

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 Filer)	2 Total pages filed: 13			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS NICKNAME			FIRST Karla LAST Metzler MI SUFFIX			
				OFFICE USE ONLY			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE			Date Received 26 FEB -2 AM 10:09			
	681 CR 404 Gainesville, TX 76240						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 902-3102	EXTENSION	Date Hand-delivered or Date Postmarked PAT HARRISON COUNTY CLERK, COKE CO. TX			
				Receipt # 1 Amount \$ 26 FEB -2 AM 10:09			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME			FIRST Glenn LAST Polk MI SUFFIX			
				Date Processed 26 FEB -2 AM 10:09			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY; STATE; ZIP CODE			
	121 Bowie Dr.			Gainesville, TX. 76240			
8 CAMPAIGN TREASURER PHONE	AREA CODE (817)	PHONE NUMBER 988-7547	EXTENSION	Date Imaged 26 FEB -2 AM 10:09			
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 1	Day 1	Year 26	Month 1	Day 22	Year 26	
				THROUGH			
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month 3	Day 3	Year 26	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	North Central Texas Trustee/Regent			Cook County Judge			
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 <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	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)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

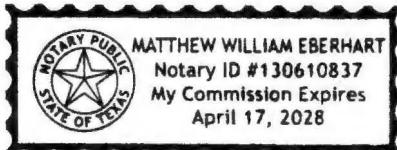
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by KARLA METZLER this the 30th day of JANUARY, 20 26, to certify which, witness my hand and seal of office.

Matthew William Eberhart
Signature of officer administering oath

MATTHEW WILLIAM EBERHART
Printed name of officer administering oath

NOTARY PUBLIC
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 Karla Metzler	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,479.89
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 406.24
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,961.87
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	\$ 300.00
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: 5
2 FILER NAME Karla Metzler			3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Full name of contributor Dale and Elaine Schilling	out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/06/2026	Full name of contributor Trent Polk	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 1,000.00
Contributor address; [REDACTED]		City; [REDACTED]	State; [REDACTED]
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/06/2026	Full name of contributor Kim Hart	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 20.26
Contributor address; [REDACTED]		City; [REDACTED]	State; [REDACTED]
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/06/2026	Full name of contributor Dylan Scoggins	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 19.15
Contributor address; [REDACTED]		City; [REDACTED]	State; [REDACTED]
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.			

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: 5
2 FILER NAME Karla Metzler			3 Filer ID (Ethics Commission Filers)
4 Date 01/05/2026	5 Full name of contributor Gina Dill	6 Contributor address; [REDACTED]	7 Amount of contribution (\$) 20.26
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/08/2026	Full name of contributor Marchant Leadership Fund	out-of-state PAC (ID#: [REDACTED]	Amount of contribution (\$) 1,000.00
Contributor address: [REDACTED]		City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/08/2026	Full name of contributor Patricia Crawford	out-of-state PAC (ID#: [REDACTED]	Amount of contribution (\$) 20.26
Contributor address: [REDACTED]		City; State; Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/08/2026	Full name of contributor Josh & Dallas Stringfellow	out-of-state PAC (ID#: [REDACTED]	Amount of contribution (\$) 500.00
Contributor address: [REDACTED]		City; State; Zip Code [REDACTED]	
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.			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 5
2 FILER NAME Karla Metzler			3 Filer ID (Ethics Commission Filers)
4 Date 01/06/2026	5 Full name of contributor Allen & Debbie Fleitman	out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) 250.00
6 Contributor address; [REDACTED]		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/08/2026	Full name of contributor Dana Moore	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 20.26
Contributor address; [REDACTED]		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/08/2026	Full name of contributor Shirley Dieter	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 479.70
Contributor address; [REDACTED]		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/12/2026	Full name of contributor Ryan & Christy Morris	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 2,500.00
Contributor address; [REDACTED]		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.			

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: 5
2 FILER NAME Karla Metzler			3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2026	5 Full name of contributor Vikki Estes	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50.00
6 Contributor address; [REDACTED]			City; State; Zip Code
8 Principal occupation / Job title (See Instructions)			Employer (See Instructions)
Date 01/13/2026	Full name of contributor Glenn Polk Auto Group	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)			Employer (See Instructions)
Date 01/08/2026	Full name of contributor James Goldsworthy State Farm	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
Contributor address; [REDACTED]			City; State; Zip Code
Principal occupation / Job title (See Instructions)			Employer (See Instructions)
Date 01/18/2026	Full name of contributor John Schmitz	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 5,000.00
Contributor address; [REDACTED]			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.			

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: 5
2 FILER NAME Karla Metzler			3 Filer ID (Ethics Commission Filers)
4 Date 01/20/2026	5 Full name of contributor Melvin & Lisa Schilling	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 100.00
6 Contributor address; [REDACTED]		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 01/21/2026	Full name of contributor Loren Mauk	out-of-state PAC (ID#_____)	Amount of contribution (\$) 1,000.00
Contributor address; [REDACTED]		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)	
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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1
2 FILER NAME Karla Metzler		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 01/12/2026	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Judy Nehib	8 Amount of Contribution \$ 9 In-kind contribution description 64.00 Food
Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 01/20/2026	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dale & Elaine Schilling	Amount of Contribution \$ In-kind contribution description 342.24 Food
Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
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/Vegetas/Contract Labor	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 Karla Metzler	3 Filer ID (Ethics Commission Filers)	
4 Date 01/05/2026	5 Payee name Weekly News of Cooke County		
6 Amount (\$) 362.25	7 Payee address; 216 W. Pecan St. Gainesville, TX 76240 <small>Check if individual's residence address.</small>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Print Ad	
	(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 01/05/2026	Payee name Lindsay Letter		
Amount (\$) 554.75	Payee address; 117 1st. Street Muenster, TX 76252 <small>Check if individual's residence address.</small>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Ad	
	<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 01/12/2026	Payee name Weekly News of Cooke County		
Amount (\$) 362.25	Payee address; 216 W. Pecan St. Gainesville, TX 76240 <small>Check if individual's residence address.</small>	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Ad	
	<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

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: 3	2 FILER NAME Karla Metzler	3 Filer ID (Ethics Commission Filers)
4 Date 01/12/2026	5 Payee name Lindsay Letter	
6 Amount (\$) 398.00	7 Payee address; 117 1st. Street Muenster, TX 76252 Check if individual's residence address.	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Print Ad
	(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
Date 01/19/2026	Payee name Lindsay Letter	Office held
Amount (\$) 552.00	Payee address; 117 1st. Street Muenster, TX 76252 Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Ad
	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
Date 01/21/2026	Payee name Weekly News of Cooke County	Office held
Amount (\$) 724.50	Payee address; 216 W. Pecan St. Gainesville, TX 76240 Check if individual's residence address.	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Print Ad
	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	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: 3	2 FILER NAME Karla Metzler	3 Filer ID (Ethics Commission Filers)	
4 Date 01/22/2026	5 Payee name Gainesville Printing		
6 Amount (\$) 8.12	7 Payee address; 204 Denison Street Gainesville, TX 76240 <small>Check if individual's residence address.</small>	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Printing Expense	
	(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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	<small>Check if individual's residence address.</small>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	<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			

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	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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
1	Karla Metezler			
4 Date	5 Payee name			
01/05/2026	KGAF			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	P.O. Box 368, Gainesville, TX 76241			
	Check if individual's residence address.			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising Expense	Radio Ad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought	Office held	
Complete ONLY if direct expenditure to benefit C/OH				

Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
<input checked="" type="checkbox"/> Reimbursement from political contributions intended	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 ONLY 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 checked="" type="checkbox"/> Reimbursement from political contributions intended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				