

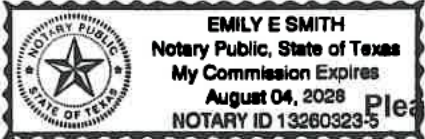
CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR	FIRST		
		<u>MRS</u>	<u>Vicki</u>		<u>4/27/2026</u>
		NICKNAME	LAST	SUFFIX	<u>ES</u>
			<u>Byrd</u>		Date Hand-delivered or Date Postmarked
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Receipt #
		<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	Other (specify)	Amount \$
		<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		Date Processed
		<input type="checkbox"/> 8th day before election			Date Imaged
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	

6 EXPLANATION OF CORRECTION
Filled in dates for donations
Failed to do so initially (oversight)

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.



[Signature]
 Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit
 NOTARY STAMP / SEAL
 Sworn to and subscribed before me by Vicki Byrd this the 27th day of April,
 2026, to certify which, witness my hand and seal of office.
Emily E. Smith Signature of officer administering oath
Notary 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 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received 4/27/2026 CJ			
	Mrs	Vicki					
NICKNAME	LAST	SUFFIX					
	Byrd						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Denton, TX 76209						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	Mrs	Joy					
	NICKNAME	LAST	SUFFIX				
		Kirven					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	Denton, TX 76209						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
(
9 REPORT TYPE	<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)			
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
/ / /							
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
5 / 2 / 26			<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	Denton City Councilmember			DentonISD Board Trustee			
14 NOTICE FROM POLITICAL COMMITTEE(S) 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	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	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

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)

\$ 3223.99

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 10223.99

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 3451.65

4. TOTAL POLITICAL EXPENDITURES

\$ 3451.65

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 6772.34

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

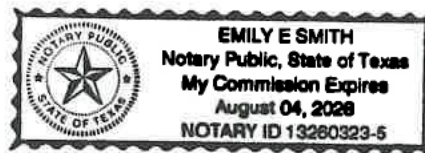
\$ 0

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Vicki Byrd this the 27th day of April

20 26 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 _____, 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 VICKI BYRD		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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:
2 FILER NAME VICKI BYRD		3 Filer ID (Ethics Commission Filers)
4 Date 12/26/26	5 Full name of contributor out-of-state PAC (ID#: _____) LYNDA TERRY	7 Amount of contribution (\$) 53.04
6 Contributor address; City; State; Zip Code LOVELADY, TX		
8 Principal occupation / Job title (See Instructions) RETIRED POSTAL		9 Employer (See Instructions)
Date 12/26/26	Full name of contributor out-of-state PAC (ID#: _____) VICKI KERSTERSON	Amount of contribution (\$) 105.75
Contributor address; City; State; Zip Code CLEVELAND, TX		
Principal occupation / Job title (See Instructions) NURSE		Employer (See Instructions) UNITED HEALTH
Date 2/20/26	Full name of contributor out-of-state PAC (ID#: _____) SCHELDON WILLIAMS	Amount of contribution (\$) 105.75
Contributor address; City; State; Zip Code WASHINGTON DC		
Principal occupation / Job title (See Instructions) PUBLIC HEALTH ADVOCATE		Employer (See Instructions) AMERICAN CANCER SOCIETY
Date 2/20/26	Full name of contributor out-of-state PAC (ID#: _____) CHARLES NEWMAN	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code CHICAGO, IL		
Principal occupation / Job title (See Instructions) RETIRED CHEMIST		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:
2 FILER NAME VICKI BYRD		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/26	5 Full name of contributor out-of-state PAC (ID#: _____) EDNA WARD ----- 6 Contributor address; City; State; Zip Code LITTLE ELM, TX	7 Amount of contribution (\$) 51.95
8 Principal occupation / Job title (See Instructions) RETIRED TEACHER		9 Employer (See Instructions)
Date 3/5/26	Full name of contributor out-of-state PAC (ID#: _____) ROYCE MCKINNEY ----- Contributor address; City; State; Zip Code DENTON, TX	Amount of contribution (\$) 53.04
Principal occupation / Job title (See Instructions) CUSTODIAN		Employer (See Instructions) DENTON ISD
Date 3/5/26	Full name of contributor out-of-state PAC (ID#: _____) YULISE WATERS ----- Contributor address; City; State; Zip Code DALLAS, TX	Amount of contribution (\$) 105.75
Principal occupation / Job title (See Instructions) PUBLIC DEFENDER		Employer (See Instructions) DALLAS DA'S OFFICE
Date 3/5/26	Full name of contributor out-of-state PAC (ID#: _____) HILLIARD TERRY ----- Contributor address; City; State; Zip Code HOUSTON, TX	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) RETIRED MUSICIAN		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME VICKI BYRD		3 Filer ID (Ethics Commission Filers)
4 Date 3/5/26	5 Full name of contributor out-of-state PAC (ID#: _____) EDUBIJES AGUIRRE ----- 6 Contributor address; City; State; Zip Code AUSTIN, TX	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) RETIRED DPS		9 Employer (See Instructions)
Date 3/6/26	Full name of contributor out-of-state PAC (ID#: _____) MONICA MENDEZ GRANT ----- Contributor address; City; State; Zip Code DENTON, TX	Amount of contribution (\$) 105.75
Principal occupation / Job title (See Instructions) V.P. STUDENT LIFE		Employer (See Instructions) TWU
Date 3/6/26	Full name of contributor out-of-state PAC (ID#: _____) TATANISHA JONES ----- Contributor address; City; State; Zip Code AUSTIN, TX	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) EXP REALTY
Date 3/6/26	Full name of contributor out-of-state PAC (ID#: _____) ROD BYRD ----- Contributor address; City; State; Zip Code DENTON, TX	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) RETIRED MHMR		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:
2 FILER NAME VICKI BYRD		3 Filer ID (Ethics Commission Filers)
4 Date 3/6/26	5 Full name of contributor out-of-state PAC (ID#: _____) RICARDO WINSTON	7 Amount of contribution (\$) 105.75
	6 Contributor address; City; State; Zip Code TUSCUMBIA, AL	
8 Principal occupation / Job title (See Instructions) RETIRED UTILITIES		9 Employer (See Instructions)
Date 3/6/26	Full name of contributor out-of-state PAC (ID#: _____) WILLIE MORRIS	Amount of contribution (\$) 50.00
	Contributor address; City; State; Zip Code TUSCUMBIA, AL	
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) TUSCUMBIA ISD
Date 3/6/26	Full name of contributor out-of-state PAC (ID#: _____) AMBER BRG	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code DENTON, TX	
Principal occupation / Job title (See Instructions) ENTREPRENEUR		Employer (See Instructions) SELF-OWNED
Date 3/6/26	Full name of contributor out-of-state PAC (ID#: _____) CARTER GRAY JACKSON	Amount of contribution (\$) 25.00
	Contributor address; City; State; Zip Code LANTANA, TX	
Principal occupation / Job title (See Instructions) RETIRED FINANCE		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: _
2 FILER NAME VICKI BYRD		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/26	5 Full name of contributor out-of-state PAC (ID#: _____) JOANETTE CALLOWAY	7 Amount of contribution (\$) 53.04
6 Contributor address; City; State; Zip Code DENTON, TX		
8 Principal occupation / Job title (See Instructions) MHMR		9 Employer (See Instructions) STATE SCHOOL
Date 3/7/26	Full name of contributor out-of-state PAC (ID#: _____) VALDA MORGAN	Amount of contribution (\$) 26.68
Contributor address; City; State; Zip Code DENTON, TX		
Principal occupation / Job title (See Instructions) RETIRED EDUCATOR		Employer (See Instructions)
Date 3/8/26	Full name of contributor out-of-state PAC (ID#: _____) VERONICA CLINKSCALES	Amount of contribution (\$) 53.04
Contributor address; City; State; Zip Code AUBREY, TX		
Principal occupation / Job title (See Instructions) RETIRED TEACHER		Employer (See Instructions)
Date 3/9/26	Full name of contributor out-of-state PAC (ID#: _____) SCHARITA WREN	Amount of contribution (\$) 105.75
Contributor address; City; State; Zip Code LUBBOCK, TX		
Principal occupation / Job title (See Instructions) RETIRED FINANCE		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:
2 FILER NAME VICKI BYRD		3 Filer ID (Ethics Commission Filers)
4 Date 3/9/26	5 Full name of contributor out-of-state PAC (ID#: _____) PENNY CORTEZ	7 Amount of contribution (\$) 53.12
6 Contributor address; City; State; Zip Code FT. WORTH, TX		
8 Principal occupation / Job title (See Instructions) EMERGENCY MANAGEMENT SPECIALIST		9 Employer (See Instructions) TARRANT COUNTY
Date 3/10/26	Full name of contributor out-of-state PAC (ID#: _____) PAMELA OGUNBIYI	Amount of contribution (\$) 77.93
Contributor address; City; State; Zip Code HOUSTON TX		
Principal occupation / Job title (See Instructions) RETIRED EDUCATOR		Employer (See Instructions)
Date 3/14/26	Full name of contributor out-of-state PAC (ID#: _____) JACKIE SHAW	Amount of contribution (\$) 53.04
Contributor address; City; State; Zip Code LEWISVILLE, TX		
Principal occupation / Job title (See Instructions) ENTREPRENUER		Employer (See Instructions) SELF EMPLOYED
Date 3/16/26	Full name of contributor out-of-state PAC (ID#: _____) TRENT LEWIS	Amount of contribution (\$) 26.68
Contributor address; City; State; Zip Code AUBREY, TX		
Principal occupation / Job title (See Instructions) VOCATIONAL DIRECTOR		Employer (See Instructions) STATE SCHOOL
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:
2 FILER NAME VICKI BYRD		3 Filer ID (Ethics Commission Filers)
4 Date 3/16/26	5 Full name of contributor out-of-state PAC (ID#: _____) TERESE THOMAS	7 Amount of contribution (\$) 50.00
	6 Contributor address; City; State; Zip Code LITTLE ELM, TX	
8 Principal occupation / Job title (See Instructions) CHILDCARE ADVOCATE		9 Employer (See Instructions) DENTON COUNTY
Date 3/14/26	Full name of contributor out-of-state PAC (ID#: _____) SCOTT BROWN	Amount of contribution (\$) 7,000.00
	Contributor address; City; State; Zip Code DENTON, TX	
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) SCOTT BROWN REALESTATE
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
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.

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:	2 FILER NAME VICKI BYRD	3 Filer ID (Ethics Commission Filers)
4 Date 12/26/2025	5 Payee name PAYPAL	
6 Amount (\$) 0.15	7 Payee address; City; State; Zip Code 2211 NORTH FIRST STREET SAN JOSE CA	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ACCOUNT VERIFICATION	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICKI BYRD	Office sought DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL
Date 02/15/2026	Payee name CANVA	
Amount (\$) 134.23	Payee address; City; State; Zip Code 3212 E. CESAR CHAVEZ AUSTIN TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	Description BUSINESS CARDS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICKI BYRD	Office sought DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL
Date 02/27/2026	Payee name CANVA	
Amount (\$) 63.88	Payee address; City; State; Zip Code 212 E. CESAR CHAVEZ AUSTIN TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	Description PUSH CARDS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name VICKI BYRD	Office sought DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL

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:	2 FILER NAME VICKI BYRD	3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2026	5 Payee name UZ MARKETING	
6 Amount (\$) 675.21	7 Payee address; City; State; Zip Code 5900 BENGAL RD	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	(b) Description YARD 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 VICKI BYRD	Office sought DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL
Date 03/16/2026	Payee name CANVA	
Amount (\$) 135.32	Payee address; City; State; Zip Code 3212 E. CESAR CHAVEZ AUSTIN TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	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 VICKI BYRD	Office sought DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL
Date 03/18/2026	Payee name BUCKEES	
Amount (\$) 29.50	Payee address; City; State; Zip Code IH-35E DENTON, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) LUNCH	Description YARD SIGN DISTRIBUTION
	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 VICKI BYRD	Office sought DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL

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:	2 FILER NAME VICKI BYRD	3 Filer ID (Ethics Commission Filers)
4 Date 03/18/2026	5 Payee name BUCKEES	
6 Amount (\$) 65.13	7 Payee address; City; State; Zip Code IH-35E DENTON, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) TRAVEL GAS	(b) Description DISTRIBUTE YARD 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 VICKI BYRD	Office sought DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL
Date 03/26/2026	Payee name E-SIGNS	
Amount (\$) 1,772.99	Payee address; City; State; Zip Code 16945 NORTHCHASE DR HOUSTON, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	Description ROADWAY 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 VICKI BYRD	Office sought DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL
Date 03/30/2026	Payee name EXXON GAS	
Amount (\$) 75.27	Payee address; City; State; Zip Code UNIVERSITY DRIVE DENTON, TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CAMPAIGN MATERIALS	Description ROADWAY SIGN DISTRIBUTION
	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 VICKI BYRD	Office sought DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL

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 FILER NAME VICKI BYRD	3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2026	5 Payee name JORDAN VILLEREAL	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code DENTON, TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONTRACT LABOR	(b) Description BLOCK WALKING DISTRIBUTE PUSH CARDS
	(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 VICKI BYRD	Office sought DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL
Date	Payee name	
Amount (\$)	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 (\$)	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
	VICKI BYRD	DENTONISD SCHOOL BD
		Office held DENTON CITY COUNCIL

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED