# 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: MRS | FIRST: Cindy | MI: LB | NICKNAME | LAST: Barksdale | SUFFIX

**4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS**

☐ Change of Address

ADDRESS / PO BOX: PO Box 92 | APT / SUITE #: | CITY: Chico, TX | STATE: | ZIP CODE: 76431

**5 CANDIDATE/ OFFICEHOLDER PHONE**

AREA CODE: (940) | PHONE NUMBER: 210 - 1416 | EXTENSION

**6 CAMPAIGN TREASURER NAME**

MS / MRS / MR: MRS | FIRST: Cindy | MI | NICKNAME | LAST: Barksdale | SUFFIX

**7 CAMPAIGN TREASURER ADDRESS** (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 107 N Mount Street | APT / SUITE #: | CITY: Chico | STATE: TX | ZIP CODE: 76431

**8 CAMPAIGN TREASURER PHONE**

AREA CODE: (940) | PHONE NUMBER: 210 - 1416 | EXTENSION

**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: 1 / 23 / 2026 THROUGH 2 / 21 / 2026

**11 ELECTION**

ELECTION DATE — Month / Day / Year: 3 / 3 / 2026

ELECTION TYPE

- ☒ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

**12 OFFICE**

OFFICE HELD (if any):

**13 OFFICE SOUGHT** (if known): Justice of the Peace, Pct. 2

**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.

☐ Additional Pages

COMMITTEE TYPE

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

**OFFICE USE ONLY**

Date Received: 4:16 FILED o'clock P M

FEB 23 2026

SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS

By: _____ Deputy

Date Hand-Delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

**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) | $ 23.70 |
| | **2.** | **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | $ Ø |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | $ Ø |
| | **4.** | **TOTAL POLITICAL EXPENDITURES** | $ 189.26 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | $ 785.35 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | $ Ø |

**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.

Cindy Buckner Barksdale
Signature of Candidate or Officeholder

## Please complete either option below:

AMANDA KNOX
Notary Public
STATE OF TEXAS
ID# 13420440-3
My Comm. Exp. Feb. 15, 2027

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Cindy Buckner Barksdale this the 23 day of February 20 26, to certify which, witness my hand and seal of office.

Amanda Knox — Amanda Knox — Chief Deputy
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 | 20 Filer ID (Ethics Commission Filers) |
|---|---|
| Cindy Barksdale | |

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | | SUBTOTAL AMOUNT |
|---|---|---|---|
| 1. | ☐ | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | $ |
| 2. | ☐ | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | $ |
| 3. | ☐ | SCHEDULE B: PLEDGED CONTRIBUTIONS | $ |
| 4. | ☐ | SCHEDULE E: LOANS | $ |
| 5. | ☒ | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | $ 179.50 |
| 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 | $ 9.76 |
| 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 | $ |

# 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 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 1 | Cindy Barksdale | |

| 4 Date | 5 Payee name |
|---|---|
| 2/12/2026 | Wise County Messenger |

| 6 Amount ($) | 7 Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 178.20 | 115 S. Trinity St. | Decatur, | TX | 76234 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Newspaper Ad |

(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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 | Payee name |
|---|---|
| 2/16/2026 | Anedot |

| Amount ($) | Payee address; | City; | State; | Zip Code |
|---|---|---|---|---|
| 1.30 | 1920 McKinney Ave, 7th Floor | Dallas | TX | 75201 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Fee | Online Card Processing |

☐ 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 |
|---|---|---|---|---|
| | | | | |

| 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**

# 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 | 3 Filer ID (Ethics Commission Filers) |
|---|---|---|
| 1 | Cindy Barksdale | |

| 4 Date | 5 Payee name |
|---|---|
| 1/24/26 | Name Cheap |

| 6 Amount ($) | 7 Payee address; City; State; Zip Code |
|---|---|
| 4.88 ☐ Reimbursement from political contributions intended | 4600 East Washington St. Suite 300, Phoenix, AZ 85304 |

| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
|---|---|---|
| | Advertising | Website |
| | (c) ☐ Check if travel outside of Texas. Complete Schedule T. | ☐ 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 | Payee name |
|---|---|
| 2/21/2026 | Name Cheap |

| Amount ($) | Payee address; City; State; Zip Code |
|---|---|
| 4.88 ☐ Reimbursement from political contributions intended | 4600 East Washington St. Suite 300, Phoenix, AZ 85304 |

| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
|---|---|---|
| | Advertising | Website |
| | ☐ 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 |
|---|---|
| ☐ Reimbursement from political contributions intended | |

| 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**