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: 12

OFFICE USE ONLY

Date Received
FILED
4:50 o'clock P M
JUL 15 2026
SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS
Date Hand-Delivered / Date Postmarked
By Amanda Kma Deputy

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs. | FIRST: Cindy | MI: L B | 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 | FIRST: Cindy | MI | NICKNAME | LAST: Barksdale | SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 107 N. Mount St. | 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 / 1 / 2026 THROUGH Month / Day / Year: 6 / 30 / 2026

11 ELECTION

ELECTION DATE — Month / Day / Year: / /

ELECTION TYPE
- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☐ General
- ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

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
- ☐ GENERAL
- ☐ 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)	$ 142.20
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 422.20
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 1302.97
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 48.70
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0.00

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

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

Sworn to and subscribed before me by Cindy Barksdale this the 15 day of July, 20 26, to certify which, witness my hand and seal of office.

Amanda Knox — Amanda Knox — Chief Deputy EA

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)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$ 280.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	SCHEDULE E: LOANS	$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$ 1255.25
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	$ 127.72
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	$

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 Cindy Barksdale	**3** Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS	$ 280.00

5 Date	**6** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**8** Amount of Contribution $	**9** In-kind contribution description
Feb 1, 2026	Kelly Martin **7** Contributor address; City; State; Zip Code 808 CR 1895 Sunset TX 76270	280.00	Signs
		☐ Check if travel outside of Texas. Complete Schedule T.	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Nurse	**11** Employer (FOR NON-JUDICIAL) (See Instructions) Medical City
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	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution $	In-kind contribution description
	Keith Martin Contributor address; City; State; Zip Code	☐ 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
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)
4	Cindy Barksdale	

Expenditure 1

4 Date	5 Payee name	
1/5/24	Wise County Messenger	
6 Amount ($)	**7 Payee address;**	**City; State; Zip Code**
500.00	115 S. Trinity St.	Decatur Texas 76234
	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	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

Expenditure 2

Date	Payee name	
1/14/24	Anedot	
Amount ($)	**Payee address;**	**City; State; Zip Code**
1.30	1920 McKinney Ave 7th Floor	Dallas TX 75201
	Check if individual's residence address.	
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

Expenditure 3

Date	Payee name	
1/22/24	~~Anedot~~ Wise Republican Women	
Amount ($)	**Payee address;**	**City; State; Zip Code**
29.25	PO Box 1819	Boyd TX 76023
	Check if individual's residence address.	
PURPOSE OF EXPENDITURE	**Category** (See Categories listed at the top of this schedule)	**Description**
	Advertising fee	Candidate Table @ Red Gala
	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 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)
4	Cindy Barksdale	

Expenditure 1

4 Date	5 Payee name			
Feb. 22,26	Wise County Messenger			
6 Amount ($)	**7** Payee address;	City;	State;	Zip Code
178.20	115 S. Trinity St.	Decatur	TX	76234
	Check if individual's residence address.			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertisement	Advertisement
	(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

Expenditure 2

Date	Payee name			
Feb. 14, 26	Anedot			
Amount ($)	Payee address;	City;	State;	Zip Code
1.30	1920 McKinney Ave. 7th Floor	Dallas	TX	75201
	Check if individual's residence address.			

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

Expenditure 3

Date	Payee name			
3/14/26	Anedot			
Amount ($)	Payee address;	City;	State;	Zip Code
1.30	1920 McKinney Ave 7th Floor	Dallas	TX	75201
	Check if individual's residence address.			

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

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 FILER NAME	3 Filer ID (Ethics Commission Filers)
4	Cindy Barksdale	

4 Date	5 Payee name
3/15/2	The Trophy Shop

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
540.00	113 West Decatur Check if individual's residence address.	Chico	TX	76431

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Printing Expense	Signs
	(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
4/14/26	Anedot

Amount ($)	Payee address;	City;	State;	Zip Code
1.30	1920 McKinney Ave. 7th floor Check if individual's residence address.	Dallas	TX	75201

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Fee	Online Processing fee
	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
5/14/26	Anedot

Amount ($)	Payee address;	City;	State;	Zip Code
1.30	1920 McKinney Ave 7th Floor Check if individual's residence address.	Dallas	TX	75201

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

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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)
4	Cindy Barksdale	

4 Date	5 Payee name
6/14/26	Anedot

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
1.30	1920 McKinney Ave. 7th floor	Dallas	TX	75201

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
Fee	Online Processing Fee

(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

Amount ($) | Payee address; | City; | State; | 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 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

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

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: 4

2 FILER NAME: Cindy Barksdale

3 Filer ID (Ethics Commission Filers)

4 Date: 1/14/26

5 Payee name: Namecheap

6 Amount ($): 4.89

Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 4600 E. Washington St. Suite 300, Phoenix AZ 85304

Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising

(b) Description: 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: 1/25/24

Payee name: Canva

Amount ($): 16.24

Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 3212 E. Cesar Chavez Blvd. Austin TX 78702

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising

Description: 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: 2/14/26

Payee name: Namecheap

Amount ($):

Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 4600 E. Washington St. Suite 300, Phoenix AZ 85304

Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising

Description: 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

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: 4

2 FILER NAME: Cindy Barksdale

3 Filer ID (Ethics Commission Filers)

4 Date: 12/25/26

5 Payee name: Canva

6 Amount ($): 16.24
Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 3212 E. Cesar Chavez Bldg, Austin, TX, 78702
Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising
(b) Description: 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: 3/14/24
Payee name: Namecheap
Amount ($): 4.99
Reimbursement from political contributions intended
Payee address; City; State; Zip Code: 4600 E Washington, Ste 300, Phoenix, AZ, 85034
Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising
Description: 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: 3/25/26
Payee name: Canva
Amount ($): 16.24
Reimbursement from political contributions intended
Payee address; City; State; Zip Code: 3212 E. Cesar Chavez Bld. Austin TX 78702
Check if individual's residence address.

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): Advertising
Description: 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

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: 4	2 FILER NAME Cindy Barksdale	3 Filer ID (Ethics Commission Filers)

Expenditure 1

4 Date	5 Payee name
4/14/26	Namecheap

6 Amount ($)	7 Payee address; City; State; Zip Code
4.88 Reimbursement from political contributions intended	4600 E. Washington St. Suite 300, Phoenix, AZ. 85304 Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description

(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

Expenditure 2

Date	Payee name
4/25/24	Canva

Amount ($)	Payee address; City; State; Zip Code
16.24 Reimbursement from political contributions intended	3212 E. Cesar Chavez Bld. Austin TX 78702 Check if individual's residence address.

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

Expenditure 3

Date	Payee name
5/14/26	Namecheap

Amount ($)	Payee address; City; State; Zip Code
4.88 Reimbursement from political contributions intended	4600 E. Washington St Suite 300 Phoenix AZ 85304 Check if individual's residence address.

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

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: 4

2 FILER NAME: Cindy Barksdale

3 Filer ID (Ethics Commission Filers)

---

4 Date: 5/25/26

5 Payee name: Canva

6 Amount ($): 16.24
Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 3212 E. Ceasar Chavez Bld, Austin TX 78702
Check if individual's residence address.

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): Advertising

(b) Description: 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: 6/14/26

Payee name: Namecheap

Amount ($): 5.00 5.88
Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 4600 E. Washington St suite 300 Phoenix AZ 85034
Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising

Description: 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: 6/25/26

Payee name: Canva

Amount ($): 16.24
Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 3212 E. Ceasar Chavez Bld. Austin TX 78702
Check if individual's residence address.

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): Advertising

Description: 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED