

# 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: **15**

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: <b>Mrs</b> NICKNAME: _____ FIRST: <b>Keziah</b> LAST: <b>Fahrar</b> MI: <b>MV</b> SUFFIX: _____	<b>OFFICE USE ONLY</b>
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>2080 Cannon dr</b> APT / SUITE #: _____ CITY: <b>Mansfield TX</b> STATE: _____ ZIP CODE: <b>76063</b>	Date Received
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <b>(817)</b> PHONE NUMBER: <b>319-4032</b> EXTENSION: _____	Date Hand-delivered or Date Postmarked
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: <b>Mrs</b> NICKNAME: _____ FIRST: <b>Lugh Ann</b> LAST: <b>Tipping</b> MI: _____ SUFFIX: _____	Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>1021 Pebble Beach</b> APT / SUITE #: _____ CITY: <b>Mansfield TX</b> STATE: _____ ZIP CODE: <b>76063</b>	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <b>(882)</b> PHONE NUMBER: <b>472-0161</b> EXTENSION: _____	
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input 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     THROUGH     Month Day Year <b>1 / 15 / 2022</b> <b>THROUGH</b> <b>3 / 28 / 22</b>	
<b>11 ELECTION</b>	ELECTION DATE: Month Day Year <b>5 / 7 / 22</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>Mansfield ISD School Board</b>	OFFICE SOUGHT (if known): <b>Trustee Place 4</b> <b>Same</b>
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> 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**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <u>Keziah McFarrar</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>4905.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1005.44</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>10,897.31</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>500.00</u>

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 McFarrar  
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 6<sup>th</sup> day of April.

20 22 to certify which witness my hand and seal of office.

Julie Moye Julie Moye Board Coordinator  
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>Keiriah M. Farar</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	\$ 4905.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 125.00
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	\$ 1005.44
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ —
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: 9

2 FILER NAME KeriahMV Farrar 3 Filer ID (Ethics Commission Filers)

4 Date 2-25-22 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Casey Lewis 7 Amount of contribution (\$) 100.00  
6 Contributor address; City; State; Zip Code PO Box 2010 Mansfield TX 76063

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

Date 2-25-22 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Annette Nohred Amount of contribution (\$) 1000.00  
Contributor address; City; State; Zip Code 2803 Zinfandel Arlington TX 76001

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

Date 2-25-22 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Angie Thor Amount of contribution (\$) 50.00  
Contributor address; City; State; Zip Code 1422 Danbury Mansfield TX 76063

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

Date 2-25-22 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) Lauren Hermann Amount of contribution (\$) 100.00  
Contributor address; City; State; Zip Code 1610 Chretien Point Mansfield TX 76063

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

*(Empty section for additional contributions)*

**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 M/Farrar 3 Filer ID (Ethics Commission Filers)

4 Date <u>2-25-22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kristen Fleming-Wood</u>	7 Amount of contribution (\$) <u>50.00</u>
6 Contributor address; City; State; Zip Code <u>2220 Walnut Manor Mansfield TX 76063</u>		

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

Date <u>2-25-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Kellie Ross</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>1909 Walnut Hills Mansfield TX 76063</u>		

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

Date <u>2-25-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Sarah Stevenson</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>808 Menyton Ct. Mansfield TX 76063</u>		

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

Date <u>2-25-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jolene Marchant</u>	Amount of contribution (\$) <u>50.00</u>
Contributor address; City; State; Zip Code <u>2633 Morgan Ann Mansfield TX 76063</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 Keziah MV Farrar		3 Filer ID (Ethics Commission Filers)
4 Date 2-25-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carroll Burney	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1202 Dover Heights Trl. Mansfield TX 76063		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-25-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrew St. Julian	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1801 Gristmill dr Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stefanie O'Connell	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 2013 Royal Crest dr Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kimberly Hanes	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 12804 Day Break Trl. Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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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: 9
2 FILER NAME Keriah MV Farrar		3 Filer ID (Ethics Commission Filers)
4 Date 2-25-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanna Ruckney 6 Contributor address; City; State; Zip Code 306 Maulard Cir Mansfield TX 76063	7 Amount of contribution (\$) 35.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-25-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jana Hay Contributor address; City; State; Zip Code 9 Brookway Ct. Mansfield TX 76063	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deanna Barnes Contributor address; City; State; Zip Code 1408 Merion Dr Mansfield TX 76063	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-25-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy Morrow Contributor address; City; State; Zip Code 500 Everglade Dr Mansfield TX 76063	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# SCHEDULE A1

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The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 9

2 FILER NAME Keiriah M/V Farrar 3 Filer ID (Ethics Commission Filers)

4 Date <u>2-25-22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer Perdomo</u>	7 Amount of contribution (\$) <u>100.00</u>
	6 Contributor address; City; State; Zip Code <u>3116 Pamplona Grand Prairie TX 75054</u>	

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

Date <u>2-25-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Lani Castro</u>	Amount of contribution (\$) <u>50.00</u>
	Contributor address; City; State; Zip Code <u>1207 Delaware Dr Mansfield TX 76063</u>	

