

# 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>11</b>		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST <b>Dee</b>	MI <b>Ann</b>	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST <b>Crawford</b>	SUFFIX	Date Received  <b>RECEIVED</b> <b>JAN 08 2026</b> <i>By: [Signature]</i>		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE <b>1197 Bridge Street      Lampasas      Texas 76550</b>		
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	AREA CODE <b>(512 )</b>	PHONE NUMBER <b>627-4180</b>	EXTENSION	Date Hand-delivered or Date Postmarked		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST <b>Connie</b>	MI	Receipt #		
	NICKNAME	LAST <b>Hartmann</b>	SUFFIX	Date Processed		
<b>7 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			STATE; ZIP CODE  <b>2483 Hwy. 281 South      Lampasas      Texas 76550</b>		
	<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>( 512 )</b>	PHONE NUMBER <b>556-1415</b>	EXTENSION	Date Imaged	
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15	<input 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 <b>9</b>	Day <b>/ 15</b>	Year <b>/ 25</b>	Month <b>12</b>	Day <b>/ 31</b>	Year <b>/ 25</b>
<b>11 ELECTION</b>	ELECTION DATE  Month <b>3</b> Day <b>/ 3</b> Year <b>/ 26</b>	ELECTION TYPE  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>Lampasas County District Clerk</b>				
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  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

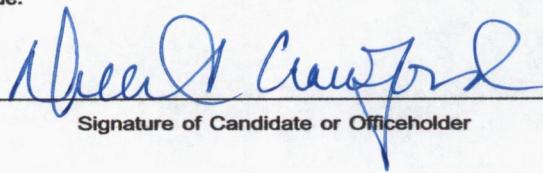
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Dee Ann Crawford

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,900.17
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,449.83
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,300.00

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

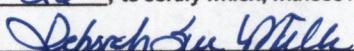
Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

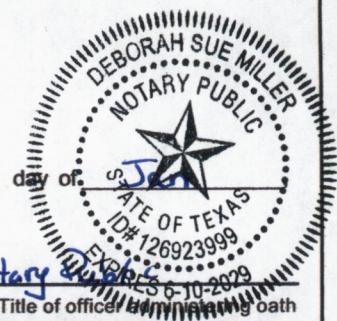
Sworn to and subscribed before me by Dee Ann Crawford this the 08 day of Sept

20 26, to certify which, witness my hand and seal of office.




Signature of officer administering oath

Printed name of officer administering oath



Notary Public  
STATE OF TEXAS  
ID# 126923999  
Exp. 6-10-2029

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**

<b>19 FILER NAME</b> <b>Dee Ann Crawford</b>	<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>	<b>SUBTOTAL AMOUNT</b>
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,050.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 6,300.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,900.17
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. 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: <b>2</b>
<b>2 FILER NAME</b> <b>Dee Ann Crawford</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <b>10/28/2025</b>	<b>5 Full name of contributor</b> <b>Becky McDonald</b> .....	<b>6 Contributor address;</b> <b>926 CR 3152, Kempner, Texas 76539</b> City: _____ State: _____ Zip Code _____	<b>7 Amount of contribution (\$)</b> <b>200.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <b>11/03/2025</b>	<b>Full name of contributor</b> <b>Bruce Crawford</b> .....	<b>out-of-state PAC (ID#): _____</b> <b>Contributor address;</b> <b>728 Brown Street, Lampasas, Texas 76550</b> City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b> <b>250.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>11/06/2025</b>	<b>Full name of contributor</b> <b>Harvey Farish</b> .....	<b>out-of-state PAC (ID#): _____</b> <b>Contributor address;</b> <b>P. O. Box 3, Kempner, Texas 76539</b> City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b> <b>1,000.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>11/11/2025</b>	<b>Full name of contributor</b> <b>Fred and Erica Warner</b> .....	<b>out-of-state PAC (ID#): _____</b> <b>Contributor address;</b> <b>326 CR 4711, Kempner, Texas 76539</b> City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b> <b>300.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	

**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.

<b>The Instruction Guide explains how to complete this form.</b>			<b>1 Total pages Schedule A1: 2</b>
<b>2 FILER NAME</b> <b>Dee Ann Crawford</b>			<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 Date</b> <b>11/12/2025</b>	<b>5 Full name of contributor</b> <b>Mary Derrek</b> .....	<b>6 Contributor address;</b> <b>1404 Amthor Avenue Copperas Cove, Texas</b> City: _____ State: _____ Zip Code _____	<b>7 Amount of contribution (\$)</b> <b>300.00</b>
<b>8 Principal occupation / Job title (See Instructions)</b>		<b>9 Employer (See Instructions)</b>	
<b>Date</b> <b>12/11/2025</b>	<b>Full name of contributor</b> <b>Becky McDonald</b> .....	<b>out-of-state PAC (ID#): _____</b> <b>Contributor address;</b> <b>926 CR 3152, Kempner, Texas 76539</b> City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b> <b>12/16/2025</b>	<b>Full name of contributor</b> <b>Pepper Proctor</b> .....	<b>out-of-state PAC (ID#): _____</b> <b>Contributor address;</b> <b>1101 S. Key, Lampasas, Texas 76550</b> City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b> <b>500.00</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>Date</b>	<b>Full name of contributor</b> .....	<b>out-of-state PAC (ID#): _____</b> <b>Contributor address;</b> City: _____ State: _____ Zip Code _____	<b>Amount of contribution (\$)</b>
<b>Principal occupation / Job title (See Instructions)</b>		<b>Employer (See Instructions)</b>	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

## **LOANS**

**SCHEDULE E**

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 E: <b>2</b>
2 FILER NAME <b>Dee Ann Crawford</b>				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS				\$
5 Date of loan <b>10/28/2025</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: <b>Dee Ann Crawford</b> )			9 Loan Amount (\$) <b>300.00</b>
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; <b>1197 Bridge Street</b>	City; <b>Lampasas</b>	State; Zip Code <b>Texas 76550</b>	10 Interest rate
				11 Maturity date
12 Principal occupation / Job title (See Instructions)			13 Employer (See Instructions)	
14 Description of Collateral  none			15 Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION  not applicable	17 Name of guarantor  18 Guarantor address; City; State; Zip Code			19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)			21 Employer (See Instructions)	
Date of loan <b>11/03/2025</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: <b>Dee Ann Crawford</b> )			Loan Amount (\$) <b>1,000.00</b>
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; City; State; Zip Code  <b>1197 Bridge Street</b> <b>Lampaas</b> <b>Texas 76550</b>			Interest rate
				Maturity date
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Description of Collateral  none			Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION  not applicable	Name of guarantor  Guarantor address; City; State; Zip Code			Amount Guaranteed (\$)
Principal Occupation (See Instructions)			Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## LOANS

**SCHEDULE E**

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 E: <b>2</b>
<b>2 FILER NAME</b> <b>Dee Ann Crawford</b>				<b>3 Filer ID (Ethics Commission Filers)</b>
<b>4 TOTAL OF UNITEMIZED LOANS</b>				\$
<b>5 Date of loan</b> <b>12/23/2025</b>	<b>7 Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dee Ann Crawford</b>			<b>9 Loan Amount (\$)</b> <b>2,000.00</b>
<b>6 Is lender a financial institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>8 Lender address;</b> <b>1197 Bridge Street</b>	<b>City;</b> <b>Lampasas</b>	<b>State;</b> <b>Texas 76550</b>	<b>10 Interest rate</b>  <b>11 Maturity date</b>
<b>12 Principal occupation / Job title (See Instructions)</b>			<b>13 Employer (See Instructions)</b>	
<b>14 Description of Collateral</b>  <b>none</b>			<b>15</b> Check if personal funds were deposited into political account (See Instructions)	
<b>16 GUARANTOR INFORMATION</b>  <b>not applicable</b>	<b>17 Name of guarantor</b>  <b>18 Guarantor address;</b> <b>1197 Bridge Street</b>			<b>19 Amount Guaranteed (\$)</b>
<b>20 Principal Occupation (See Instructions)</b>			<b>21 Employer (See Instructions)</b>	
<b>Date of loan</b> <b>12/31/2025</b>	<b>Name of lender</b> <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Dee Ann Crawford</b>			<b>Loan Amount (\$)</b> <b>3,000.00</b>
<b>Is lender a financial institution?</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<b>Lender address;</b> <b>1197 Bridge Street</b>	<b>City;</b> <b>Lampaas</b>	<b>State;</b> <b>Texas 76550</b>	<b>Interest rate</b>  <b>Maturity date</b>
<b>Principal occupation / Job title (See Instructions)</b>			<b>Employer (See Instructions)</b>	
<b>Description of Collateral</b>  <b>none</b>			<b>Check if personal funds were deposited into political account (See Instructions)</b>	
<b>GUARANTOR INFORMATION</b>  <b>not applicable</b>	<b>Name of guarantor</b>  <b>Guarantor address;</b> <b>1197 Bridge Street</b>			<b>Amount Guaranteed (\$)</b>
<b>Principal Occupation (See Instructions)</b>			<b>Employer (See Instructions)</b>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE E AS NEEDED

If lender 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: 4	2 FILER NAME <b>Dee Ann Crawford</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>10/28/2025</b>	5 Payee name <b>Lampasas Dispatch Record</b>		
6 Amount (\$) <b>300.00</b>	7 Payee address;  <b>416 S. Liveoak</b>  Check if individual's residence address.	City;  <b>Lampasas</b>  State;  <b>Texas</b>  Zip Code  <b>76550</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	(b) Description  <b>Hats in the ring</b>	
	(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	Office sought	Office held
Date  <b>11/03/2025</b>	Payee name  <b>Lampasas Dispatch Record</b>		
Amount (\$)  <b>240.00</b>	Payee address;  <b>416 S. Liveoak</b>  Check if individual's residence address.	City;  <b>Lampasas</b>  State;  <b>Texas</b>  Zip Code  <b>76550</b>	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	Description  <b>Hats in the ring</b>	
	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  <b>11/03/2025</b>	Payee name  <b>Lampasas Dispatch Record</b>		
Amount (\$)  <b>59.54</b>	Payee address;  <b>416 S. Liveoak</b>  Check if individual's residence address.	City;  <b>Lampasas</b>  State;  <b>Texas</b>  Zip Code  <b>76550</b>	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	Description  <b>Business card</b>	
	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

**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  
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: 4	2 FILER NAME <b>Dee Ann Crawford</b>	3 Filer ID (Ethics Commission Filers)	
4 Date <b>11/13/2025</b>	5 Payee name <b>Lampasas Dispatch Record</b>		
6 Amount (\$) <b>700.00</b>	7 Payee address;  <b>416 S. Liveoak</b> <small>Check if individual's residence address.</small>	City: <b>Lampasas</b> State: <b>Texas</b> Zip Code <b>76550</b>	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <b>Advertising Expense</b>	(b) Description  <b>Banner</b>	
	(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	Office sought	Office held
Date <b>12/06/2025</b>	Payee name <b>Lampasas Dispatch Record</b>		
Amount (\$) <b>600.00</b>	Payee address;  <b>416 S. Liveoak</b> <small>Check if individual's residence address.</small>	City: <b>Lampasas</b> State: <b>Texas</b> Zip Code <b>76550</b>	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising expense</b>	Description  <b>Banner</b>	
	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 <b>12/12/2025</b>	Payee name <b>Lampasas Dispatch Record</b>		
Amount (\$) <b>276.00</b>	Payee address;  <b>416 S. Liveoak</b> <small>Check if individual's residence address.</small>	City: <b>Lampasas</b> State: <b>Texas</b> Zip Code <b>76550</b>	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>Advertising expense</b>	Description  <b>Christmas ad</b>	
	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

**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  
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: 4	2 FILER NAME Dee Ann Crawford	3 Filer ID (Ethics Commission Filers)	
4 Date 12/19/2025	5 Payee name Sign Designs of Texas		
6 Amount (\$) 438.42	7 Payee address; 211 South Key <small>Check if individual's residence address.</small>	City: Lampasas State: Texas Zip Code 76550	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description  Magnets/banners	
	(c) <small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/19/2025	Payee name Sign Designs of Texas		
Amount (\$) 1,100.00	Payee address; 211 South Key <small>Check if individual's residence address.</small>	City: Lampasas State: Texas Zip Code 76550	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  4x4 signs and yard signs	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12/26/2025	Payee name Sign Designs of Texas		
Amount (\$) 1,094.77	Payee address; 211 South Key <small>Check if individual's residence address.</small>	City: Lampasas State: Texas Zip Code 76550	
  <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  4x4 signs and yard signs	
	<small>Check if travel outside of Texas. Complete Schedule T.</small>	<small>Check if Austin, TX, officeholder living expense</small>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED