CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Suide explains how | to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | | |
|---|--|---|---|-------------------------------------|-------|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR | FIRST SHEILA | MI | OFFICE USE ONLY | | | | |
| NAME | NICKNAME | LAST TAYLOR | SUFFIX | Date Received | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | APT / SUITE #; HWOOD DRIVE VILLAGE, TEXAS | CITY; STATE; ZIP CODE | APR 3 2025 | | | | |
| Change of Address | | | | LISD / Supt Ofc | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (214) | 288-9176 | EXTENSION | Date Hand-delivered or Date Postmar | rked | | | |
| 6 CAMPAIGN TREASURER | MS / MRS / MR | FIRST SUSAN | MI | Receipt # Amount \$ | | | | |
| NAME | NICKNAME | LAST | SUFFIX | Date Processed | | | | |
| | NOWWIE | GOWAN | 33.1. | Date Imaged | | | | |
| 7 CAMPAIGN TREASURER ADDRESS | 1 | NO PO BOX PLEASE); APT / S ETT DRIVE FLOW | SUITE #; CITY; VER MOUND TX 75028 | STATE; ZIP CODE | | | | |
| (Residence or Business) | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | (817) | 291-2948 | EXTENSION | | | | | |
| 9 REPORT TYPE | 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 | | | | |
| COVERED | 2 | / 28 / 25 | THROUGH 3 | / 30 / 25 | | | | |
| 11 ELECTION | ELECTION DA | TE | ELECTION TYPE | | | | | |
| | Month Day Year Primary Runoff Other Description | | | | | | | |
| | 5 / 3 / | General General | Special | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | OL BOARD TRUS | STEE LISD SCHOOL BO | | | | | |
| 14 NOTICE FROM POLITICAL | THE CANDIDATE / OFFIC | EHOLDER. THESE EXPENDITURE | ACCEPTED OR POLITICAL EXPENDITURES N S MAY HAVE BEEN MADE WITHOUT THE CAN IRED TO REPORT THIS INFORMATION ONLY IF | DIDATE'S OR OFFICEHOLDER'S KNOWLEDG | GE OR | | | |
| COMMITTEE(S) | COMMITTEE TYPE COMMITTEE NAME | | | | | | | |
| Additional Pages | GENERAL COMMITTEE ADDRESS | | | | | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | |
| | | COMMITTEE CAMPAIGN TR | REASURER ADDRESS | | | | | |
| | | GO TO | PAGE 2 | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 28 EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES \$ 2329 CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all inforced to be reported by me under Title 15, Election Code. Please complete either option below: JAMIE RIGGLE My Notary ID # 131206871 | 03 | | | | | | | | |
|---|--------------------------------------|--|--|--|--|--|--|--|--|
| EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all inforcequired to be reported by me under Title 15, Election Code. Please complete either option below: JAMIE RIGGLE | 9.7 03 | | | | | | | | |
| TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 1. Swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all inforrequired to be reported by me under Title 15, Election Code. Please complete either option below: JAMIE RIGGLE | 03 | | | | | | | | |
| CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 490. OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all inforrequired to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: JAMIE RIGGLE | 03 | | | | | | | | |
| BALANCE OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: JAMIE RIGGLE | | | | | | | | | |
| 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all info required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: JAMIE RIGGLE | rmation | | | | | | | | |
| required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: JAMIE RIGGLE | rmation | | | | | | | | |
| JAMIE RIGGLE | | | | | | | | | |
| | Please complete either option below: | | | | | | | | |
| (1) Affidavit Expires July 13, 2025 | | | | | | | | | |
| NOTARY STAMP/SEAL | | | | | | | | | |
| Swom to and subscribed before me by Sheila Taylor this the 3rd day of April | | | | | | | | | |
| 20 15 , to certify which, witness my hand and seal of office. | 18d | | | | | | | | |
| Signature of officer administering path Printed name of officer administering oath Title of officer administering | Sec ig 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) | | | | | | | | | |
| (month) (year) Signature of Candidate/Officeholder (Declarant) | | | | | | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 | 19 FILER NAME 20 Filer ID (Ethics Comm | | | | | |
|-----|--|-----|----|--|--|--|
| 21 | 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | | | |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | | | | |
| 2. | 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | | | | |
| 3. | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | | | | |
| 4. | SCHEDULE E: LOANS | \$ | 0 | | | |
| 5. | 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | | | | |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | | | | |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (| \$ | | | | |
| 8. | 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | | | | |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN | IDS | \$ | | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A | \$ | | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO | \$ | | | | |
| 12. | 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | | | | |

SCHEDULE A1

| If the requested information is not applicable, DO NOT include this page in the report. | | | | | | | |
|--|--|---------------------------------------|--|--|--|--|--|
| The Instr | uction Guide explains how to complete this form. | 1 Total pages Schedule A1: 5 | | | | | |
| 2 FILER NAME | la Tanfol | 3 Filer ID (Ethics Commission Filers) | | | | | |
| 4 Date 5 | Full name of contributor out-of-state PAC (ID#:) | 7 Amount of contribution (\$) | | | | | |
| 3/25/2025 6 | Contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code Color Lafty Pines Fm TX Color title (See Instructions) | (00.00) | | | | | |
| 8 Principal occupation NOT report | 17 Job title (See instructions) | iions) | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | | |
| 3/26/25 | Contributor address; City; State; Zip Code | (00) | | | | | |
| 12 | 75 Douglas Osllas IX | | | | | | |
| Principal occupation | / Job title (See Instructions) Employer (See Instructions) | ions) | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | | |
| 1 / | James Brown Contributor address; City; State; Zip Code 1111 Sant Albans Rd Baltimore MD | 50 | | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | | |
| 3/25 | Sara Dodson Contributor address; City; State; Zip Code 4200 Blue Grass FM, TX | 100.00 | | | | | |
| Principal occupation | / Job title (See Instructions) Employer (See Instruc | tions) | | | | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N | JEEDED. | | | | | |

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

SCHEDULE A1

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

| ii tilo requested information to not applicable, De ree i information page in the | • |
|---|---------------------------------------|
| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: |
| 2 FILER NAME Sheila Tarlox | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of contribution (\$) |
| 3 25 6 Contributor address; City; State; Zip Code | |
| JO MEGUNE ON FRANCIS MAN | 5077 |
| 8 Principal occupation / Job title (See Instructions) 9 Employer See Instruc | tions) |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | 100,00 |
| 1652 Niggera Blud Cewisnile TX | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Date Full name of contributor out _z of-state PAC (ID#:) | Amount of contribution (\$) |
| 3/23/25 Hmanda Wnght Contributor address; City: State; Zip Code | 50.00 |
| 336 Kelsey Ct Flower Mound TX | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | tions) |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) |
| 3/23/25 Kathy of Clare City; State; Zip Code | 100.00 |
| 3604 Ceder Care Farmers Branch TX | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | ctions) |
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| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS | NEEDED |

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

SCHEDULE A1

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

| ii tile requested information to not applicable, 20 no 1 metade tille page in the | | | | | | | |
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| The Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | | | | | |
| 2 FILER NAMES heila Tarlur | 3 Filer ID (Ethics Commission Filers) | | | | | | |
| 4 Date 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of contribution (\$) | | | | | | |
| 3/25/25 Dr. Vivian Johnson 6 Contributor address; City; State; Zip Code | 200.00 | | | | | | |
| GDDC Denton 17 | | | | | | | |
| 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru | ctions) | | | | | | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | | | |
| 3/25/25 Klanna Wallace Contributor address; City; State; Zip Code 1232 Burnott Dr. Contributor TX | 300.00 | | | | | | |
| 1 Owner, or Carlana 1/2 | ntiano) | | | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instru | caons) | | | | | | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | | | |
| 3 25725 LES 10 HOWEL Contributor address; City; State; Zip Code | (00.00 | | | | | | |
| 2700 Atum Of Fm TX | | | | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | | |
| Date Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | | | |
| 3/25/25 Klundra Kirkendell Contributor address; City; State; Zip Code | 50.00 | | | | | | |
| 6336 Berkley Dr Shreveport LA | | | | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instru | ctions) | | | | | | |
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| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS | NEEDED | | | | | | |