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

Date <u>2-26-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Nicole Shogquist</u>	Amount of contribution (\$) <u>500.00</u>
	Contributor address; City; State; Zip Code <u>1109 Green Hill Trl. Mansfield TX 76063</u>	

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

Date <u>2-26-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Yvette Baker</u>	Amount of contribution (\$) <u>50.00</u>
	Contributor address; City; State; Zip Code <u>703 Parkford Ln Mansfield TX 76063</u>	

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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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: 9

2 FILER NAME Keiah MV Fumar 3 Filer ID (Ethics Commission Filers)

4 Date <u>2-26-22</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Virginia Seely</u>	7 Amount of contribution (\$) <u>20.00</u>
6 Contributor address; City; State; Zip Code <u>4407 meadow Breeze Ct. Mansfield TX 76063</u>		

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

Date <u>2-26-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chad Henderson</u>	Amount of contribution (\$) <u>150.00</u>
Contributor address; City; State; Zip Code <u>18 Forest Dr. Mansfield TX 76063</u>		

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

Date <u>2-26-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Scot Bowman</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>2514 Goodnight Trl. Mansfield TX 76063</u>		

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

Date <u>2-26-22</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jennifer Reece</u>	Amount of contribution (\$) <u>100.00</u>
Contributor address; City; State; Zip Code <u>1008 St. Andrews Mansfield TX 76063</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 Kerian MV Fahar		3 Filer ID (Ethics Commission Filers)
4 Date 2-26-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike Varnchio	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 1900 Country Club Mansfield TX 76063		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-26-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Penny Lee	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8 River Crest Ct. Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-26-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maryann Krouse	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1411 Southern Hills Mansfield TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-26-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cory Hoffman	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1604 Chretien Point 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: <b>9</b>
2 FILER NAME <b>Keriah MV Fumar</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>2-27-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Reegan Shogquist</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>1109 Green Hill Trail Mansfield TX 76063</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>2-27-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Susan Wright</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>5505 Overridge dr Arlington TX 76017</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-1-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeanette Bertucci</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>1417 Harbourtown Cir Mansfield TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3-4-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Amber Boguski</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>38 Forest Dr. Mansfield TX 76063</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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: <b>9</b>
2 FILER NAME <b>Keriah MV Farrar</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3-6-22</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Melinda Farrar</b>	7 Amount of contribution (\$) <b>50.00</b>
6 Contributor address; City; State; Zip Code <b>6007 Red Fern Arlington TX 76001</b>		

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)
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Date <b>3-10-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kim McCaslin</b>	Amount of contribution (\$) <b>200.00</b>
Contributor address; City; State; Zip Code <b>100 N Mitchell Rd Mansfield TX 76063</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date <b>3-13-22</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Angela Pean</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code <b>107 misty mesa mansfield TX 76063</b>		

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
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Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		

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

# 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>Keziah MV Farrar</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>125.00</u>	
5 Date <u>3-24-22</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Poureted</u> Contributor address; City; State; Zip Code <u>1601 E Debbie Ln Ste 1105 Mansfield TX 76063</u>	8 Amount of Contribution \$ <u>125.00</u>	9 In-kind contribution description <u>venue</u>
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#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>2</b>	2 FILER NAME <b>Keniah mv Farrar</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2-2-22</b>	5 Payee name <b>wix.com</b>	
6 Amount (\$) <b>24.95</b>	7 Payee address; City; State; Zip Code <b>2601 mission st. San Francisco CA 94158</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	(b) Description <b>website</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	Office sought	Office held
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Date <b>2-18-22</b>	Payee name <b>wix.com</b>		
Amount (\$) <b>350.73</b>	Payee address; City; State; Zip Code <b>2601 mission st. San Francisco CA 94158</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	Description <b>website</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	Office sought	Office held
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Date <b>3-24-22</b>	Payee name <b>staples</b>		
Amount (\$) <b>24.89</b>	Payee address; City; State; Zip Code <b>1781 US Hwy 287 Mansfield TX 76063</b>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>advertising expense</b>	Description <b>cards</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	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: 2	2 FILER NAME Keriah mV Farrar	3 Filer ID (Ethics Commission Filers)
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4 Date 3-24-22	5 Payee name Williams signs
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6 Amount (\$) 451.40	7 Payee address; City; State; Zip Code 3933 E California Rkwy #C Forest Hill TX 76119
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description campaign signs
	(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	Office sought	Office held
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Date 3-24-22	Payee name Powhed
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Amount (\$) 125.07	Payee address; City; State; Zip Code 1601 E Debbie Ln Ste 1105 Mansfield TX 76063
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) event expense	Description food / buverage
	<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	Office sought	Office held
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Date 3-28-22	Payee name Anedot.
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Amount (\$) 27.90	Payee address; City; State; Zip Code 1920 mckinney Ave 7th floor Dallas TX 75201
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description transaction fees
	<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	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED