rrunt County, State of Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ER NAME 20 Filer ID (Ethics Cor Blggan	nmission Filers)	
	NEDULE SUBTOTALS	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.	SCHEOULE 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		

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	o complete this	form.	1 Total pages Schedule A1: 3	
2 FILER NAME John Biggar	1			3 Filer ID (Ethics Commission Filers)	
4 Date 04/29/2025				7 Amount of contribution (\$) 47.25	
0	6 Contributor address:	City;	State; Zip Code	47.20	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)	
Date	Full name of contributor	opt-of-state PAI	C (IDA:)	Amount of contribution (\$)	
04/30/2025	Joan Cogan		7	100.00	
	Contributor address;	City;	State; Zip Code	100.00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor		G (ID#:)	Amount of contribution (\$)	
04/30/2025	Muslim Democratic Cauc			250	
	Contributor address:	City:	State: Zip Code	200	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	klons)	
Date	Full name of contributor	out-of-state PAI	C (IDIT:)	Amount of contribution (\$)	
05/02/2025			State; Zip Code	04.80	
	Contributor address;	City;	Siste, Zip Code	94.60	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	dions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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.

If the requested information is not appropriet sector mende two pages.					
The	Instruction Guide explains how to com	plete this form,	1 Total pages Schedule A1: 3		
2 FILER NAME John Biggal	1		3 Filer ID (Ethics Commission Filers)		
4 Date 05/02/2025	Mid-Cities Stonewall Democrats		250.00		
03/02/2020	6 Contributor address; Cit	y; State; Zip (Z30.00		
8 Principal occu	pation / Job tille (See Instructions)	9 Employer (See Instructions)		
Date	Full name of contributor out-	of-state PAC (ID#)			
05/07/2025		y; State; Zip			
Principal occup	pation / Job title (See Instructions)	Employer ((See Instructions)		
Date		ct-state PAC (ID#)	Amount of contribution (\$)		
05/07/2025	Robert Leder Contributor address; Cit	y: State; Zip o	24.62		
Principal occup	l pation / Job title (See Instructions)	Employer ((See Instructions)		
Date		e4-state PAC (IDV:	Amount of contribution (\$)		
05/09/2025	Maryellen Hicks Contributor address; City	y. State; Zip (4.92		
Principal occup	bation / Job title (See Instructions)	Employer ((See Instructions)		
		1			
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	o complete this	s form.		1 Total pages Schedule A1: 3
2 FILER NAME John Biggar	1				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Roberta Mattord	gul-of-state PA	C (IDa:		7 Amount of contribution (\$)
05/10/2025	6 Contributor address:	iontributor address; City; State; Zip Code		9.85	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (So	ee Instructi	ions)
Date	Full name of contributor	autrofrstate PA	C (ID#		Amount of contribution (5)
06/12/2025	John Biggan Contributor address:	City;	State; Zip Cr	ode	110.62
Principal occupation / Job title (See Instructions) Employer (See Instructions)				ion±}	
Date	Full name of contributor	out-ol-state PA	.c (i0*:		Amount of contribution (\$)
06/30/2025	John Biggan Contributor address;	City:	State; Zip Cr	ode	3,096.00
Principal occup	ation / Job title (See Instructions)		Employer (\$4	See Instruct	ions)
Date	Full name of contributor	Out-of-scate PA	G (10#:		Amount of contribution (\$)
07/01/2025	John Biggan Contributor address;	City;	State; Zip Co	ode	10.00
Principal occup	ation / Job title (See Instructions)		Employer (S	See Instruct	Rons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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/Doretions/Aade By
Candidate/Officoholden/Political Committee

Event Expenso Feos Feod/Boverago Expenso Git/Awards/Memorials Expenso Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In Ostrici Travel Out Of District Other (onter a category not listed above)

CrestCardFayment	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 04/24/2025	5 Payes name Edward & Patterson Signs			
6 Amount (\$) 324.75	7 Payee address; 203 S Belt Line Rd Irving TX 7500	City: 60	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule Y,	Check if Austin	n, TX, officeholder living	
Complete ONLY if direct expanditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
04/24/2025	Emblem, Inc			
Amount (\$) 500.00	Payee address; 312 Rambling Ct Euless TX 7603	City: 9	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Consulting Se	rvices	
	Check if travel outside of Toxas, Complete Schedule Y.	Check & Austr	n. TX, officeholder Ining	espense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held
Date	Рауве пате			
04/29/2025	Emblem, Inc			
Amount (5) 500.00	Payee address; 312 Rambling Ct Euless TX 7603	City: 9	State;	Zip Code
PURPOSE OF EXPENDITURE	Calegory (See Calegories listed at the top of this schedule) Consulting Expense	Description Consulting Ser	vices	
	Check il Iravel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, afficeholder äving	espense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	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 Constitutions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
FoodBeverage Expense
Git/Awards/Memorials Expense

Loan Repsyment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaring/Wener/Contract Labor Solicitation/Fundreising Expanse
Transportation Equipment & Reliated Expanse
Travel In District
Travel Out Of District
Other (enter a category not lieted above)

Crost Card Payment	The Instruction Guide explains how to a	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME John Biggan		3 Filer ID (Ethics	Commission Filers)
4 Date 04/29/2025	5 Payee name Print Place			
6 Amount (\$)	7 Payee address:	City;	State:	Zip Code
366.43	1130 Ave H East Arlington TX 76	011		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Mailers		
OF EXPENDITURE				
	(c) Careck if travel outside of Toxas. Complete Scienciale T.	Check if Aust	Sn. TX, officeholder Möng	e-penso
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office ≤ought		Office held
Date	Рауес пате			
05/08/2025	Switchboard Public Benefit Group			
Amount (\$)	Payee address;	City;	State;	Zip Code
764.91	1110 Gorgas Ave, Suite A4-700 Sa	n Francisco C	A 94129	
PURPOSE OF	Category (See Categories listed at the top of this school ##) Advertising Expense	Description Texting Servi	ces	
EXPENDITURE	Check if there outside at Texas. Complete Schedulo F.	Check if Aus	in, TX, officeholder living	a expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
05/12/2025	Emblem, Inc			
Amount (\$)	Payee address;	City:	State:	Zip Code
1,000.00	312 Rambling Ct Euless TX 7603	9		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Consulting Expense	Consulting Se	rvices	
	Chock if travel outside of Taxas. Complete Schedule T.	Checi if Aus	lin, TX, officeholder kvin	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	ėl.	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/Donatons Made By
Canaidate/Officeholder/Polecal Committee

Event Expense Fees Food/Beverage Expense Gilt/Awards/Memorials Expense Legal Services Loan Repayment Reimburtement Office Overhead Rental Expense Polling Expense Printing Expense Salaries/Vagos/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Other (enter a category not listed above)

Credit Canil Payment	The instruction Guide explains how to a	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME John Biggan		3 Filer ID (Ethics C	ommission Filers)
4 Date 05/31/2025	5 Payee name Frost Bank			
6 Amount (\$) 10.00	7 Payee address: 2051 Airport Fwy Euless TX 7604	City;	State:	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories Saled at the top of this schedule) Fees	(b) Description Service Fee		
	(c) Check if travel outside of Toxas, Complete Schedule T.	Gheck II Austi	n, TX, officeholder living en	
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought		ffice held
Date	Payee name			
06/30/2025	Frost Bank			
Amount (\$) 10.00	Payee address; 2051 Airport Fwy Euless TX 7604	City; I-Ó	State:	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Service Fee		
	Check if travel outside of Texas, Complete Schedule T.	Check # Austi	n. TX. officeholder living e	penee
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	٥	ffice held
Date	Payee name			
06/30/2025				
00/30/2023	John Biggan			
Amount (\$) 3,096.00	John Biggan Payer address: 817 Forest Crossing Dr Hurst TX	City; 76053	State;	Zip Code
Amount (\$)	Payee address;	* .		Zip Code
Amount (\$) 3,096.00 PURPOSE OF	Payee address; 817 Forest Crossing Dr. Hurst. TX Category (See Categories listed at the top of this schedule)	76053 Description Loan Dismissa		
Amount (\$) 3,096.00 PURPOSE OF	Payee address; 817 Forest Crossing Dr. Hurst. TX Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement Creek it havelockside of Texas, Complete Schedule T. Candidate / Officeholder name	76053 Description Loan Dismissa	n. TX. officeholder living w	

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/Donalions Made By Candidato/Officeholder/Politica CredeCard Psychenia	Fees Office C Food/Beverage Expense Polling Gd/Awards/Idemonals Expense Printing	verhead/Rental Expense Tran Expense Trav Expense Trav Wages/Contract Labor Other o complete this form.	station/Fundraising Expense sportation Equipment & Related Expense et in District et Out Of District or (enter a category not listed above)		
1 Total pages Schedule Fig.	2 FILER NAME John Biggan	3 Fi	iler ID (Ethics Commission Filers)		
4 Date 07/03/2025	5 Payee name Switchboard Public Benefit Group				
6 Amount (S)	7 Payee address;	City;	State: Zip Code		
448.57	1110 Gorgas Ave, Suite A4-700 S		4129		
8	(a) Category (See Categories fisted at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Texting Services			
	(c) Check if Irmyel outside of Texass. Complete Schedule T.	Check If Austin, TX.	officeholder living expansa		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/28/2025	Texas Democratic Party				
Amount (\$)	Payee address;	City:	State: Zip Code		
440.00	PO Box 15707 Austin TX 7876	·			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this achadule) Consulting Services	Description VAN Access			
Check if vavel outside of Texas. Complete Schedule T. Check If Austin, T.X. office holder living a					
Complete <u>QNLY</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		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
1	Check & Iravel outside of Taxas. 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" · 2 Filer ID (Ethics Commission Filers) 1 C/OH NAME 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. It also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on the ture of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER .. Complete A & B below only if you are not an officeholder. ... **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. 8. **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. If 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 **OFFICEHOLDER** ·· Complete this section only if you are an officeholder ·· I am aware that I remain subject to filling 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