2-50
Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election Code; Section 11.055, Texas Education Code
07/2025

APPLICATION FOR A PLACE ON THE BALLOT FOR A SPECIAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL[1] Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE Keller ISD Place 6 **SPECIAL ELECTION BALLOT**

TO: City Secretary/Secretary of Board (name of election)

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)
Keller ISD School Board Place 6

INDICATE TERM ☐ FULL ☒ UNEXPIRED

FULL NAME (First, Middle, Last)
Barbara Jo Brewer

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*
Barbara Brewer

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)
12340 Dogwood Springs Dr.

PUBLIC MAILING ADDRESS (Address for which you receive campaign related correspondence, if available.)

CITY	STATE	ZIP	CITY	STATE	ZIP
Fort Worth	Tx	76244			

PUBLIC EMAIL ADDRESS (Address for which you receive campaign related emails, if available.)

OCCUPATION (Do not leave blank)
Substitute teacher

DATE OF BIRTH [redacted]

VOTER REGISTRATION VUID NUMBER[2] (Optional)

TELEPHONE CONTACT INFORMATION (Optional)

Home: Office: Cell:

FELONY CONVICTION STATUS (You MUST check one)

☒ I have not been finally convicted of a felony.

☐ I have been finally convicted of a felony, but I have been *pardoned or otherwise released from the resulting* disabilities of that felony conviction and I have provided proof of this fact with the submission of this application.[3]

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN

IN THE STATE OF TEXAS	IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED
43 year(s) ____ month(s)	14 year(s) ____ month(s)

This Box Must ONLY be Completed by Candidates for School District Board of Trustees

Check the Box Below:

☑ I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.

*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.

Before me, the undersigned authority, on this day personally appeared (name of candidate) Barbara Brewer, who being by me here and now duly sworn, upon oath says:

"I, (name of candidate) Barbara Brewer, of Tarrant County, Texas, being a candidate for the office of Keller ISD School Board Place 6, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all *things true and correct.*"

X [signature] SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this the 10th (day) day of August (month), 2026 (year), by Barbara Brewer (name of candidate).

Catherine Whited
Signature of Officer Authorized to Administer Oath[4]

Catherine Whited
Printed Name of Officer Authorized to Administer Oath

notary
Title of Officer Authorized to Administer Oath

CATHERINE WHITED
My Notary ID # 6447598
Expires June 17, 2030

TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:

☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE.

This document and $ N/A filing fee or a nominating petition of 1 pages received. ☑ **Voter Registration Status Verified**

8/10/2026 Date Received | 8/10/2026 Date Accepted | **(See Section 1.007)** Signature of Filing Officer or Designee

2-49
Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election Code; Section 11.055, Texas Education Code
07/2025

APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL[1] Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE Keller ISD School Board GENERAL ELECTION BALLOT

TO: City Secretary/Secretary of Board (name of election)

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.): Keller ISD School Board Trustee Place 6

INDICATE TERM: ☐ FULL ☒ UNEXPIRED

FULL NAME (First, Middle, Last): Barbara Jo Brewer

PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT*: Barbara Brewer

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.): 12340 Dogwood Springs Dr.

PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.)

CITY	STATE	ZIP	CITY	STATE	ZIP
Fort Worth	Tx	76244			

PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)

OCCUPATION (Do not leave blank): Substitute Teacher

DATE OF BIRTH: [redacted]

VOTER REGISTRATION VUID NUMBER[2] (Optional)

TELEPHONE CONTACT INFORMATION (Optional)

Home: Office: Cell:

FELONY CONVICTION STATUS (You MUST check one)

☒ I have not been finally convicted of a felony.

☐ I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application.[3]

LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN

IN THE STATE OF TEXAS	IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED
40 year(s) ____ month(s)	14 year(s) ____ month(s)

This Box Must ONLY be Completed by Candidates for School District Board of Trustees

Check the Box Below:

☒ I am aware that I am not eligible to serve as a trustee of an independent school district if I am required to register as a sex offender under Chapter 62, Code of Criminal Procedure.

*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.

Before me, the undersigned authority, on this day personally appeared (name of candidate) Barbara Brewer who being by me here and now duly sworn, upon oath says:

"I, (name of candidate) Barbara Brewer, of Tarrant County, Texas, Being a candidate for the office of Keller ISD School Board Place 6 swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct.

X B. Br
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this the 23rd (day) day of July (month), 2026 (year), by Barbara Brewer (name of candidate).

Catherine Whited
Signature of Officer Authorized to Administer Oath[4]

Catherine Whited
Printed Name of Officer Authorized to Administer Oath

Notary
Title of Officer Authorized to Administer Oath

CATHERINE WHITED
My Notary ID # 6447598
Expires June 17, 2030
Notarial or Official Seal

TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:

☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE.

This document and $ N/A filing fee or a nominating petition of 1 pages received. ☑ **Voter Registration Status Verified**

07/23/26 Date Received

07/23/26 Date Accepted

(See Section 1.007)

Catherine Whited
Signature of Filing Officer or Designee

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

B. Bu
Signature

7-23-26
Date

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

OFFICE USE ONLY

Filer ID #:

Date Received: 6/25/2026

C Whited

Date Hand-delivered or Postmarked: hand delivery

Receipt #: N/A Amount $: N/A

Date Processed: 6/25/2026

Date Imaged: 6/25/2026

2 CANDIDATE NAME	MS / MRS / MR: Mrs; FIRST: Barbara; MI: J; NICKNAME: ; LAST: Brewer; SUFFIX:	
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: 12340 Dogwood Springs Dr.; APT / SUITE #: ; CITY: Fort Worth; STATE: TX; ZIP CODE: 76244	
4 CANDIDATE PHONE	AREA CODE: (817); PHONE NUMBER: 897-4460; EXTENSION:	
5 OFFICE HELD (if any)		
6 OFFICE SOUGHT (if known)	Keller ISD Place 6	
7 CAMPAIGN TREASURER NAME	MS/MRS/MR: Mrs; FIRST: Jennifer; MI: ; NICKNAME: ; LAST: Samuels; SUFFIX:	
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS: 9904 Eddleman Ct.; APT / SUITE #: ; CITY: Fort Worth; STATE: TX; ZIP CODE: 76244	
9 CAMPAIGN TREASURER PHONE	AREA CODE: (817); PHONE NUMBER: 741-4515; EXTENSION:	

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

B. Brewer
Signature of Candidate

6-25-26
Date Signed

GO TO PAGE 2

CANDIDATE MODIFIED REPORTING DECLARATION

11 CANDIDATE NAME	
12 MODIFIED REPORTING DECLARATION	**COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING**

•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than $1,140 in political contributions or make more than $1,140 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2026
Year of election(s) or election cycle to which declaration applies

B. Bu
Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

For more information about where to file go to:
https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

AMENDMENT: APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM ACTA
PG 1

1 CANDIDATE NAME	2 FILER ID #	3 Total pages filed:
Barbara Brewer		

See ACTA Instruction Guide for detailed instructions.
Use this form for changes to existing information *only*. Do not provide information previously disclosed.

4 CANDIDATE NAME
NEW | MS / MRS / MR: Mrs. | FIRST: Barbara | MI:
NICKNAME: | LAST: Brewer | SUFFIX:

5 CANDIDATE MAILING ADDRESS
NEW | ADDRESS / PO BOX: 12340 Dogwood Springs Dr. | APT / SUITE #: | CITY: Fort Worth, | STATE: Tx | ZIP CODE 76244

6 CANDIDATE PHONE
NEW | AREA CODE: (817) | PHONE NUMBER: 897-4460 | EXTENSION:

7 OFFICE HELD (if any)
NEW

8 OFFICE SOUGHT (if known)
NEW | Keller ISD Place 6

9 CAMPAIGN TREASURER NAME
NEW | MS / MRS / MR: Mrs | FIRST: Barbara | MI: | NICKNAME: | LAST: Brewer | SUFFIX:

10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)
NEW | STREET ADDRESS: 12340 Dogwood Springs Dr. | APT / SUITE #: | CITY: Fortworth, | STATE: Tx | ZIP CODE 76244

11 CAMPAIGN TREASURER PHONE
NEW | AREA CODE: (817) | PHONE NUMBER: 897-4460 | EXTENSION:

12 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

B. Br
Signature of Candidate

9.14.2026
Date Signed

OFFICE USE ONLY

Date Received	
Date Hand-delivered or Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

GO TO PAGE 2

AMENDMENT:

CANDIDATE MODIFIED REPORTING DECLARATION

13 CANDIDATE NAME	
14 *MODIFIED* REPORTING DECLARATION	NEW

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••

•• The modified reporting option is valid for one election cycle only. ••
(An election cycle includes a primary election, a general election, and any related runoffs.)

•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than $1,140 in political contributions or make more than $1,140 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2026
Year of election(s) or election cycle to which declaration applies

B. B
Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

For more information about where to file go to:
https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

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: 11

OFFICE USE ONLY

Date Received: 10/05/26

Date Hand Delivered or Date Postmarked:

Receipt #: | Amount $:

Date Processed: 10/05/26

Date Imaged: 10/05/26

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mrs	Barbara	

NICKNAME	LAST	SUFFIX
	Brewer	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
12340 Dogwood Springs Dr		Fort Worth	TX	76244

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(817)	897-4460	

6 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Mrs	Barbara	

NICKNAME	LAST	SUFFIX
	Brewer	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE
12340 Dogwood Springs Dr		Fort Worth	TX	76244

8 CAMPAIGN TREASURER PHONE

AREA CODE	PHONE NUMBER	EXTENSION
(817)	897-4460	

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
06	25	2026	THROUGH	09	24	2026

11 ELECTION

ELECTION DATE

Month	Day	Year
11	03	2026

ELECTION TYPE

☐ Primary ☐ Runoff ☐ Other Description

☐ General ☑ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): Keller ISD Board of Trustees, Place 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: ☐ 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	Barbara Brewer		**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)	$ 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 593.99
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 852.23
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 569.46
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.

_____
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 Barbara Brewer, and my date of birth is [redacted].

My address is 12340 Dogwood Springs, Fort Worth, Tx, 76244, US
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 5th day of Oct (month), 20 26 (year).

B. Brewer
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
Barbara Brewer	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 593.99
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	$ 19.13
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	☑	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 416.55
9.	☑	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 416.55
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☑	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$125.40
12.	☑	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$ 125.40

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: 1

2 FILER NAME: Barbara Brewer

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor / out-of-state PAC (ID#:)	6 Contributor address / City / State / Zip Code	7 Amount of contribution ($)
07/26/2026	Angela Hall	4116 Bolen St, Fort Worth, TX 76244	$26.25

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address / City / State / Zip Code	Amount of contribution ($)
07/26/2026	Jennifer Samuels	9904 Eddleman Court, Fort Worth, TX 76244	$26.25

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address / City / State / Zip Code	Amount of contribution ($)
07/26/2026	Pelagic Partners, LLC	3938 Stedman Trail, Keller, TX 76244	$26.25

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor / out-of-state PAC (ID#:)	Contributor address / City / State / Zip Code	Amount of contribution ($)
08/01/2026	Scott Beadle	4108 Twin Creeks Drive, Fort Worth, TX 76244	$515.24

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.

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)
1	Barbara Brewer	

4 Date	5 Payee name
08/01/2026	PayPal

6 Amount (S)	7 Payee address:	City:	State:	Zip Code
$19.13	2211 N 1st St	San Jose	CA	95131
	☐ Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	fees	Processing fees for electronic campaign contributions
	(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
	☐ Check if individual's residence address.			

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
	☐ Check if individual's residence address.			

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

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	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	2 FILER NAME: Barbara Brewer	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$

5 CREDIT CARD ISSUER — Name of financial institution: JPMorgan Chase Bank, N.A.

6 PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$269.55	07/24/2026	09/21/2026

7 PAYEE

(a) Payee name:

(b) Payee address; City, State, Zip Code: 3200 South Cravens Road Fort Wort

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

☑ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: 50 campaign yard signs with stakes

(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	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ $49.00	07/17/2026	09/21/2026

PAYEE

(a) Payee name: Campaign Partner

(b) Payee address; City, State, Zip Code: PO Box 118 Still River, MA 01467

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

☑ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Campaign website subscription

(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
$ 49.00	08/17/26	09/21/2026

PAYEE

(a) Payee name: Campaign Partner

(b) Payee address; City, State, Zip Code: PO Box 118 Still River, MA 01467

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

☑ Political ☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Campaign website subscription

(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

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	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	2 FILER NAME: Barbara Brewer	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$

5 CREDIT CARD ISSUER

Name of financial institution: JPMorgan Chase Bank, N.A.

6 PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 49.00	09/17/2026	09/21/2026

7 PAYEE

(a) Payee name: Campaign Partner

(b) Payee address; City, State, Zip Code: PO Box 118, Still River, MA 01467

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

☑ Political
☐ Non-Political

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: Campaign website subscription

(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	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$		

PAYEE

(a) Payee name | (b) Payee address; City, State, Zip Code

☐ Check if individual's residence address.

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

☐ Check if individual's residence address.

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

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 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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	Barbara Brewer	

4 Date	5 Payee name
09/21/2026	JPMorgan Chase Bank, N.A.

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
416.55	P.O. Box 1423	Charlotte	NC	28201-1423

☐ Reimbursement from political contributions intended

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Credit Card Payment	Payment of personal credit card for campaign-related expenditures

(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

☐ Check if individual's residence address.

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

☐ Check if individual's residence address.

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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1	Barbara Brewer		
4 Date 09/01/2026	**5** Payee name FFW Buyer LLC		
6 Amount ($) 125.40	**7** Payee address;	City	State Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Other – Personal Expense	(b) Description (See instructions regarding type of information required.) Personal purchase inadvertently charged to campaign PayPal account; funds restored by candidate on 09/21/2026.	
Date	Payee name		
Amount ($)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount ($)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount ($)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 K: 1

2 FILER NAME: Barbara Brewer

3 Filer ID (Ethics Commission Filers):

4 Date	5 Name of person from whom amount is received	8 Amount ($)
09/21/2026	Barbara Brewer	125.40
	6 Address of person from whom amount is received; City; State; Zip Code: 12340 Dogwood Springs Dr Fort Worth TX 76244	
	7 Purpose for which amount is received: Reimbursement of inadvertent personal purchase charged to campaign account on 09/01/2026 ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

Date	Name of person from whom amount is received	Amount ($)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received ☐ Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

***Beginning on January 1, 2026, a** candidate or officeholder who has accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in any calendar year must file all subsequent reports electronically.*

OFFICE USE ONLY	
Date Received	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount $
Date Processed	
Date Imaged	

Filer name: Barbara Brewer Filer ID #:

1. I swear or affirm that I have not accepted more than $34,890 in political contributions or made more than $34,890 in political expenditures in a calendar year.
2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds $34,890 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
5. I am filing this affidavit with the 30th report due on Oct. 5th 2026. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

_____
Signature of Filer

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 Barbara Brewer, and my date of birth is [redacted].

My address is 12340 Dogwood Springs Dr. (street) Fort Worth (city) Tx (state) 76244 (zip code) US (country).

Executed in Tarrant County, State of Texas, on the 5th day of Oct (month), 20 26 (year).

B. Brewer
Signature of Filer (Declarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs | FIRST: Barbara | MI: J

NICKNAME | LAST: Brewer | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

12340 Dogwood Springs Dr | Fort Worth | TX | 76244

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(817) 897-4460

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs | FIRST: Barbara | MI: J

NICKNAME | LAST: Brewer | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

12340 Dogwood Springs Dr | Fort Worth | TX | 76244

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

(817) 897-4460

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: 09 / 25 / 2026 THROUGH 10 / 24 / 2026

11 ELECTION

ELECTION DATE: Month / Day / Year: 11 / 03 / 2026

ELECTION TYPE

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☑ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known): Keller ISD School Board Trustee Place 6

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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.

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 Barbara Brewer		**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)	$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 251.99
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4. TOTAL POLITICAL EXPENDITURES	$562.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 313.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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 Barbara Brewer, and my date of birth is 10/23/1978.

My address is 12340 Dogwood Springs Dr (street), Fort Worth (city), TX (state), 76244 (zip code), US (country).

Executed in Tarrant County, State of Texas, on the 26 day of October (month), 20 26 (year).

B. Brewer

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME	**20** Filer ID (Ethics Commission Filers)
Barbara Brewer	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☑	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$251.99
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$0
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$0
4.	☐	SCHEDULE E: LOANS	$0
5.	☑	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$513.60
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$0
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$0
8.	☑	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$49
9.	☐	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 0
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$0
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$0
12.	☐	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	$0

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: 1

2 FILER NAME: Barbara Brewer

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
10/11/2026	Gramps' Bakehaus	$200.00
	6 Contributor address; City; State; Zip Code: 12332 Silver Maple Dr Fort Worth TX 76244	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
10/11/2026	Denise Marroquin	51.99
	Contributor address; City; State; Zip Code: 5058 Postwood Dr Fort Worth TX 76244	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	

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.

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: 1

2 FILER NAME: Barbara Brewer

3 Filer ID (Ethics Commission Filers):

4 Date: 09/29/2026

5 Payee name: Craftmark

6 Amount ($): $461.50

7 Payee address; City; State; Zip Code: 3212 S Cravens Rd; Fort Worth; TX; 76119

☐ Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising Expense

(b) Description: 50 18×24 double-sided yard signs
5 48×48 double-sided signs, 50 stakes

(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: 10/15/2026

Payee name: Canva

Amount ($): 43.84

Payee address; City; State; Zip Code: 3212 E. Cesar Chavez Street, Building 1, Suite 1300; Austin; TX; 78702

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising Expense

Description: Campaign graphic design/materials

☐ 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: 10/11/2026

Payee name: PayPal

Amount ($): 8.26

Payee address; City; State; Zip Code: 221 I N Ist St; San Jose; CA; 95131

☐ Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Fees

Description: Processing fees for two campaign contributions

☐ 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/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. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME: Barbara Brewer	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$
5 CREDIT CARD ISSUER	Name of financial institution: JPMorgan Chase Bank, N.A.	

6 PAYMENT	(a) Amount Charged: $ 49	(b) Date Expenditure Charged: 10/17/2026	(c) Date(s) Credit Card Issuer Paid:
7 PAYEE	(a) Payee name: Campaign Partner	(b) Payee address; City, State, Zip Code: PO Box 118 Still River, MA 01467 ☐ Check if individual's residence address.	
8 PURPOSE OF EXPENDITURE ☑ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): Advertising Expense	(b) Description: Campaign website subscription	
	(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: $	(b) Date Expenditure Charged:	(c) Date(s) Credit Card Issuer Paid:
PAYEE	(a) Payee name:	(b) Payee address; City, State, Zip Code: ☐ Check if individual's residence address.	
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: ☐ Check if individual's residence address.	
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED