

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

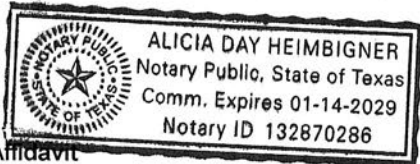
1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>17</u>	OFFICE USE ONLY
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <u>mrs</u> FIRST <u>Keziah</u> MI	Date Received
	NICKNAME LAST <u>Farrar</u> SUFFIX	Date Hand-delivered or Date Postmarked
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> Final report <input type="checkbox"/> July 15 <input type="checkbox"/> Exceeded modified reporting limit <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> 8th day before election Other (specify) _____	Receipt # Amount \$
	5 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year
		Date Processed
		Date Imaged

6 EXPLANATION OF CORRECTION
 Corrected the end date of the period covered.
 Removed donation made on 3/31 - will include in 9 day report. Updated total political contributions on pages 2-3

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Keziah Farrar
 Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Keziah Farrar this the 8 day of April

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

Alicia Heimbigner Alicia Heimbigner Coordinator School Board Services
 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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

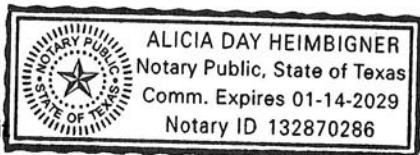
15 C/OH NAME <u>Keziah Valdes Farrar</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5929.70</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5852.15</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>343.03</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Keziah Farrar

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Keziah Farrar this the 8 day of April, 2025, to certify which, witness my hand and seal of office.

Alicia Heimbigner Alicia Heimbigner Coordinator School Board Services
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

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Keriah Valdes Fumar</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5929.70</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>100.00</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>5584.67</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>265.48</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <u>9</u>
2 FILER NAME KEZIAH VALDES FARRAR		3 Filer ID (Ethics Commission Filers)
4 Date 2-20-25	5 Full name of contributor out-of-state PAC (ID#: _____) Donald Ellis	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-20-25	Full name of contributor out-of-state PAC (ID#: _____) Tom Wilder	Amount of contribution (\$) 150.00
Contributor address; City; State; Zip Code [REDACTED] Fort Worth TX 76102		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-27-25	Full name of contributor out-of-state PAC (ID#: _____) Lorraine Valdes	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-24-25	Full name of contributor out-of-state PAC (ID#: _____) LaCretia Johnson	Amount of contribution (\$) 103.48
Contributor address; City; State; Zip Code [REDACTED] Mansfield TX 76063		
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.

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: 9
2 FILER NAME Kenah Valdes Fumar		3 Filer ID (Ethics Commission Filers)
4 Date 2-24-25	5 Full name of contributor Kim Rios out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-24-25	Full name of contributor Mike Hanner out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-25	Full name of contributor Cammie Kigney out-of-state PAC (ID#: _____)	Amount of contribution (\$) 400.00
Contributor address; City; State; Zip Code [Redacted] Colleyville TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-26-25	Full name of contributor Scot Bounman out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063		
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.

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: 9
2 FILER NAME: Keriah Valdes Fumar		3 Filer ID (Ethics Commission Filers)
4 Date: 2-26-25	5 Full name of contributor: Kristy Clements out-of-state PAC (ID#: _____)	7 Amount of contribution (\$): 25.00
6 Contributor address; [Redacted] City: Burnson State: ND Zip Code: 58028		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: 2-27-25	Full name of contributor: Todd Privette out-of-state PAC (ID#: _____)	Amount of contribution (\$): 103.48
Contributor address; [Redacted] City: Mansfield State: TX Zip Code: 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 2-27-25	Full name of contributor: Ronald Carroll out-of-state PAC (ID#: _____)	Amount of contribution (\$): 55.38
Contributor address; [Redacted] City: Mansfield State: TX Zip Code: 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 2-28-25	Full name of contributor: Robert Simko out-of-state PAC (ID#: _____)	Amount of contribution (\$): 103.48
Contributor address; [Redacted] City: Mansfield State: TX Zip Code: 76063		
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.

