## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10		
3 CANDIDATE/	MS / MRS / MR FIRST	MI			
OFFICEHOLDER NAME	Mr. Richard	W.	OFFICE USE ONLY		
	NICKNAME LAST	SUFFIX	Date Received		
	Henson		neceiven		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	4:45 pm		
OFFICEHOLDER MAILING ADDRESS	2424 S FM 549 Roo	ckwall TX 75032	JUL 1 5 2025		
Change of Address			BY: K Jeagne		
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
PHONE	(214) 288-3084				
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	Mi	Receipt # Amount \$		
NAME	Mrs Felecia	Α.	Date Processed		
	NICKNAME LAST	SUFFIX	Date Imaged		
	George	- 197			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S		STATE; ZIP CODE		
ADDRESS	328 Eden Dr	Fate	TX 75189		
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION			
PHONE	(903) 701-1693				
	(903) 701-1693				
9 REPORT TYPE	January 15 30th day before a	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month	Day Year		
OUVERED	04 / 24 / 2025	THROUGH 06	30 / 2025		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Month Day Year Primary	Runoff Other Description			
	05 03 2025 X General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)		
			City Council 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(3)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS				
Additional Pages					
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME			
	COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
GO TO PAGE 2					

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME	Richard W. Henson	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	\$.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,708.12
CONTRIBUTION BALANCE	<ol> <li>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</li> </ol>	\$.00
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</li> </ol>	\$ 2200.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true and o uired to be reported by me under Title 15, Election Code.	correct and includes all information
	Dure	
	Signature of Candidate	e or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
		days of
Sworn to and subscribed	before me by this the which, witness my hand and seal of office.	day of,
, to contary t		
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n	
My name isRichard H	enson, and my date of birth is	
My address is 2424 S F	M 549, <u>Rockwall</u> , <u>TX</u> ,	75032 Rockwall
	(street) (city) (state)	(zip code) (country)
Executed in <u>Rockwall</u>	County, State of <u>Texas</u> , on the <u>15th</u> day of <u>July</u> (month)	, 20 <u>_25</u> . (year)
	Signature of Candidate/Off	iceholder (Declarant)
Forms provided by Texas Eth	ics Commission www.ethics.state.tx.us	94 Revised 1/1/2024

# SUBTOTALS - C/OH

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

JLE SUBTOTALS         F SCHEDULE         SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS         SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS         SCHEDULE B: PLEDGED CONTRIBUTIONS         SCHEDULE E: LOANS         SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO         SCHEDULE F2: UNPAID INCURRED OBLIGATIONS         SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL		\$ \$ \$ \$ \$	SUBTOTAL AMOUNT 150.00 .00 200.00 3,708.12 .00			
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ \$ \$	.00 .00 200.00 3,708.12			
SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	.00 200.00 3,708.12			
SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	200.00 3,708.12			
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	3,708.12			
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
		\$	.00			
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL		In the second seco				
	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS					
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS						
0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
1. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	.00			
	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH       \$         SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS       \$         SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED       \$			

### LOANS

#### SCHEDULE E

-						
	The	Instruction Guide explains h	ow to compl	ete this form.		1 Total pages Schedule E: 1
2	FILER NAME	ichard W. Henson		3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	ITEMIZED LOANS				\$
5	Date of loan	7 Name of lender	out-of-state F	PAC (ID#:	)	9 Loan Amount (\$)
	4/11/2025	Richard W. Henson				\$200.00
6	ls lender a financial Institution?	8 Lender address;	City;	State;	Zip Code	10 Interest rate 0.0%
	Y N	2424 S FM 549	Rockwall	ТХ	75087	11 Maturity date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See	Instructions)	5/5/2025
	President			Henson L	and Service	s. Inc
14	Description of Coll	ateral	6/1/1/2 yournament (1001/01/01/01/01/01/01/01/01/01/01/01/01	15		s were deposited into political
	none NONE	2		A accourt	nt (See Instructi	ons)
16	GUARANTOR	17 Name of guarantor		**************************************		19 Amount Guaranteed (\$)
	INFORMATION	Richard W. Henson				
		18 Guarantor address;	City;	State;	Zip Code	\$200.00
	not applicable	2424 S FM 549	Rockwall	ТХ	75087	
20	Principal Occupat President	ion (See Instructions)		21 Employer (See Hensor	Land Servi	ces, Inc
	Date of loan	Name of lender	out-of-state	PAC (ID#:	)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
	Y N					Maturity date
	Principal occupation	on / Job title (See Instructions)		Employer (See	Instructions)	
F	Description of Colla	ateral		Check	if personal fund	is were deposited into political
	none				nt (See Instruct	
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
		Guarantor address;	City;	State;	Zip Code	
	not applicable					
	Principal Occupati	ion (See Instructions)		Employer (See	<ul> <li>Instructions)</li> </ul>	
F				IES OF THIS SCH	EDULE AS NEE	DED
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offi Food/Beverage Expense Pol Y Gift/Awards/Memorials Expense Prir	an Repayment/Reimbursement loe Overhead/Rental Expense ling Expense nting Expense arles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1: 5	2 FILER NAME Richard W. Henson		3 Filer ID (Ethics Commission Filers)			
4 Date 4/25/2025	5 Payee name Square Inc					
6 Amount (\$) \$8.55	7 Payee address; on-line	State; Zip Code TX 75032				
8	(a) Category (See Categories listed at the top of this sched					
PURPOSE OF EXPENDITURE	Accounting/Banking	se	service fee			
	(C) Check if travel outside of Texas. Complete Schedul	le T. Check If Austi	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF						
Date 4/28/2025	Payee name Alliance Bank					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$12.00	6130 FM 549	Rockwall	TX 75032			
	Category (See Categories listed at the top of this schedu	ule) Description				
PURPOSE OF EXPENDITURE	OF Accounting/Banking		rvice fee			
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Complete ONLY if direct     Candidate / Officeholder name     Office sought     Office hell       expenditure to benefit C/OH     Candidate / Officeholder name     Office sought     Office hell		Office held			
Date 4/28/2025	2025 Vidora Rockwall					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$56.05	Horizon Rd	Rockwall	TX 75032			
	Category (See Categories listed at the top of this sched	ule) Description				
PURPOSE OF EXPENDITURE	Food/Beverage Expense		volunteer dinner			
	Check if travel outside of Texas. Complete Schedu	lle T. Check if Aust	lin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Office Ove Polling Exp Expense Printing Ex Salaries/W	Dense Travel In District		oment & Related Expense
	The Instruction Gu	ide explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Richard W	s Commission Filers)			
<sup>4</sup> Date 4/28/2025	5 Payee name Minuteman Press				
6 Amount (\$) \$270.63	7 Payee address; City; 1104 Ridge Rd Suite B Rockwall			State; TX	Zip Code 75087
8 (a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	PURPOSE Advertising Expense a			dvertising- printing	
	(C) Check if travel outside of Texa	as, Complete Schedule T.	Check If Austin	n, TX, officeholder living	) expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder nar	me	Office sought Office held		
Date 4/30/2025	Payee name Alliance Banl	K			
Amount (\$)	Payee address;		City;	State;	Zip Code
\$5.00	6130 FM 549		Rockwall	ТХ	75032
	Category (See Categories listed at t	he top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking		services fee		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austi	n, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder nar	me	Office sought Office held		Office held
Date 5/5/2025	Payee name Square Inc				
Amount (\$)	Payee address;		City;	State;	Zip Code
\$1.95 on-line		on-line	ТХ	75032	
	Category (See Categories listed at t	he top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Accounting/Banking		service fee		
	Check if travel outside of Tex	as. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder na	ame	Office sought		Office held
	ATTACH ADDITIONA	L COPIES OF THIS	SCHEDULE AS NEI	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains	how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Richard W. Henson	3 Filer ID (Ethics Commission Filers)			
<sup>4</sup> Date 5/5/2025	5 Payee nameCulpepper				
6 Amount (\$) \$264.20	7 Payee address; 6130 FM 549	State; Zip Code TX 75032			
8	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense		volunteer dinner		
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check If Aus	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF					
Date 5/22/2025	Payee name Bluestone Creatives				
Amount (\$)	Payee address;	City;	State; Zip Code		
\$1223.02	1501 Hall Johnson Rd #123	Colleyville	TX 76034		
	Category (See Categories listed at the top of this sch	edule) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	w	website marketing		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	te / Officeholder name Office sought Office held			
Date 5/22/2025	Payee name Bluestone Creative	25			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$524.88	1501 Hall Johnson Rd #123	Colleyville	TX 76034		
	Category (See Categories listed at the top of this sch	Description			
PURPOSE OF EXPENDITURE	Advertising Expense	ma	arketing		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Aus	stin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)							
		ees ood/Beverage Expense Sift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Richard W. Henson 3 File					cs Commission Filers)	
4 Date 5/22/2025	5 Payee nam	5 Payee name Bluestone Creatives					
6 Amount (\$) \$507.84		7 Payee address; City; 1501 Hall Johnson Rd #123 Colleyville			State; TX	Zip Code 76034	
8	(a) Category (	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Advertis	sing Expense		ma	arketing		
	(c) Ct	neck if travel outside of Texas, Complete So	chedule T.	Check if Austin	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF		e / Officeholder name	/ Officeholder name Office sought Office held			Office held	
Date 5/28/2025	Payee name Alliance Bank						
Amount (\$)	Payee addr	ress;		City;	State;	Zip Code	
\$12.00	5130 FM 549		Rockwall	ТХ	75032		
	Category (S	See Categories listed at the top of this s	chedule)	Description			
PURPOSE OF EXPENDITURE	Accounting/Banking		service fee				
	CI	heck if travel outside of Texas. Complete Se	chedule T.	Check if Austi	stin, TX, officeholder living expense		
Complete <u>ONLY</u> If direct expenditure to benefit C/OF		ate / Officeholder name Office sought Office held		Office held			
Date Payee name 5/30/2025 Heather Sargent							
Amount (\$)	Payee add	ress;		City;	State;	Zip Code	
\$800.00	00			Rockwall	ТХ	75032	
	Category (S	See Categories listed at the top of this s	chedule)	Description		~	
PURPOSE OF EXPENDITURE	Advertis	sing Expense		campaign			
		heck if travel outside of Texas. Complete S	chedule T.	Check if Austi	in, TX, officeholder livir	ng expense	
Complete ONLY if direct expenditure to benefit C/O		e / Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Accounting/Banking         Fees         Office Over Polling Expense           Consulting Expense         Food/Beverage Expense         Polling Ex Polling Ex Candidate/Officeholder/Political Committee           Candidate/Officeholder/Political Committee         Legal Services         Salaries/V		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)				
Credit Card Payment	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Richard W. Henson 3 Filer ID (Ethics Commission Filer						
4 Date 5/30/2025	5 Payee name Alliance Bank						
6 Amount (\$) \$5.00	7 Payee address; 6130 FM 549	State; Zip Code TX 75032					
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description					
PURPOSE OF EXPENDITURE	Accounting/Banking service fee						
	(C) Check if travel outside of Texas. Complete Sch	nedule T. Check If Austi	in, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF							
Date 6/30/2025	Payee name Alliance Bank						
Amount (\$)	Payee address;	City;	State; Zip Code				
\$17.00	6130 FM 549	Rockwall	TX 75032				
Category (See Categories listed at the top of this schedule) Description							
PURPOSE OF EXPENDITURE	Accounting/Banking	se	rvice fee				
	Check if travel outside of Texas. Complete Sch	hedule T. Check if Aust	in, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
Amount (\$)	Payee address;	City;	State; Zip Code				
	Category (See Categories listed at the top of this sc	hedule) Description					
PURPOSE OF EXPENDITURE		, 2000, profi					
	Check if travel outside of Texas. Completr Sch	hedule T. Check if Aust	lin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## **MONETARY POLITICAL CONTRIBUTIONS**

SCHEDULE A1

The	Instruction Guide explains how	1 Total pages Schedule A1:				
2 FILER NAME	Richard Henson				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:	)	7 Amount of contribution (\$)	
5/5/2025	James Klabzuba				\$50.00	
	6 Contributor address;	City;	State;	Zip Code		
	PO Box	Plano	ТΧ	75023		
8 Principal occu	pation / Job title (See Instructions)	oyer (See Instruc	tions)			
energy			Arcadi	a Operating		
Date	Full name of contributor	out-of-state PA	C (ID#:		Amount of contribution (\$)	
5/6/2025	Robert Wacker				\$50.00	
	Contributor address;	City;		Zip Code		
	309 Featherstone	Rockwall	ТХ	75087		
Principal occup retired	pation / Job title (See Instructions)		Emplo retired	oyer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PA	C (ID#:	)	Amount of contribution (\$)	
5/6/2025	J Shepherd				\$50.00	
	Contributor address;	City;	State;	Zip Code		
	4206 Stableglen	Rockwall	ТХ	75032		
Principal occup	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
retired			self			
Date	Full name of contributor	out-of-state PA	C (ID#:	)	Amount of contribution (\$)	
	Contributor address;	City;	State;	Zip Code		
Principal occupation / Job title (See Instructions) Employer (See In			oyer (See Instruc	itions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.						