

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

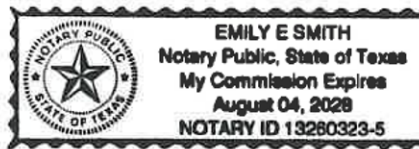
| | | |
|-----------------------------------|---|---|
| 15 C/OH NAME VICKI BYRD | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 3,223.99 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 10,223.99 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 3,451.65 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 3,451.65 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 6,772.34 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

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.

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 2 day of April, 2026, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Emily E. Smith
Printed name 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)

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 | 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 | 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 | 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 | 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) |
| <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

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|--|--|---|
| 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 | 5 Full name of contributor out-of-state PAC (ID#: _____) EDNA WARD | 7 Amount of contribution (\$) 51.95 |
| | 6 Contributor address; City; State; Zip Code LITTLE ELM, TX | |
| 8 Principal occupation / Job title (See Instructions) RETIRED TEACHER | | 9 Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) ROYCE MCKINNEY | Amount of contribution (\$) 53.04 |
| | Contributor address; City; State; Zip Code DENTON, TX | |
| Principal occupation / Job title (See Instructions) CUSTODIAN | | Employer (See Instructions) DENTON ISD |
| Date | Full name of contributor out-of-state PAC (ID#: _____) YULISE WATERS | Amount of contribution (\$) 105.75 |
| | Contributor address; City; State; Zip Code DALLAS, TX | |
| Principal occupation / Job title (See Instructions) PUBLIC DEFENDER | | Employer (See Instructions) DALLAS DA'S OFFICE |
| Date | Full name of contributor out-of-state PAC (ID#: _____) HILLIARD TERRY | Amount of contribution (\$) 200.00 |
| | Contributor address; City; State; Zip Code HOUSTON, TX | |
| Principal occupation / Job title (See Instructions) RETIRED MUSICIAN | | Employer (See Instructions) |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| 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 | 5 Full name of contributor out-of-state PAC (ID#: _____) EDUBIJES AGUIRRE | 7 Amount of contribution (\$) 100.00 |
| | 6 Contributor address; City; State; Zip Code AUSTIN, TX | |
| 8 Principal occupation / Job title (See Instructions) RETIRED DPS | | 9 Employer (See Instructions) |
| Date | Full name of contributor out-of-state PAC (ID#: _____) MONICA MENDEZ GRANT | Amount of contribution (\$) 105.75 |
| | Contributor address; City; State; Zip Code DENTON, TX | |
| Principal occupation / Job title (See Instructions) V.P. STUDENT LIFE | | Employer (See Instructions) TWU |
| Date | Full name of contributor out-of-state PAC (ID#: _____) TATANISHA JONES | Amount of contribution (\$) 50.00 |
| | Contributor address; City; State; Zip Code AUSTIN, TX | |
| Principal occupation / Job title (See Instructions) REAL ESTATE | | Employer (See Instructions) EXP REALTY |
| Date | Full name of contributor out-of-state PAC (ID#: _____) ROD BYRD | Amount of contribution (\$) 1,000.00 |
| | Contributor address; City; State; Zip Code DENTON, TX | |
| Principal occupation / Job title (See Instructions) RETIRED MHMR | | 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: |
| 2 FILER NAME VICKI BYRD | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 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 | 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 | 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 | 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

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|---|--|---|
| 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 | 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 | 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 | 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 | 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) |
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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: |
| 2 FILER NAME VICKI BYRD | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 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 | 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 | 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) ENTREPRENEUR | | Employer (See Instructions) SELF EMPLOYED |
| Date | 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 If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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| | | |
|---|---|---|
| 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 | 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 | 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) |

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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: | 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. <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 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. <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 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. <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 |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 03/03/2026 | 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. 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 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. 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 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. 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 |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: | 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 |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 | | | |

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| | | |
|---|---|---|
| 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 VILLERREAL | |
| 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. 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 | 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. Check if Austin, TX, officeholder living expense | |
| 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. Check if Austin, TX, officeholder living expense | |
| 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 |

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