Reset Form

Reset Page

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: 9

2 FILER NAME Keziah Valdes Fumar 3 Filer ID (Ethics Commission Filers)

4 Date <u>2-28-25</u>	5 Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <u>Jessica ROSS</u>	7 Amount of contribution (\$) <u>26.25</u>
	6 Contributor address; <small>City; State; Zip Code</small> <u>[REDACTED] Mansfield TX 76063</u>	

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

Date <u>3-1-25</u>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <u>Scott COOK</u>	Amount of contribution (\$) <u>515.38</u>
	Contributor address; <small>City; State; Zip Code</small> <u>[REDACTED] Mansfield TX 76063</u>	

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

Date <u>3-2-25</u>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <u>Natasha Angel</u>	Amount of contribution (\$) <u>25.00</u>
	Contributor address; <small>City; State; Zip Code</small> <u>[REDACTED] Mansfield TX 76063</u>	

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

Date <u>3-3-25</u>	Full name of contributor <small>out-of-state PAC (ID#: _____)</small> <u>Shaun Ashman</u>	Amount of contribution (\$) <u>103.48</u>
	Contributor address; <small>City; State; Zip Code</small> <u>[REDACTED] BURTON TX 76028</u>	

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.

[Reset Form](#)

[Reset Page](#)

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: <u>9</u>
2 FILER NAME <u>Keiriah Valdes Farrar</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3-3-25</u>	5 Full name of contributor <u>Amanda Mehaffie</u> out-of-state PAC (ID# _____) 6 Contributor address: _____ City: _____ State: _____ Zip Code <u>Grand Prairie TX 75054</u>	7 Amount of contribution (\$) <u>25.00</u>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <u>3-3-25</u>	Full name of contributor <u>Kevin Braud</u> out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code <u>Mansfield TX 76003</u>	Amount of contribution (\$) <u>515.38</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-3-25</u>	Full name of contributor <u>Melinda Farrar</u> out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code <u>Arlington TX 76001</u>	Amount of contribution (\$) <u>100.00</u>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>3-3-25</u>	Full name of contributor <u>Patricia Chappell</u> out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code <u>Mansfield TX 76003</u>	Amount of contribution (\$) <u>103.48</u>
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.

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: 9
2 FILER NAME Keriah Valdes Fuhar		3 Filer ID (Ethics Commission Filers)
4 Date 3-6-25	5 Full name of contributor Charles Brady out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 206.44
6 Contributor address; City; State; Zip Code [Redacted] Arlington TX 76010		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3-7-25	Full name of contributor Stefanie Oconnell out-of-state PAC (ID# _____)	Amount of contribution (\$) 206.44
Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3-8-25	Full name of contributor Tony Meenan out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 3-9-25	Full name of contributor James Davis III out-of-state PAC (ID# _____)	Amount of contribution (\$) 51.99
Contributor address; City; State; Zip Code [Redacted] Mansfield TX 76063		
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.

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: 9
2 FILER NAME: Keriah Valdes Famar		3 Filer ID (Ethics Commission Filers)
4 Date: 3-12-25	5 Full name of contributor: Joanie Fowler out-of-state PAC (ID#: _____) 6 Contributor address: [Redacted] City: Mansfield State: TX Zip Code: 76063	7 Amount of contribution (\$): 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date: 3-14-25	Full name of contributor: Brenda Hayes out-of-state PAC (ID#: _____) Contributor address: [Redacted] City: Mansfield State: TX Zip Code: 76063	Amount of contribution (\$): 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 3-14-25	Full name of contributor: Fidel Ramirez out-of-state PAC (ID#: _____) Contributor address: [Redacted] City: Mansfield State: TX Zip Code: 76063	Amount of contribution (\$): 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date: 3-14-25	Full name of contributor: Cory Hoffman out-of-state PAC (ID#: _____) Contributor address: [Redacted] City: Mansfield State: TX Zip Code: 76063	Amount of contribution (\$): 100.00
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.

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: 9

2 FILER NAME *Keniah Valdes Farrar*

3 Filer ID (Ethics Commission Filers)

4 Date
3-18-25

5 Full name of contributor out-of-state PAC (ID#: _____)
Dr. Prak Brakta

7 Amount of contribution (\$)
250.00

6 Contributor address; City; State; Zip Code
[Redacted] *Mansfield TX 76063*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3-18-25

Full name of contributor out-of-state PAC (ID#: _____)
Jessica Gray

Amount of contribution (\$)
150.00

Contributor address; City; State; Zip Code
[Redacted] *Mansfield TX 76063*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-18-25

Full name of contributor out-of-state PAC (ID#: _____)
Robert Ray

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
[Redacted] *Mansfield TX 76063*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3-20

Full name of contributor out-of-state PAC (ID#: _____)
Danny Ray

Amount of contribution (\$)
300.00

Contributor address; City; State; Zip Code
[Redacted] *Mansfield TX 76063*

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.

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: <u>1</u>	
2 FILER NAME <u>Keniah Valdes Famar</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>100.00</u>	
5 Date <u>3-11-25</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Big Fellas Ice House</u>	8 Amount of Contribution \$ <u>100.00</u>	9 In-kind contribution description <u>Food/campaign kick off event</u>
7 Contributor address; City; State; Zip Code <u>1826 Cannon Dr Mansfield TX 76063</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
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)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: 3	2 FILER NAME Keriah Valdes Fumar	3 Filer ID (Ethics Commission Filers)
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4 Date 2-28-25	5 Payee name Tarrant Campaign Services
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6 Amount (\$) 625.00	7 Payee address; City; State; Zip Code 11001 CR 703 A AVALARADO TX 76009
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising expense	(b) Description place large signs
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3-20-25	Payee name Print Place
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Amount (\$) 466.02	Payee address; City; State; Zip Code 1130 Ave HEast Arlington TX 76011
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) printing expense	Description push cards
	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 3-20-25	Payee name Williams Signs
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Amount (\$) 930.95	Payee address; City; State; Zip Code 3933 E California Pkwy Forest Hill TX 76119
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/printing expense	Description 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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | 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: <u>3</u>	2 FILER NAME <u>Keriah Valdes Fajar</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3-20-25</u>	5 Payee name <u>Tahrant Campaign Services</u>	
6 Amount (\$) <u>405.94</u>	7 Payee address; City; State; Zip Code <u>1601 CR 703A ALVARADO TX 76009</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	(b) Description <u>place large signs</u>
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <u>3-24-25</u>	Payee name <u>Bluestone Creatives</u>	
Amount (\$) <u>3000.00</u>	Payee address; City; State; Zip Code <u>1501 Hau Johnson Rd #123 Colleyville TX 76034</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising / consulting</u>	Description <u>recreate website, design pushcarts video social media</u>
	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
Date <u>3-24-25</u>	Payee name <u>Anedot</u>	
Amount (\$) <u>37.90</u>	Payee address; City; State; Zip Code <u>1340 Loyd St. #1770 New Orleans LA 70112</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>	Description <u>Fees</u>
	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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3</u>	2 FILER NAME <u>Keiriah Valdes Farrar</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3-24-25</u>	5 Payee name <u>Paypal</u>	
6 Amount (\$) <u>120.96</u>	7 Payee address; City; State; Zip Code <u>2211 N 1st St. San Jose CA 95131</u>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>fees</u>	(b) Description <u>fees</u>
	(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		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	Payee name	City; State; Zip Code
PURPOSE OF EXPENDITURE	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		
Date	Candidate / Officeholder name	Office sought Office held
Amount (\$)	Payee name	City; State; Zip Code
PURPOSE OF EXPENDITURE	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		
Date	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 G: <u>1</u>	2 FILER NAME <u>Kevin Valdes Farver</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>2-2-25</u>	5 Payee name <u>Wix</u>	
6 Amount (\$) <u>265.48</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; <u>100 Gansevoort St. New York NY 10014</u> City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>advertising expense</u>	(b) Description <u>website</u>
	(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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED