

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

MR

DAREN

H

NICKNAME

LAST

SUFFIX

PEANUT

MONEY

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1009 CR1031 GREENVILLE TX 75401

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

453-5448

B

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR

WILLIAM

R

NICKNAME

LAST

SUFFIX

RUSTY

WARREN

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

8412 US HWY 69 N

CELESTE

TX

75423

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903)

461-1535

9 REPORT TYPE

☒ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

11 / 10 / 2025

THROUGH

Month

Day

Year

01 / 15 / 2026

11 ELECTION

ELECTION DATE

Month

Day

Year

03 / 03 / 26

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

HCCOMMISSIONER PCT1

13 OFFICE SOUGHT (if known)

HUNT COUNTY COMMISSIONER PCT1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received
AT 1:07 o'clock P M

JAN 15 2026

JEANNIE ASH
Elections Administrator, Hunt County, TX
By: NH

Date Hand-delivered or Date Postmarked

Receipt

Amount \$

Date Processed

Date Imaged

STATE ZIP CODE

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

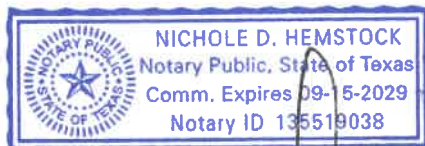
15 C/OH NAME DAREN H MONEY		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 8427.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1822.72
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3600.00

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]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *[Signature]* this the 15th day of January, 2021, to certify which, witness my hand and seal of office.

[Signature] *Nichole Hemstock*
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

DAREN H MONEY

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10250.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3600.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4827.28
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3600.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME DAREN H MONEY		3 Filer ID (Ethics Commission Filers)
4 Date 11/21/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RUSSELL LEESON	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1009 S 9473 FARMERSVILLE TX 75442		
8 Principal occupation / Job title (See Instructions) Auto Collision Repair - Business Owner		9 Employer (See Instructions) Farmersville Collision
Date 12/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DIANE HAMMACK	Amount of contribution (\$) 2500.00
Contributor address; City; State; Zip Code 3044 FM 2191 CELESTE TX 75423		
Principal occupation / Job title (See Instructions) CONCRETE PUMPING - BUSINESS OWNER		Employer (See Instructions) JK HAMMACK INC
Date 12/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RANDY TARPLEY	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 708 SAHARA DR GREENVILLE TX 75402		
Principal occupation / Job title (See Instructions) REAL ESTATE BUSINESS OWNER		Employer (See Instructions) THE TARPLEY AGENCIES
Date 12/17/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: KRISTINA DIXON	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1373 N VS HWY 469 GREENVILLE TX 75401		
Principal occupation / Job title (See Instructions) MANUFACTURING - COO		Employer (See Instructions) MACHINE AUTOMATION & FABRICATION
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 of 3

2 FILER NAME

DAREN H MONEY

3 Filer ID (Ethics Commission Filers)

4 Date

12/19/25

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jerry Ransom

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

Po Box 8703 Greenville TX 75404

8 Principal occupation / Job title (See Instructions)

Political office - Mayor

9 Employer (See Instructions)

City of Greenville

Date

12/19/25

Full name of contributor

☐ out-of-state PAC (ID#:

JUSTIN
JASON CUNNINGHAM

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

304 JACKSON ST WOLFE CITY TX 75456

Principal occupation / Job title (See Instructions)

Hauling Services Business Owner

Employer (See Instructions)

CUNNINGHAM Heavy Haul LLC

Date

12/24/25

Full name of contributor

☐ out-of-state PAC (ID#:

Harold Roseberry

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

1279 CR 1031 Greenville TX 75401

Principal occupation / Job title (See Instructions)

Farmers BUSINESS OWNER

Employer (See Instructions)

Roseberry Farms

Date

1/6/26

Full name of contributor

☐ out-of-state PAC (ID#:

Larry Bryant

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

770 CR 2740 CADDOUSIA, TX 75135

Principal occupation / Job title (See Instructions)

Farming BUSINESS OWNER

Employer (See Instructions)

Bryant Farms

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:

3 of 3

2 FILER NAME

DAREN H MONEY

3 Filer ID (Ethics Commission Filers)

4 Date

01/06/26

5 Full name of contributor

☐ out-of-state PAC (ID#:

William R Warren

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

8412 N US HWY 69 CELESTE TX 75423

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

01/12/26

Full name of contributor

☐ out-of-state PAC (ID#:

Stanley Phifer

Amount of contribution (\$)

2500.00

Contributor address;

City;

State;

Zip Code

PO BOX 814 FARMERSVILLE TX 75442

Principal occupation / Job title (See Instructions)

DRILLING & DRAINAGE - BUSINESS OWNER

Employer (See Instructions)

WYLIE DRILLING & DRAINAGE

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.

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:

1

2 FILER NAME

DAREN H MONEY

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 3600.00

5 Date of loan

11/10/25

7 Name of lender

☐ out-of-state PAC (ID#: _____)

DAREN H MONEY

9 Loan Amount (\$)

3000.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address;

City;

State;

Zip Code

1009 CR1081 GREENVILLE TX 75402

10 Interest rate

-0-

11 Maturity date

-0-

12 Principal occupation / Job title (See Instructions)

Auto Collision Repair - Manager

13 Employer (See Instructions)

Freedom Ford

14 Description of Collateral

☒ none

15

☒ Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address;

City;

State;

Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

11/12/25

Name of lender

☐ out-of-state PAC (ID#: _____)

DAREN H MONEY

Loan Amount (\$)

600.00

Is lender a financial institution?

Y ☒ N

Lender address;

City;

State;

Zip Code

1009 CR1081 GREENVILLE TX 75402

Interest rate

-0-

Maturity date

-0-

Principal occupation / Job title (See Instructions)

Auto Collision Repair MANAGER

Employer (See Instructions)

Freedom Ford

Description of Collateral

☒ none

☒ Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☒ not applicable

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.

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: 3	2 FILER NAME DAREN H MONEY	3 Filer ID (Ethics Commission Filers)
4 Date 11/28/25	5 Payee name ALLIANCE BANK	
6 Amount (\$) 5.00	7 Payee address; City; State; Zip Code 6609 Wesley St Greenville TX 75402	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Bank statement
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 12/11/25	Payee name Fix and Feed		
Amount (\$) 78.38	Payee address; City; State; Zip Code 2550 Mangum St Commerce TX 75428		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Sign poles & ties	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 12/12/25	Payee name Hobby Lobby		
Amount (\$) 69.18	Payee address; City; State; Zip Code 3134 I30 Greenville TX 75402		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Christmas lights for truck used in Wolfe City & Merit Christmas Parades	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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: 2 of 3		2 FILER NAME DAREN H MONEY		3 Filer ID (Ethics Commission Filers)	
4 Date 12/24/25		5 Payee name HUNT COUNTY THEFT Reports			
6 Amount (\$) 625.00		7 Payee address; 1009 Chesnut Lane		City; Cooper	State; TX
				Zip Code 75432	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Bill Board & Facebook		
	(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 01/08/26		Payee name Hunt County Theft Reports			
Amount (\$) 300.00		Payee address; 1009 Chestnut Lane		City; Cooper	State; TX
				Zip Code 75432	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Additional Bill Board		
	<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 01/08/26		Payee name Tees To Go			
Amount (\$) 3204.53		Payee address; 2805 MITCHELL ST STE 702		City; Greenville	State; TX
				Zip Code 75402	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Signs, Caps, Tee Shirts		
	<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

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: 3 of 3	2 FILER NAME DARAN H MONEY	3 Filer ID (Ethics Commission Filers)
4 Date 12/18/25	5 Payee name HUNT COUNTY THEFT REPORTS	
6 Amount (\$) 400.00	7 Payee address; City; State; Zip Code 1009 CHESTNUT LN COOPER TX 75432	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description BILL BOARD
	(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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 01/07/26	Payee name CITY OF GREENVILLE		
Amount (\$) 145.19	Payee address; City; State; Zip Code 2821 Washington St Greenville TX 75401		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Venue for Event	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 PERSONAL FUNDS

SCHEDULE G

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 G:		2 FILER NAME DAREN H MONEY		3 Filer ID (Ethics Commission Filers)	
4 Date 11/13/25		5 Payee name Tees to Go			
6 Amount (\$) 3112.19 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 2805 MITCHELL ST GREENVILLE STE 702		City; TX	State; TX
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Yard & Road Signs	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 01/07/26		Payee name City of Greenville			
Amount (\$) 487.84 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 2821 WASHINGTON ST		City; Greenville	State; TX
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Expense		Description Venue for event	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
<input type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule)		Description	
PURPOSE OF EXPENDITURE		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 F4: N/A	2 FILER NAME DAREN H MONEY	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date	6 Payee name	
7 Amount, (\$)	8 Payee address; City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		