

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00088122	<b>2 Total pages filed:</b> 15	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr.	FIRST Detrick V.	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/15/2025
	NICKNAME	LAST DeBurr	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2900 Painted Lake Circle #305  The Colony, TX 75056		ZIP CODE	Date Hand-delivered or Date Postmarked
				Receipt #      Amount
				Date Processed
				Date Imaged
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST Terry R.	MI	
	NICKNAME	LAST Washington Jr.	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1905 Purdue Drive  Glenn Heights, TX 75154		APT / SUITE #;	CITY; STATE; ZIP CODE
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (469)	PHONE NUMBER 765-5637	EXTENSION	
<b>8 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input 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)			
<b>9 PERIOD COVERED</b>	Month    Day    Year 10/27/2024	THROUGH	Month    Day    Year 12/31/2024	
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any) None District 65 Denton		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 65	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

2 of 15

**13 C / OH NAME** DeBurr, Detrick V. (Mr.) **14 Filer ID** (Ethics Commission Filers)  
00088122

**15 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	608.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	1,189.10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	580.38

**17 AFFIDAVIT**

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.

Mr. Detrick V. DeBurr  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH**

<b>18 FILER NAME</b> DeBurr, Detrick V. (Mr.)	<b>19 Filer ID</b> (Ethics Commission Filers) 00088122
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<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 608.72
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	\$ 580.38
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 1,189.10
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/9 Rpt: 4/15
<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088122
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Roberta (Ms.)	<b>7</b> Amount of Contribution (\$)  \$1.00
	<b>6</b> Contributor address; City; State; Zip Code  Olympia, WA 98508	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Adams, Roberta (Ms.)	Amount of Contribution (\$)  \$1.03
	Contributor address; City; State; Zip Code  Olympia, WA 98508	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Allen-Savietta, Cora (Ms.)	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Austin, TX 78752	
Principal occupation / Job title (See Instructions) Statistician		Employer (See Instructions) Berry Consultants
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Boardman, Charles (Mr.)	Amount of Contribution (\$)  \$2.50
	Contributor address; City; State; Zip Code  Madison, WI 53711	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Brown, Margarita (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Fairfax, VA 22031	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/9 Rpt: 5/15
<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088122
<b>4</b> Date 11/13/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carranza, Susana (Ms.)	<b>7</b> Amount of Contribution (\$)  \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701	
<b>8</b> Principal occupation / Job title (See Instructions) Chemical Engineer		<b>9</b> Employer (See Instructions) Makel Engineering Inc.
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Carranza, Susana (Ms.)	Amount of Contribution (\$)  \$5.00
	Contributor address; City; State; Zip Code  Austin, TX 78701	
Principal occupation / Job title (See Instructions) Chemical Engineer		Employer (See Instructions) Makel Engineering Inc.
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Compost, Shalom (Ms.)	Amount of Contribution (\$)  \$9.87
	Contributor address; City; State; Zip Code  Santa Cruz, CA 95062	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Daly, Gina (Ms.)	Amount of Contribution (\$)  \$50.00
	Contributor address; City; State; Zip Code  Lantana, TX 76226	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dooley, Winifred (Ms.)	Amount of Contribution (\$)  \$178.57
	Contributor address; City; State; Zip Code  Burbank, CA 91505	
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) Winifred Dooley

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/9 Rpt: 6/15
<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088122
<b>4</b> Date 11/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dooley, Winifred (Ms.)	<b>7</b> Amount of Contribution (\$)  \$11.37
<b>6</b> Contributor address; City; State; Zip Code  Burbank, CA 91505		
<b>8</b> Principal occupation / Job title (See Instructions) writer		<b>9</b> Employer (See Instructions) Winifred Dooley
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen (Ms.)	Amount of Contribution (\$)  \$4.16
Contributor address; City; State; Zip Code  Austin, TX 78745		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fine, Mary Ellen (Ms.)	Amount of Contribution (\$)  \$4.16
Contributor address; City; State; Zip Code  Austin, TX 78745		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furth, Robin (Ms.)	Amount of Contribution (\$)  \$1.00
Contributor address; City; State; Zip Code  Surry, ME 04684		
Principal occupation / Job title (See Instructions) Researcher/Archivist		Employer (See Instructions) Stephen King
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Green, Carolyn (Ms.)	Amount of Contribution (\$)  \$2.05
Contributor address; City; State; Zip Code  Somerset County, NJ 08873		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/9 Rpt: 7/15
<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088122
<b>4</b> Date 11/03/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Haney, William (Mr.)	<b>7</b> Amount of Contribution (\$)  \$227.28
	<b>6</b> Contributor address; City; State; Zip Code  Wayland, MA 01778	
<b>8</b> Principal occupation / Job title (See Instructions) CEO		<b>9</b> Employer (See Instructions) Dragonfly
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Joseph, Pinna (Ms.)	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Scottsdale, AZ 85250	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Kisslinger, Leonard (Mr.)	Amount of Contribution (\$)  \$1.00
	Contributor address; City; State; Zip Code  Pittsburgh, PA 15213	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Lemmond, byron (Mr.)	Amount of Contribution (\$)  \$7.00
	Contributor address; City; State; Zip Code  Katy, TX 77449	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Link, Mary (Ms.)	Amount of Contribution (\$)  \$1.37
	Contributor address; City; State; Zip Code  Ashfield, MA 01330	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/9 Rpt: 8/15
<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088122
<b>4</b> Date 10/28/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longo, Antonella (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Highland Village, TX 75077	<b>7</b> Amount of Contribution (\$)  \$10.00
<b>8</b> Principal occupation / Job title (See Instructions) Research Scientist		<b>9</b> Employer (See Instructions) UNT
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longo, Antonella (Ms.) <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Research Scientist		Employer (See Instructions) UNT
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Longo, Antonella (Ms.) <hr/> Contributor address; City; State; Zip Code  Highland Village, TX 75077	Amount of Contribution (\$)  \$10.00
Principal occupation / Job title (See Instructions) Research Scientist		Employer (See Instructions) UNT
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Marcus, David (Mr.) <hr/> Contributor address; City; State; Zip Code  Somerville, MA 02143	Amount of Contribution (\$)  \$2.05
Principal occupation / Job title (See Instructions) Senior Software Support Specialist		Employer (See Instructions) InterSystems Corporation
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) McClure, Edward (Mr.) <hr/> Contributor address; City; State; Zip Code  Princeton, NJ 08542	Amount of Contribution (\$)  \$2.05
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Saba Software Inc.



# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/9 Rpt: 9/15
<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088122
<b>4</b> Date 10/27/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Merizan, Mark (Mr.)	<b>7</b> Amount of Contribution (\$)
	<b>6</b> Contributor address; City; State; Zip Code  Sherwood, OR 97140	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Oertel, Lauren (Ms.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Austin, TX 78754	
Principal occupation / Job title (See Instructions) Organizer		Employer (See Instructions) Indivisible
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Poston, Dan (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  Cincinnati, OH 45248	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raffaelli, Paulo (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Francisco, CA 94112	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cisco Meraki
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Raffaelli, Paulo (Mr.)	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code  San Francisco, CA 94112	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cisco Meraki

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/9 Rpt: 10/15
<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088122
<b>4</b> Date 10/29/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Smith, Aleta (Ms.)	<b>7</b> Amount of Contribution (\$)  \$4.00
	<b>6</b> Contributor address; City; State; Zip Code  Newbury Park, CA 91320	
<b>8</b> Principal occupation / Job title (See Instructions) Not Employed		<b>9</b> Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana (Ms.)	Amount of Contribution (\$)  \$2.08
	Contributor address; City; State; Zip Code  Austin, TX 78751	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana (Ms.)	Amount of Contribution (\$)  \$2.08
	Contributor address; City; State; Zip Code  Austin, TX 78751	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Spain, Diana (Ms.)	Amount of Contribution (\$)  \$2.08
	Contributor address; City; State; Zip Code  Austin, TX 78751	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, M (Mr.)	Amount of Contribution (\$)  \$4.17
	Contributor address; City; State; Zip Code  Pflugerville, TX 78660	
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ascension

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/9 Rpt: 11/15
<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088122
<b>4</b> Date 12/26/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Ward, M (Mr.)	<b>7</b> Amount of Contribution (\$)  \$4.17
<b>6</b> Contributor address; City; State; Zip Code  Pflugerville, TX 78660		
<b>8</b> Principal occupation / Job title (See Instructions) RN		<b>9</b> Employer (See Instructions) Ascension
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Wood, Matthew (Mr.)	Amount of Contribution (\$)  \$3.00
Contributor address; City; State; Zip Code  Washington, DC 20015		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Free Press
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Yarnall, Tom (Mr.)	Amount of Contribution (\$)  \$2.05
Contributor address; City; State; Zip Code  White Plains, NY 10605		
Principal occupation / Job title (See Instructions) Professor Scholar		Employer (See Instructions) Columbia University
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) black, mary (Ms.)	Amount of Contribution (\$)  \$2.08
Contributor address; City; State; Zip Code  Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) black, mary (Ms.)	Amount of Contribution (\$)  \$2.08
Contributor address; City; State; Zip Code  Austin, TX 78756		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/9 Rpt: 12/15
<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088122
<b>4</b> Date 11/05/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) rinaldi, margaret (Ms.) <hr/> <b>6</b> Contributor address; City; State; Zip Code  Langley, WA 98260	<b>7</b> Amount of Contribution (\$) \$1.60
<b>8</b> Principal occupation / Job title (See Instructions) teacher/therapist		<b>9</b> Employer (See Instructions) self

# LOANS

# SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 13/15
<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088122
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 11/05/2024	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) DeBurr, Detrick	<b>9</b> Loan Amount (\$) \$580.38
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  The Colony, TX 75056	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions) Mainstream Non-Profit Solutions
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 1/2 Rpt: 14/15	<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088122
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<b>4</b> Date 10/28/2024	<b>5</b> Payee name Campaign Verify, Inc.
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<b>6</b> Amount (\$) \$95.00	<b>7</b> Payee address; City; State; Zip Code 1215 31st Street NW  Washington, DC 20007
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Verification
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/31/2024	Payee name MicroPix Media LLC
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Amount (\$) \$319.34	Payee address; City; State; Zip Code 4003 Jasmine Fox Ln  Arlington, TX 76005
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign Material Printing
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/28/2024	Payee name Mighty Marketing, LLC
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Amount (\$) \$300.00	Payee address; City; State; Zip Code 12239 S JUSTINE ST  Chicago, IL 60643-5407
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic Design
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**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.

<b>1</b> Total pages Schedule F1: Sch: 2/2 Rpt: 15/15	<b>2</b> FILER NAME DeBurr, Detrick V. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088122	
<b>4</b> Date 11/05/2024	<b>5</b> Payee name Scale To Win		
<b>6</b> Amount (\$) \$474.76	<b>7</b> Payee address; City; State; Zip Code 13742 Harper St  Santa Anna, CA 92703		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Text Messaging	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held