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SCHEDULE A1

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| The | Instruction Guide explains how to complete this form. | 1 Total pages Schedule A1: | | | | | |
|--|---|---------------------------------------|--|--|--|--|--|
| 2 FILER NAME | heila Tarkor | 3 Filer ID (Ethics Commission Filers) | | | | | |
| 4 Date | 5 Full name of contributor out-of-state PAC (ID#:) | 7 Amount of contribution (\$) | | | | | |
| 3/20/25 | David Stancway 6 Contributor address; City; State; Zip Code | 200.00 | | | | | |
| | 2741 Skinner Dr. M. 1X | | | | | | |
| 8 Principal occup | pation / Job title (See Instructions) 9 Employer (See Instructions) | tions) | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | | |
| 3/20/25 | Contributor address; City; State; Zip Code | 100.00 | | | | | |
| 7 | Dallas, TX | | | | | | |
| Principal occup | ation / Job title (See Instructions) Employer (See Instructions) | ions) | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | | |
| 39/25 | Shella Taylor Contributor address; State; Zip Code | 1,000.00 | | | | | |
| | 3213 Northward Dr HV 75077 | | | | | | |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | | | | |
| Date | Full name of contributor out-of-state PAC (ID#:) | Amount of contribution (\$) | | | | | |
| | Hagregate Contributions & \$30.00 Contributor address; City; State; Zip Code | 170.00 | | | | | |
| Principal occup | pation / Job title (See Instructions) Employer (See Instruc | tions) | | | | | |
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| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N | EEDED | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 | 1 Total pages Schedule A1: | | | | |
|----|-----------------|--|--|------------------------------|--|--|--|
| 2 | FILER NAME | i la Tarkol | 3 Filer ID (Ethics Commission Filers) | | | | |
| 4 | Date | 5 Full name of contributor out-of-state PAC | 7 Amount of contribution (\$) | | | | |
| | | 6 Contributor address; City; | State; Zip Code | 170.00 | | | |
| 8 | Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruct | ions) | | | |
| _ | Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | | | |
| | | Contributor address; City; | State; Zip Code | | | | |
| | ac . | | | | | | |
| ** | Principal occup | ation / Job title (See Instructions) | Employer (See Instructi | ions) | | | |
| | Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | | | |
| | | Contributor address; City; | State; Zip Code | | | | |
| | Dringing aggre | pation / Job title (See Instructions) | Employer (See Instruct | ions) | | | |
| | Principal occup | auon 7 Job due (See madadans) | | | | | |
| | Date | Full name of contributor out-of-state PAC | (ID#:) | Amount of contribution (\$) | | | |
| | | Contributor address; City; | State; Zip Code | | | | |
| | Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | ions) | | | |
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| | | ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru | OF THIS SCHEDULE AS Nuction guide for additional r | EEDED eporting requirements. | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

| | | EXPENDI | URECALE | GORIES | OK BOX 8 | (a) | | | | |
|--|--|---|-----------------------|--|-------------------------|---------------|--|-------------|------------------|-------------|
| Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment | | Fees Office Over Food/Beverage Expense Polling Ex Printing Ex Legal Services Salaries/M | | | ense iges/Contract L | abor | Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above) | | | æ |
| | | The Instruction | Guide explair | ns how to co | mplete this | form. | | | | |
| 1 Total pages Schedule F1: | 2 FILER NAM | 21/a - | Taulo | 2 | | | 3 Filer ID (E | thics Co | mmission Filers) | |
| 4 Date 3 16 25 | 5 Payee name | Rint | | | | | | | | |
| 6 Amount (\$) | 7 Payee addre | ess; | | | City | / ; | State; | - 2 | Zip Code | |
| 789.00 | 275 | Wy | MAN | 4 | Wa | Ithan | n MA | 7 | | |
| 8 | (a) Category (s | See Categories liste | ed at the top of this | schedule) | (b) Descrip | otion | | | | |
| PURPOSE OF EXPENDITURE | Advertising | | | | Literature and Buttons | | | | | |
| | (c) Ch | eck if travel outside o | f Texas. Complete S | Schedule T. | Ch | eck if Austin | , TX, officeholder | living expe | ense | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | / Officeholder | name | | Office s | ought | | Offi | ice held | |
| Date | Payee name |) | | | | | 4-1-4 | | | |
| 3/12/25 | Nix. | Com | | | | | | | | |
| Amount (\$) | Payee addre | ess; | | | City | /; | State; | | Zip Code | |
| 425.00 | 100 (| Gans | wort & | F | New | You | 1 Nu |) | 10014 | |
| , | Category (S | ee Categories liste | d at the top of this | schedule) | Descrip | otiol | | | | |
| PURPOSE OF EXPENDITURE | Advertising | | | | Website Expenses | | | | | |
| | Check if travel outside of Texas. Complete Schedule T. | | | Check if Austin, TX, officeholder living expense | | | | ense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | / Officeholder | name | | Office s | ought | | Offi | ce held | |
| Date | Payee name | e | | | - | | | | | |
| 3 15 25 | Sur | perch | reap | Sio | Sul | | | | | |
| Amount (\$) | Payee add | ess; | U | | City | / ; | State; | : | Zip Code | |
| 1115.70 | 1280 | 0 And | deson | Mill | Rd | Ceda | arlerk | TX | 78613 | > |
| | Category (S | ee Categorieș lister | d at the top of this | schedule) | Descrip | otion | | | | |
| PURPOSE OF EXPENDITURE | Adv | etisi | × | | 50 | · ~~ | | | | |
| | Cho | eck if travel outside o | f Texas. Complete S | Schedule T. | Ch | eck if Austin | , TX, officeholder I | living expe | ense | |
| Complete ONLY if direct expenditure to benefit C/OH | | / Officeholde | r name | | Office s | sought | | Off | fice held | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | | | | | | | | |