

# 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 /<br>OFFICEHOLDER<br>NAME  | MS / MRS / MR<br>Lisa   |   | MI  | OFFICE USE ONLY<br><br>Date Received<br><br>FILE FOR RECORD<br>26 JAN 14 PH 2:55<br>SAM HARRISON<br>CLERK COOKE CO. TX<br>DEPUTY<br>BY                 |               |            |
|  | NICKNAME  | LAST<br>Newton  | SUFFIX  |  |               |            |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br>Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>2959 cr 224 Gainesville, TX 76240   |   |   |  |               |            |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE  | AREA CODE<br>(940 )   | PHONE NUMBER<br>736-7595  | EXTENSION   | Date Hand-delivered or Date Postmarked   |               |            |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR<br>Lisa   | MI  | Receipt #   | Amount \$  |               |            |
|  | NICKNAME<br>Newton  | LAST  | Date Processed  |  |               |            |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)            | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;<br>2959 cr 224 Gainesville, TX 76240  |   |   | STATE; ZIP CODE  |               |            |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE<br>( 940 )  | PHONE NUMBER<br>736-7595  | EXTENSION   |  |               |            |
| 9 REPORT TYPE  | <input checked="" type="checkbox"/> January 15<br><input type="checkbox"/> July 15  | <input type="checkbox"/> 30th day before election<br><input type="checkbox"/> 8th day before election | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> Final Report (Attach C/OH - FR) |               |            |
| 10 PERIOD<br>COVERED   | Month<br>11   | Day<br>/ 5 /  | Year<br>25  | Month<br>12  | Day<br>/ 31 / | Year<br>25 |
| 11 ELECTION  | ELECTION DATE<br>Month<br>3 / Day<br>/ 3 / Year<br>26   | <input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General                       | <input type="checkbox"/> Runoff<br><input type="checkbox"/> Special                           | ELECTION TYPE<br>Other Description   |               |            |
| 12 OFFICE  | OFFICE HELD (if any)  |   |   | 13 OFFICE SOUGHT (if known)<br>County Clerk  |               |            |
| 14 NOTICE FROM<br>POLITICAL<br>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. |   |   |  |               |            |
| Additional Pages<br>-  | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><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<br>Lisa Newton | 16 Filer ID (Ethics Commission Filers)  |
| 17 CONTRIBUTION<br>TOTALS   | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)<br><b>\$ 1,125.00</b> |
| EXPENDITURE<br>TOTALS       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)<br><b>\$ 1,125.00</b>  |
| CONTRIBUTION<br>BALANCE     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.<br><b>\$ 750.00</b>  |
| OUTSTANDING<br>LOAN TOTALS  | 4. TOTAL POLITICAL EXPENDITURES<br><b>\$ 750.00</b>   |
|                             | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD<br><b>\$ 375.00</b>  |
|                             | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD<br><b>\$</b>  |

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 Lisa Newton this the 14th day of January, 20 24, to certify which, witness my hand and seal of office.

Pat Harrison  
Signature of officer administering oath

Tom Harrison  
Printed name of officer administering oath

County Clerk  
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</b> FILER NAME<br><b>Lisa Newton</b>   | <b>20</b> Filer ID (Ethics Commission Filers) |
| <b>21</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   | SUBTOTAL AMOUNT                               |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                         | \$ <b>1,125.00</b>                            |
| 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 | \$ <b>750.00</b>                              |
| 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>1</b>                   |
| <b>2 FILER NAME</b><br><b>Lisa Newton</b>   |  |   | <b>3 Filer ID (Ethics Commission Filers)</b>          |
| <b>4 Date</b><br><b>11/15/2025</b>  | <b>5 Full name of contributor</b><br><b>Michael J Newton</b> | out-of-state PAC (ID#:<br>.....)                    | <b>7 Amount of contribution (\$)</b><br><b>750.00</b> |
|   | <b>6 Contributor address:</b><br>[REDACTED]                  | City: _____ State: _____ Zip Code: _____            |   |
| <b>8 Principal occupation / Job title (See Instructions)</b><br><b>Retired</b>  |  | <b>9 Employer (See Instructions)</b><br><b>none</b> |   |
| <b>Date</b><br><b>11/23/2025</b>  | <b>Full name of contributor</b><br><b>Chuck Bartush</b>      | out-of-state PAC (ID#:<br>.....)                    | <b>Amount of contribution (\$)</b><br><b>75.00</b>    |
|   | <b>Contributor address:</b><br>[REDACTED]                    | City: _____ State: _____ Zip Code: _____            |   |
| <b>Principal occupation / Job title (See Instructions)</b>  |  | <b>Employer (See Instructions)</b>                  |   |
| <b>Date</b><br><b>12/09/2025</b>  | <b>Full name of contributor</b><br><b>Jim Austin</b>         | out-of-state PAC (ID#:<br>.....)                    | <b>Amount of contribution (\$)</b><br><b>300.00</b>   |
|   | <b>Contributor address:</b><br>[REDACTED]                    | City: _____ State: _____ Zip Code: _____            |   |
| <b>Principal occupation / Job title (See Instructions)</b>  |  | <b>Employer (See Instructions)</b>                  |   |
| <b>Date</b>   | <b>Full name of contributor</b>                              | out-of-state PAC (ID#:<br>.....)                    | <b>Amount of contribution (\$)</b>                    |
|   | <b>Contributor address:</b>                                  | City: _____ State: _____ Zip Code: _____            |   |
| <b>Principal occupation / Job title (See Instructions)</b>  |  | <b>Employer (See Instructions)</b>                  |   |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b><br>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<br><b>Lisa Newton</b>   | 3 Filer ID (Ethics Commission Filers)    |  |
| 4 Date<br><b>11/15/2025</b>                                  | 5 Payee name<br><b>Republican Party of Cooke County</b>  |  |  |
| 6 Amount (\$)<br><b>750.00</b>                               | 7 Payee address;<br><br><b>701 E California St. #304 Gainesville, TX 76240</b>                                 | City;<br>State;<br>Zip Code              |  |
| Check if individual's residence address.                     |  |  |  |
| 8<br><br><b>PURPOSE OF EXPENDITURE</b>                       | (a) Category (See Categories listed at the top of this schedule)<br><br><b>Fees</b>                            | (b) Description<br><br><b>Filing Fee</b> |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.<br>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   | Payee name   |  |  |
| Amount (\$)  | Payee address;   | City;                                    | State;<br>Zip Code                               |
| Check if individual's residence address.                     |  |  |  |
| 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;<br>Zip Code                               |
| Check if individual's residence address.                     |  |  |  |
| 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                                      |
| <b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>   |  |  |  |