

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: //

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY
	Mr	Alexander	R	
	NICKNAME	LAST	SUFFIX	Date Received
		Sexton		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE			
Change of Address	1004 Dominion Southlake, Tx 76092			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
	(864)	2931709		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #
	Mrs	Jennifer	L	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed
		Sexton		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	
	(864)	2931708		
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 Month Day Year 1 / 1 / 25 THROUGH 6 / 30 / 25			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month	Day	Year	☐ Primary ☐ Runoff ☐ Other Description ☒ General ☐ Special Election Cancelled
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
	CISD Trustee PI 6		CISD Trustee PI 6	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	☒ GENERAL	Southlake Families PAC		
	☐ SPECIFIC	COMMITTEE ADDRESS		
		401 N. Carroll Ave. Box 103 Southlake TX 76092		
		COMMITTEE CAMPAIGN TREASURER NAME		
	Zachary Cate			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
	600 N. Carroll Ave., Suite 100 Southlake Tx 76092			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

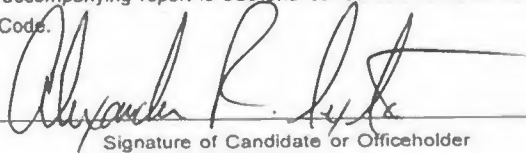
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Alexander R. Sexton

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)	\$ 5515.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5515.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 634.65
	4. TOTAL POLITICAL EXPENDITURES	\$ 634.65
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4880.35
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.


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

OR

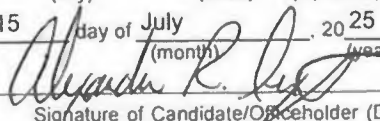
(2) Unsworn Declaration

My name is Alexander R Sexton, and my date of birth is 09151976

My address is 1004 Dominonin, Southlake, Tx, 76092, USA

(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 15 day of July, 2025


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Alexander R. Sexton

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 5,515

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

\$ 634.65

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

\$

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: 4
2 FILER NAME Alexander R. Sexton		3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2025	5 Full name of contributor out-of-state PAC (ID# _____) Robert Mark 6 Contributor address; City; State; Zip Code 2125 Kimball Hill Court, Southlake, TX, 76092	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 01/16/2025	Full name of contributor out-of-state PAC (ID# _____) Doug Burnside Contributor address; City; State; Zip Code 7210 Covewood, Garland, TX, 75044	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Perdue Brandon
Date 01/16/2025	Full name of contributor out-of-state PAC (ID# _____) Nancy Hollis Contributor address; City; State; Zip Code 1312 Meadow Ridge Ct, Southlake, TX, 76092	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/16/2025	Full name of contributor out-of-state PAC (ID# _____) Elena Fernandez Contributor address; City; State; Zip Code 2805 Carrington Dr, Mansfield, TX, 76063	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Perdue Brandon
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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Alexander R. Sexton		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2025	5 Full name of contributor out-of-state PAC (ID# _____) Carol Wingham 6 Contributor address; City; State; Zip Code PO Box 2166, Grapevine TX 76099	7 Amount of contribution (\$) 600.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
		
Date 01/21/2025	Full name of contributor out-of-state PAC (ID# _____) Christen O'hare Contributor address; City; State; Zip Code 1961 E. Highland St Southlake Texas 76092	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) None
Date 01/21/2025	Full name of contributor out-of-state PAC (ID# _____) Susan Brandt Contributor address; City; State; Zip Code 808 Victoria LN, Southlake Texas 76092	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions) NA
Date 01/23/2025	Full name of contributor out-of-state PAC (ID# _____) William Zimmerman Contributor address; City; State; Zip Code 1656 Creekside Dr	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Alexander R. Sexton		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2025	5 Full name of contributor Chaitanya Chelluri out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 1700 Water Lily Dr, Southlake, TX, 76092	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Housewife		9 Employer (See Instructions) none
Date 02/18/2025	Full name of contributor Robert Campanella out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 201 Manor Place, Southlake, TX, 76092	Amount of contribution (\$) 65.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 02/21/2025	Full name of contributor Renee Thomas out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 2113 Vail Road, Southlake, TX, 76092	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 01/21/2025	Full name of contributor Carl Alford out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code PO Box 92517, Southlake TX 76092-0517	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME Alexander R Sexton		3 Filer ID (Ethics Commission Filers)
4 Date 01/16/2025	5 Full name of contributor Jolyn Potenza out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code 1000 Independence Court, Southlake, TX, 76092	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Operations		9 Employer (See Instructions) SMG
Date 01/16/2025	Full name of contributor Deborah Walls out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 90 Trophy Club Dr #130, Trophy Club, TX, 76262	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Glacier Commercial
Date 01/18/2025	Full name of contributor Julie and Fred McCarty out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 1972 Casa Loma Ct, Grapevine, TX, 76051	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) RE		Employer (See Instructions) self
Date 01/21/2025	Full name of contributor Karleen Bischer out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code 812 Dominion Dr, Southlake, TX, 76092	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
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/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: 4		2 FILER NAME Alexander R. Sexton		3 Filer ID (Ethics Commission Filers)	
4 Date Various		5 Payee name Anedot			
6 Amount (\$) 147.90		7 Payee address: 1340 Poydras Street; Suite 1770		City: New Orleans	State: LA
				Zip Code 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payments		(b) Description BankFees		
	(c) Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 01/16/2025		Candidate / Officeholder name Ashton Sexton			
Amount (\$) 100.00		Payee address: 1004 Dominion Southlake Tx 76092		City: 	State:
				Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Guest hospitality driver for event		
	Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 02/05/2025		Candidate / Officeholder name Wix.com LTD			
Amount (\$) 188.35		Payee address: Yunitsman 5 Tel Aviv, Israel		City: 	State:
				Zip Code 	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website		
	Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense ☐				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name 					
Office sought 					
Office held 					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 4	2 FILER NAME Alexander R. Sexton	3 Filer ID (Ethics Commission Filers)
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4 Date 01/31/2025	5 Payee name Wix.com LTD
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6 Amount (\$) 20.94	7 Payee address; Yunitsman 5 Tel Aviv Israel	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Domain name
	(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
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Date 03/03/2025	Payee name Google.com
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Amount (\$) 7.68	Payee address; 1600 Amphitheatre Parkway, Mountain View, CA 94043	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description email
	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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Date 04/02/2025	Payee name Google.com
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Amount (\$) 8.95	Payee address; 1600 Amphitheatre Parkway, Mountain View, CA 94043	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other	Description email
	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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 4		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 05/02/2025		5 Payee name Google.com			
6 Amount (\$) 8.95		7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway, Mountain View, CA 94043			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other		(b) Description email		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 06/02/2025		Payee name Google.com			
Amount (\$) 8.95		Payee address; City; State; Zip Code 1600 Amphitheatre Parkway, Mountain View, CA 94043			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) other		Description email		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 04/28/2025		Payee name Trader Joes			
Amount (\$) 7.56		Payee address; City; State; Zip Code 1492 E Southlake Blvd, Southlake Tx 76092			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) gift		Description flowers-event		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> 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 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)

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1 Total pages Schedule F1: 4		2 FILER NAME Alexander R Sexton		3 Filer ID (Ethics Commission Filers)	
4 Date 01/22/2025		5 Payee name Andrew Yeager for CISD			
6 Amount (\$) 135.37		7 Payee address; City; State; Zip Code P.O. Box 93914, Southlake, TX 76092			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event		(b) Description food		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name Office sought Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name Office sought Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name Office sought Office held			
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 <u>ONLY</u> if direct expenditure to benefit C/OH					

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