

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>8</b>
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / <b>MR</b> FIRST <b>DAVID</b> MI <b>G</b> NICKNAME LAST <b>ROGERS</b> SUFFIX <b>Jr.</b>	<b>OFFICE USE ONLY</b>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <b>1612 Anaconda trail</b> APT / SUITE #: <b>Granbury</b> CITY: STATE: <b>Tx</b> ZIP CODE <b>76048</b>	Date Received	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>(817)</b> PHONE NUMBER <b>247</b> EXTENSION <b>5265</b>	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / <b>MRS</b> / MR FIRST <b>Rachel</b> MI <b>L</b> NICKNAME LAST <b>Jacobson</b> SUFFIX	Receipt #	Amount \$
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): <b>307 W. Pearl St. Suite #301</b> APT / SUITE #: <b>Granbury</b> CITY: STATE: <b>Tx</b> ZIP CODE <b>76048</b>	Date Processed	
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(817)</b> PHONE NUMBER <b>832 - 2407</b> EXTENSION	Date Imaged	
<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>08 / 18 / 2025</b> <b>10 / 05 / 2025</b>		
<b>11 ELECTION</b>	ELECTION DATE Month Day Year <b>11 / 4 / 25</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>13 OFFICE SOUGHT (if known)</b> <b>School board Trustee Place 6</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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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 <b>DAVID ROGERS</b>		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)	\$ 2,501.55
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,851.55
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,347.22
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 503.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

*D. Rogers*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is David Rogers, and my date of birth is 20 MAR 1972.  
 My address is 1612 Anaconda trail, Granbury, TX, 76048, US.  
(street) (city) (state) (zip code) (country)  
 Executed in HOOD County, State of Texas, on the 6th day of Oct, 20 25.  
(month) (year)  
*D. Rogers*  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

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

<b>19 FILER NAME</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b>		<b>SUBTOTAL AMOUNT</b>
<b>NAME OF SCHEDULE</b>		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,851.55
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$ 0
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,347.22
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

**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: 4
2 FILER NAME David Rogers		3 Filer ID (Ethics Commission Filers)
4 Date 29 Aug 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M. Harrell	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 31 Aug 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen + Kristine Lawrence	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Principal occupation / Job title (See Instructions) Self-employed landlord		Employer (See Instructions)
Date 23 Sep 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOOD COUNTY Republican Club	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Principal occupation / Job title (See Instructions) Political Club		Employer (See Instructions)
Date 29 Sep 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia + Rene Chehardy	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED] [REDACTED] [REDACTED] [REDACTED]		
Principal occupation / Job title (See Instructions) [REDACTED]		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: 4
2 FILER NAME David Rogers		3 Filer ID (Ethics Commission Filers)
4 Date 27 Sep 2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark and Karen Lowery	7 Amount of contribution (\$) 300.00
6 Contributor address; City; State; Zip Code [Redacted]		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions)
Date 27 Sep 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don + Patti Johnson	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted]		
Employer (See Instructions) Retired		
Date 20 Oct 25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley F. Peden	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [Redacted]		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 24 Sep 2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clint Helton	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 8605 Ashland [Redacted]		
Employer (See Instructions)		

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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: <b>4</b>
2 FILER NAME <b>David Rogers</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>25 Sep 2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Rogers</b>	7 Amount of contribution (\$) <b>446.22</b>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) <b>Self-employed</b>		9 Employer (See Instructions)
Date <b>18 Sep 2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Kristine Lawrence</b>	Amount of contribution (\$) <b>372.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>4 Oct 2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Denise Mayberry</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <b>homemaker</b>		Employer (See Instructions)
Date <b>4 Oct 2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Julie McCarty</b>	Amount of contribution (\$) <b>50.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <b>Self-employed</b>		Employer (See Instructions)

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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: <b>4</b>
2 FILER NAME <b>David Rogers</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>Oct 1 2025</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>David Rogers</b>	7 Amount of contribution (\$) <b>190.00</b>
6 Contributor address; City; State; Zip Code [REDACTED]		
8 Principal occupation / Job title (See Instructions) <b>Self-employed</b>		9 Employer (See Instructions)
Date <b>16 Sep 2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Bill Meeker</b>	Amount of contribution (\$) <b>33.33</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
Date <b>29 Aug 2025</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Terry McNew</b>	Amount of contribution (\$) <b>10.00</b>
Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions)
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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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>David Rogers</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>18 Sep 2025</b>	5 Payee name <b>Vista Print</b>	
6 Amount (\$) <b>372.00</b>	7 Payee address; City; State; Zip Code <b>275 Wyman St. Waltham, MA, 02451</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	(b) Description <b>push/rack advertising cards</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
Date <b>2.5 Sep 2025</b>	Payee name <b>817 Print</b>	
Amount (\$) <b>1,386.22</b>	Payee address; City; State; Zip Code <b>211 M&amp;M Ranch Road Granbury TX 76049</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>signs + metal frames</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
Date <b>1 Oct 2025</b>	Payee name <b>817 Print</b>	
Amount (\$) <b>589.60</b>	Payee address; City; State; Zip Code <b>211 M&amp;M Ranch Road Granbury, TX 76049</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>signs + metal frames</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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