

# 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  
**MRS. PATRICIA**  
 NICKNAME LAST SUFFIX  
**TRISH BURWELL**

OFFICE USE ONLY

Date Received

**RECEIVED**  
10/6/25 aw

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

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

[REDACTED]

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

[REDACTED]

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
**MRS. DARLYNN**  
 NICKNAME LAST SUFFIX  
**CARTER**

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

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

[REDACTED]

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

( 209 ) 470-4987

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  
 7 / 1 / 25    THROUGH    9 / 25 / 25

11 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     Other Description  
 11 / 4 / 25     General     Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

MAYOR PLACE 1

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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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**FORM C/OH  
COVER SHEET PG 2**

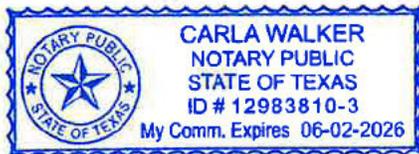
<b>16 C/OH NAME</b> PATRICIA BURWELL		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,700.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,230.01
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,331.91
<b>OUTSTANDING LOAN TOTALS</b>	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 Trish Burwell this the 6<sup>th</sup> day of October, 2025, to certify which, witness my hand and seal of office.

Carla Walker                      Carla Walker                      Notary  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

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

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

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**RECEIVED**  
 10/6/25 CW  
 FORM C/OH  
 COVER SHEET PG 3

<b>19</b> FILER NAME PATRICIA BURWELL	<b>20</b> Filer ID (Ethics Commission Filers)
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,700.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,366.09
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,863.92
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	\$

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# 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: 3
2 FILER NAME PATRICIA BURWELL		3 Filer ID (Ethics Commission Filers)
4 Date 08/26/2025	5 Full name of contributor out-of-state PAC (ID#: _____) LEE OVERSTREET	7 Amount of contribution (\$) <b>250.00</b>
	6 Contributor address; City; State; Zip Code [REDACTED] GRANBURY TEXAS 76049	
8 Principal occupation / Job title (See Instructions) REALTOR		9 Employer (See Instructions) WINSTON PROPERTIES
Date 09/04/2025	Full name of contributor out-of-state PAC (ID#: _____) JAN CALDWELL HULETT	Amount of contribution (\$) <b>100.00</b>
	Contributor address; City; State; Zip Code [REDACTED] GRANBURY TEXAS 76048	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/04/2025	Full name of contributor out-of-state PAC (ID#: _____) GARY OVERDIER	Amount of contribution (\$) <b>500.00</b>
	Contributor address; City; State; Zip Code [REDACTED] GRANBURY TEXAS 76048	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 09/04/2025	Full name of contributor out-of-state PAC (ID#: _____) CAROL HOEFS	Amount of contribution (\$) <b>200.00</b>
	Contributor address; City; State; Zip Code [REDACTED] GRANBURY TEXAS 76049	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>3</b>
<b>2</b> FILER NAME <b>PATRICIA BURWELL</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/04/2025</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>MORRIS SCOTT</b>	<b>7</b> Amount of contribution (\$)  <b>300.00</b>
	<b>6</b> Contributor address; City; State; Zip Code [REDACTED] GRANBURY TEXAS 76049	
<b>8</b> Principal occupation / Job title (See Instructions) <b>RETIRED</b>		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>09/04/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>GARY MILLER</b>	<b>Amount of contribution (\$)</b>  <b>50.00</b>
	<b>Contributor address; City; State; Zip Code</b> [REDACTED] GRANBURY TEXAS 76048	
<b>Principal occupation / Job title (See Instructions)</b> <b>RETIRED</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>09/04/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>BARBARA HERRINGTON</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
	<b>Contributor address; City; State; Zip Code</b> [REDACTED] GRANBURY TEXAS 76049	
<b>Principal occupation / Job title (See Instructions)</b> <b>RETIRED</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>09/04/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>LAURA LIFE</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
	<b>Contributor address; City; State; Zip Code</b> [REDACTED] GRANBURY TEXAS 76048	
<b>Principal occupation / Job title (See Instructions)</b> <b>REALTOR</b>		<b>Employer (See Instructions)</b> <b>WINSTON PROPERTIES</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**MONETARY POLITICAL CONTRIBUTIONS**

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<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: <b>3</b>
<b>2</b> FILER NAME <b>PATRICIA BURWELL</b>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>08/12/2025</b>	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) <b>STEVEN VALE</b> <hr/> <b>6</b> Contributor address; City; State; Zip Code [REDACTED]	<b>7</b> Amount of contribution (\$)  <b>250.00</b>
<b>8</b> Principal occupation / Job title (See Instructions) <b>RETIRED</b>		<b>9</b> Employer (See Instructions)
<b>Date</b> <b>09/04/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>JOHN LUTON</b> <hr/> <b>Contributor address; City; State; Zip Code</b> [REDACTED] <b>GRANBURY TEXAS 76049</b>	<b>Amount of contribution (\$)</b>  <b>250.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>RETIRED</b>		<b>Employer (See Instructions)</b>
<b>Date</b> <b>09/22/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>JAKE CARAWAY</b> <hr/> <b>Contributor address; City; State; Zip Code</b> [REDACTED] <b>GRANBURY TEXAS 76048</b>	<b>Amount of contribution (\$)</b>  <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b> <b>SENIOR EVP LOAN OFFICER</b>		<b>Employer (See Instructions)</b> <b>FIRST NATIONAL BANK GRANBURY</b>
<b>Date</b> <b>09/22/2025</b>	<b>Full name of contributor</b> out-of-state PAC (ID#: _____) <b>PHILLIP MATTHEWS</b> <hr/> <b>Contributor address; City; State; Zip Code</b> [REDACTED] <b>GRANBURY TEXAS 76048</b>	<b>Amount of contribution (\$)</b>  <b>100.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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**RECEIVED**  
 10/25/25  
 SCHEDULE F 1

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

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

**EXPENDITURE CATEGORIES FOR BOX 8(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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1	<b>2</b> FILER NAME PATRICIA BURWELL	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 09/25/2025	<b>5</b> Payee name AMAZON
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<b>6</b> Amount (\$) 49.77	<b>7</b> Payee address; 410 TERRY AVE N SEATTLE WASHINGTON 98108-1226	City;	State;	Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description LAPEL BUTTONS
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name TRISH BURWELL	Office sought MAYOR PLACE 1	Office held
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Date 09/25/2025	Payee name SIGNS ON THE CHEAP
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Amount (\$) 1,316.32	Payee address; 11525-B STONEHOLLOW DR # 220 AUSTIN TX 78758.	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description YARD AND LARGE SIGNS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS



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

## EXPENDITURE CATEGORIES FOR BOX 8(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <b>3</b>	<b>2</b> FILER NAME <b>PATRICIA BURWELL</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>09/01/2025</b>	<b>5</b> Payee name <b>AMAZON</b>	
<b>6</b> Amount (\$) <b>114.71</b> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code <b>410 TERRY AVE N SEATTLE WASHINGTON 98108-1226</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>LAPEL BUTTONS</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> <small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name <b>TRISH BURWELL</b>	Office sought <b>MAYOR PLACE 1</b>
Date <b>09/14/2025</b>	Payee name <b>STAPLES</b>	
Amount (\$) <b>212.68</b> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>301 US-377 N STE 112 GRANBURY TEXAS 76048</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>RACK CARDS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name <b>TRISH BURWELL</b>	Office sought <b>MAYOR PLACE 1</b>
Date <b>09/02/2025</b>	Payee name <b>FUNDHERO</b>	
Amount (\$) <b>81.49</b> <small>Reimbursement from political contributions intended</small> <input checked="" type="checkbox"/>	Payee address; City; State; Zip Code <b>243 E 400 S SALT LAKE CITY UTAH 84110</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>SOLICITATION/FUNDRAISING EXPENSE</b>	Description <b>ONLINE PORTAL FOR ELECTRONIC DONATIONS</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>	Candidate / Officeholder name <b>TRISH BURWELL</b>	Office sought <b>MAYOR PLACE 1</b>

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS



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

## EXPENDITURE CATEGORIES FOR BOX 8(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME PATRICIA BURWELL	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 09/04/2025	<b>5</b> Payee name WARREN'S BACKYARD	
<b>6</b> Amount (\$) 200.00 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; City; State; Zip Code 2901 WEATHERFORD HWY GRANBURY TX 76049	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) EVENT EXPENSE	<b>(b)</b> Description VENUE FOR MEET & GREET
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name TRISH BURWELL	Office sought / Office held MAYOR PLACE 1
Date 08/23/2025	Payee name HOOD COUNTY NEWS	
Amount (\$) 254.75 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code PO BOX 879 GRANBURY TEXAS 76048	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description NEWSPAPER AD
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name TRISH BURWELL	Office sought / Office held MAYOR PLACE 1
Date 08/30/2025	Payee name HOOD COUNTY NEWS	
Amount (\$) 950.00 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code PO BOX 879 GRANBURY TEXAS 76048	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description NEWSPAPER AD
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name TRISH BURWELL	Office sought / Office held MAYOR PLACE 1

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS



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## EXPENDITURE CATEGORIES FOR BOX 8(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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME PATRICIA BURWELL	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 09/06/2025	<b>5</b> Payee name HOOD COUNTY NEWS
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<b>6</b> Amount (\$) 141.00 <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; PO BOX 879 GRANBURY TEXAS 76048 City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description FACEBOOK AD
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TRISH BURWELL	Office sought MAYOR PLACE 1	Office held
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Date 08/21/2025	Payee name SIGNS ON THE CHEAP
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Amount (\$) 1,383.44 <small>Reimbursement from political contributions intended</small>	Payee address; 11525-B STONEHOLLOW DR # 220 AUSTIN TX 78758. City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description YARD SIGNS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TRISH BURWELL	Office sought MAYOR PLACE 1	Office held
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Date 09/01/2025	Payee name SIGNS ON THE CHEAP
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Amount (\$) 525.85 <small>Reimbursement from political contributions intended</small>	Payee address; 11525-B STONEHOLLOW DR # 220 AUSTIN TX 78758. City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description YARD SIGNS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name TRISH BURWELL	Office sought MAYOR PLACE 1	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>4</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS/MRS / MR                      FIRST                      MI <b>JAMES</b> <b>T</b>	<b>OFFICE USE ONLY</b>	
	NICKNAME                      LAST                      SUFFIX <b>Jim</b> <b>JARRATT</b>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE [REDACTED]		<b>RECEIVED</b> 10/6/25 uw
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION [REDACTED]		Date Received
<b>6 CAMPAIGN TREASURER NAME</b>	<del>MS/MRS / MR</del> FIRST                      MI <b>JAMES</b> <b>T</b>	Date Hand-delivered or Date Postmarked	
	NICKNAME                      LAST                      SUFFIX <b>Jim</b> <b>JARRATT</b>		
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE [REDACTED]		Receipt #                      Amount \$
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION [REDACTED]		Date Processed
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      Month                      Day                      Year <b>07/15/2025</b> THROUGH <b>10/01/2025</b>		
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year <b>11/04/2025</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>Mayor - City of Granbury</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>Mayor City of Granbury</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

**GO TO PAGE 2**

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME James T. JARRATT 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)	\$ $\phi$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ $\phi$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 15,976.25
	4. TOTAL POLITICAL EXPENDITURES	\$ 15,976.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ $\phi$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ $\phi$

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.

James T. Jarratt  
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 James T. JARRATT and my date of birth is \_\_\_\_\_  
My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in Hood County, State of TEXAS, on the 22 day of July, 2025  
(month) (year)

James T. Jarratt  
Signature of Candidate/Officeholder (Declarant)

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FORM C/OH  
COVER SHEET PG 3

### SUBTOTALS - C/OH

19 FILER NAME <i>James I. Garratt</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	1,500.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4. SCHEDULE E: LOANS	\$	0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
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	\$	0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	15,976.25
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

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <b>1</b>	
2 FILER NAME <b>Jim Harvati</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>1500<sup>00</sup></b>	
5 Date <b>9-17-25</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Tom Hamilton Ike Thomas Maurice Walton</b>	8 Amount of Contribution \$ <b>1500.00</b>	9 In-kind contribution description <b>kick off event Food - drinks Set up</b>
7 Contributor address; City; State; Zip Code <b>Valley Cranbury TX 76048</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>NA</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>NA</b>	
12 Contributor's principal occupation (FOR JUDICIAL) <b>NA</b>		13 Contributor's job title (FOR JUDICIAL)(See Instructions) <b>NA</b>	
14 Contributor's employer/law firm (FOR JUDICIAL) <b>NA</b>		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) <b>NA</b>	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) <b>NA</b>			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

**RECEIVED**  
10/16/25 CWI  
**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<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
|---|---|--|---|
- The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <p style="text-align: center;">3</p>	<b>2</b> FILER NAME <p style="text-align: center;">James T. Farwell</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <p style="text-align: center;">9-20-25</p>	<b>5</b> Payee name <p style="text-align: center;">UPS store</p>	
<b>6</b> Amount (\$) <p style="text-align: center;">395.07 Reimbursement from political contributions intended</p>	<b>7</b> Payee address; <p style="text-align: center;">1130 E Hwy 377</p>	City; State; Zip Code <p style="text-align: center;">Granbury TX 76048</p>
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align: center;">Advertising</p>	<b>(b)</b> Description <p style="text-align: center;">mailers</p>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
<b>Date</b> <p style="text-align: center;">8-25-20</p>	<b>Payee name</b> <p style="text-align: center;">Hood County News</p>	
<b>Amount (\$)</b> <p style="text-align: center;">475.00 Reimbursement from political contributions intended</p>	<b>Payee address;</b> <p style="text-align: center;">1501 Morgan St</p>	City; State; Zip Code <p style="text-align: center;">Granbury, Tx 76048</p>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <p style="text-align: center;">Newspaper Advertising</p>	<b>Description</b> <p style="text-align: center;">Newspaper Ad</p>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>
<b>Date</b> <p style="text-align: center;">9-10-2025</p>	<b>Payee name</b> <p style="text-align: center;">817 Print</p>	
<b>Amount (\$)</b> <p style="text-align: center;">193.06 Reimbursement from political contributions intended</p>	<b>Payee address;</b> <p style="text-align: center;">2116 E Hwy 377 St</p>	City; State; Zip Code <p style="text-align: center;">Granbury TX 76048</p>
<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) <p style="text-align: center;">Advertising</p>	<b>Description</b> <p style="text-align: center;">Cards &amp; Signs</p>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float: right;">Office held</span>

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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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10/6/25 CW/D

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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
3	James T. Jarratt	
<b>4</b> Date	<b>5</b> Payee name	
07-03-2025	Hood County News	
<b>6</b> Amount (\$)	<b>7</b> Payee address;	City; State; Zip Code
\$12,674.60 <small>Reimbursement from political contributions intended</small>	1501 Morgan St	Granbury, TX 76048
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	Advertising Expense	Newspaper Ads
<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date	Payee name	
9/12/2025	817 Print	
Amount (\$)	Payee address;	City; State; Zip Code
352.82 <small>Reimbursement from political contributions intended</small>	2116 E.V.S. Hwy 377	Granbury TX 76048
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Advertising Exp.	Cards
Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		

Date	Payee name	
9-17-25	817 Print	
Amount (\$)	Payee address;	City; State; Zip Code
352.61 <small>Reimbursement from political contributions intended</small>	2116 E. Hwy 377	Granbury TX 76048
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Advertising	Signs
Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED  
7/16/25 CW

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                        | 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 3	<b>2</b> FILER NAME Jim Jarratt	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9-29-25	<b>5</b> Payee name 817 Print	
<b>6</b> Amount (\$) 1,533.09 Reimbursement from political contributions intended	<b>7</b> Payee address; 2116 E-Hwy 377	City; State; Zip Code Crawley TX 76048
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 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: **1**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Mr David W  
NICKNAME LAST SUFFIX  
Farris

OFFICE USE ONLY

Date Received

**RECEIVED**  
Arlene Sw

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #, CITY, STATE, ZIP CODE

[REDACTED]

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 603 ) 479-7055

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Mrs Janet K  
NICKNAME LAST SUFFIX  
Farris

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

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

[REDACTED]

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 603 ) 479-7392

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  
7 / 23 / 25 THROUGH 9 / 25 / 20

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff Other  
Description  
11 / 4 / 20  General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council

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.

COMMITTEE TYPE	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

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9/29/25

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
David Farris

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)	\$ 33.42
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,571.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 211.85
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

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 David W Farris, and my date of birth is [REDACTED]

My address is 3500 Abes Landing Dr, Granbury, TX, 76019, USA  
(street) (city) (state) (zip code) (country)

Executed in Hood County, State of TX, on the 29 day of September, 2025  
(month) (year)

David W Farris  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**RECEIVED**  
9/29/25 (M)  
FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

David Farris

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 750.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 2,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,571.58
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 36.50
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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9/29/25 CW

# 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 David Farris		3 Filer ID (Ethics Commission Filers)
4 Date 08/20/2025	5 Full name of contributor out-of-state PAC (ID# _____) Marietta Harrell 6 Contributor address: City: State: Zip Code [REDACTED] Granbury, TX 76049	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self employed
Date 09/23/2025	Full name of contributor out-of-state PAC (ID# _____) Hood County Republican Club Contributor address: City: State: Zip Code [REDACTED] Granbury, TX 76049	Amount of contribution (\$) <b>250.00</b>
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 (\$)
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 (\$)
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.

RECEIVED  
9/29/25 CW

**LOANS**

**SCHEDULE E**

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 E: 1
2 FILER NAME David Farris		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 08/20/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ ) David Farris	9 Loan Amount (\$) 2,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code [REDACTED] Granbury, TX 76049	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**RECEIVED**  
 9/29/25 CW  
 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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME <b>David Farris</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>09/02/2025</b>	5 Payee name <b>Go Daddy</b>
-----------------------------	---------------------------------

6 Amount (\$) <b>213.77</b>	7 Payee address; City; State; Zip Code <b>100 S Mill Ave. Suite 1600, Tempe AZ 85281</b>
--------------------------------	---

8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Other</b>	(b) Description <b>Websites for campaign</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date <b>09/07/2025</b>	Payee name <b>Costco</b>
---------------------------	-----------------------------

Amount (\$) <b>96.95</b>	Payee address; City; State; Zip Code <b>310 Centerpoint RD, Weatherford, TX 76086</b>
-----------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Candy for potential voters</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date <b>09/14/2025</b>	Payee name <b>Signs on the Cheap</b>
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Amount (\$) <b>1,183.91</b>	Payee address; City; State; Zip Code <b>11525A Stonehollow Dr. Suite 120, Austin, TX 78758</b>
--------------------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Yard Signs to put in supporters yards</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED  
09/24/25  
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<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
|---|---|--|---|

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3</b>	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>09/15/2025</b>	5 Payee name <b>David Farris - Walmart</b>
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6 Amount (\$) <b>36.50</b>	7 Payee address; City; State; Zip Code <b>[REDACTED] Granbury TX 76049</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	(b) Description <b>Printing of preliminary signs for approval</b>
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
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Date <b>09/16/2025</b>	Payee name <b>Print Place</b>
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Amount (\$) <b>182.40</b>	Payee address; City; State; Zip Code <b>1130 Ave H East, Arlington, TX 76011</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>Push Cards to hand out when campaigning to voters</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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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Date <b>09/17/2025</b>	Payee name <b>Signs on the Cheap</b>
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Amount (\$) <b>392.62</b>	Payee address; City; State; Zip Code <b>11525A Stonehollow Dr. Suite 120, Austin, TX 78758</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>10 Large signs to put out on the road for advertising.</b>
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED  
9/29/25  
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                        | 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 3	<b>2</b> FILER NAME David Farris	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 09/17/2025	<b>5</b> Payee name Signs on the Cheap
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<b>6</b> Amount (\$) 72.80	<b>7</b> Payee address; City; State; Zip Code 11525A Stonehollow Dr. Suite 120, Austin, TX 78758
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): Printing Expense	(b) Description Business Cards to hand out when campaigning.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/25/2025	Payee name Signs on the Cheap
--------------------	----------------------------------

Amount (\$) 392.62	Payee address; City; State; Zip Code 11525A Stonehollow Dr. Suite 120, Austin, TX 78758
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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9/29/25 DW

# 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                        | 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            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: 1	<b>2</b> FILER NAME David Farris	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 09/15/2025	<b>5</b> Payee name Walmart
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<b>6</b> Amount (\$) 36.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address: 735 East US Hwy 377, Granbury, TX 76048 City: State: Zip Code
--	---

<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Preliminary Signs for approval
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)  Reimbursement from political contributions intended	Payee address:  City: State: Zip Code
--	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)  Reimbursement from political contributions intended	Payee address:  City: State: Zip Code
--	---

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# 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: <b>8</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <b>Angela</b>	MI <b>J</b>
	NICKNAME	LAST <b>Parker</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX:	APT / SUITE #:	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <b>Lisa</b>	MI <b>M.</b>
	NICKNAME	LAST <b>Grace</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY; STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit
10 PERIOD COVERED	Month	Day	Year
	<b>08</b>	<b>15</b>	<b>2025</b>
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year <b>11 / 04 / 2025</b>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
	<b>None</b>	<b>City Council, Place 2</b>	
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	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

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Date Received

RECEIVED

10/6/2025  
m.m.

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Date Hand-delivered or Date Postmarked

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Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

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10/6/2025

CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Angela Parker

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)	\$ 750.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 767.84
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,819.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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.

Angela Parker  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Angela Parker this the 6<sup>th</sup> day of October

20 25, to certify which, witness my hand and seal of office.

Gerrie Michelle Matlock Gerrie Michelle Matlock Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

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

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

Signature of Candidate/Officeholder (Declarant)

RECEIVED  
10/6/2025

**SUBTOTALS - C/OH**

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

19 FILER NAME <i>Angela Parker</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,300.00
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		\$ 1300.00
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		\$ 4403.24
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 9,519.38
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

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**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 Angela Parker		3 Filer ID (Ethics Commission Filers)
4 Date 9/8/25	5 Full name of contributor John H. Luton out-of-state PAC (ID# _____) 6 Contributor address: [Redacted] Granbury, TX 76049 City; State; Zip Code	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) None		9 Employer (See Instructions) None/Retired
Date 9/8/25	Full name of contributor G. Skip Overdier out-of-state PAC (ID# _____) Contributor address: [Redacted] Granbury, TX 76048 City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) None/Retired
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

RECEIVED  
10/6/2025

# 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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>Angela Parker</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>9/9/2025</b>	5 Payee name <b>Hood County News</b>
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6 Amount (\$) <b>1,300.00</b>	7 Payee address; <b>1501 S. Morgan St Granbury, TX 76048</b>	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Newspaper Ads</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Angela Parker</b>	Office sought <b>City Council, Place 2</b>	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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10/6/2025

# 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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: <b>1</b>	2 FILER NAME <b>Angela Parker</b>	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 CREDIT CARD ISSUER	Name of financial institution <b>American Express</b>	
6 PAYMENT	(a) Amount Charged <b>\$ 4,403.24</b>	(b) Date Expenditure Charged <b>09/15/2025</b>
7 PAYEE	(a) Payee name <b>Every Door Direct Mail</b>	(b) Payee address; City, State, Zip Code <b>4192 Innslake, VA 23060</b>
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Door Flyer and Mailing</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Angela Parker</b>	
	Office Sought <b>City Council, Place 2</b>	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> 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. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Office Sought	Office Held
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> 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. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	
	Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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10/6/2025

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>2</b>	2 FILER NAME <b>Angela Parker</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8/20/2025</b>	5 Payee name <b>Hood County News</b>
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6 Amount (\$) <b>2075.00</b> <small>Reimbursement from political contributions intended</small>	7 Payee address: <b>1501 S. Morgan St Granbury, TX 76048</b>	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Newspaper Ads</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Angela Parker</b>	Office sought <b>City Council, Place 2</b>	Office held
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Date <b>8/29/2025</b>	Payee name <b>817 Print</b>
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Amount (\$) <b>4145.51</b> <small>Reimbursement from political contributions intended</small>	Payee address: <b>211 M&amp;M Ranch Rd, #110 Granbury, TX 76049</b>	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Yard Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Angela Parker</b>	Office sought <b>City Council, Place 2</b>	Office held
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Date <b>9/20/2025</b>	Payee name <b>Integrity Improvement</b>
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Amount (\$) <b>782.16</b> <small>Reimbursement from political contributions intended</small>	Payee address: <b>1516 Hayloft Granbury, TX 76048</b>	City:	State:	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Transportation Equipment</b>	Description <b>Transport &amp; Erect Signs</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Angela Parker</b>	Office sought <b>City Council, Place 2</b>	Office held
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**POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

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**EXPENDITURE CATEGORIES FOR BOX 8(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         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: <i>2</i>	<b>2</b> FILER NAME <i>Angela Parker</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>9/26/2025</i>	<b>5</b> Payee name <i>Forward Training Center</i>	
<b>6</b> Amount (\$) <i>500.00</i> <small>Reimbursement from political contributions intended</small>	<b>7</b> Payee address; <i>600 W. Pearl St</i> <i>Granbury, TX 76048</i>	City:                      State:                      Zip Code
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	<b>(b)</b> Description <i>Advertising at Event</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.                      Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Angela Parker</i>	Office sought                      Office held <i>City Council, Place 2</i>
Date <i>9/9/2025</i>	Payee name <i>Cowboy Symposium</i>	
Amount (\$) <i>1,000.00</i> <small>Reimbursement from political contributions intended</small>	Payee address; <i>3608 Tin Top Hwy</i> <i>Granbury, TX 76048</i>	City:                      State:                      Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	Description <i>Advertising at Event</i>
	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 <i>Angela Parker</i>	Office sought                      Office held <i>City Council, Place 2</i>
Date <i>9/9/2025</i>	Payee name <i>817 Print</i>	
Amount (\$) <i>248.81</i> <small>Reimbursement from political contributions intended</small>	Payee address; <i>211 M+m Ranch Rd #110</i> <i>Granbury, TX 76048</i>	City:                      State:                      Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Political Buttons</i>
	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 <i>Angela Parker</i>	Office sought                      Office held <i>City Council, Place 2</i>

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