#### FORM C/OH CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID Total pages filed: The C/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088220 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Mr. Tony NAME Date Received **ELECTRONICALLY FILED** 06/06/2025 NICKNAME LAST **SUFFIX** Adams CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE CITY; **OFFICEHOLDER** 7548 Preston Rd. MAILING Amount Receipt # **ADDRESS** Ste. 141 #220 Change of Address Frisco, TX 75034 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Ms. Karla NAME NICKNAME LAST **SUFFIX** Massey STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2159 Spencer Ln. **ADDRESS** (Residence or Business) Carrollton, TX 75010 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 780-8680 **PHONE** REPORT **TYPE** January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) July 15 8th day before election Exceeded modified Х reporting limit Year **PERIOD** Month Day Month Day Year **COVERED** 01/01/2025 **THROUGH** 06/30/2025

Month

None

**ELECTION DATE** 

Year

Day

11/05/2024

OFFICE HELD (if any)

10 ELECTION

11 OFFICE

Primary

X General

**ELECTION TYPE** 

12 OFFICE SOUGHT (if known)

Other

State Representative Place Frisco District 61

Runoff

Special

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 9

13 C / OH NAME	Adams, Tony (Mr.)		<b>14</b> Filer ID (	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	eholder's knowledge or					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS									
	2. <b>TOTAL POLITIC</b> (OTHER THAN F	5)	\$ 0.00						
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00						
	4. TOTAL POLITIC		<b>\$</b> 8,558.67						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AST DAY OF THE	<b>\$</b> 8,236.98						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	OF THE LAST DAY	<b>\$</b> 5,200.00						
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.							
		М	r. Tony Adams						
			Candidate or Officehol	der					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subso	cribed before me, by the s	aid	, this the	day					
of	, 20, to ce	ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	r administering oath					

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

				3 of 9					
<b>18</b> FILER NAME Adams, Tony	/ (Mr.)	<b>19</b> Filer ID 00088220	(Ethics Commission Filers)						
20 SCHEDULE SUNAME OF SCH			SUBTOTAL A	AMOUNT					
1. X SO	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS								
2. X SC	CHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00					
3. X SC	CHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00					
4. SC	CHEDULE E: LOANS		\$						
5. X SC	CHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	8,558.67					
6. X SC	CHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00					
7. X SC	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS								
8. X SC	CHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00					
9. SC	CHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10. SC	CHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$						
11. SC	CHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$						
	CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F D FILER	RETURNED	\$						
			•						

MONE	TARY POLITICAL CONTRIBUTION	NC	S		SCHEDULE A1
The Instr	uction Guide explains how to complete this	m.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/9	
2 FILER NAM Adams, To				3	Filer ID (Ethics Commission Filers) 00088220
<b>4</b> Date 06/01/2029	5 Full name of contributor out-of-state PAC (ID#: None, None  6 Contributor address; City; State; Zip Code	7	Amount of Contribution (\$) \$0.00		
8 Principal oc None	NA, TX 75035 cupation / Job title (See Instructions)	<u> </u> s)			

SCHEDULE B
1 Total pages Schedule B: Sch: 1/1 Rpt: 5/9
3 Filer ID (Ethics Commission Filers) 00088220
\$ 0.00
8 Amount of pledge (\$) (If applicable)
Check if travel outside of Texas. Complete Schedule T.
See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Al Committee 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 3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 6/9	Adams, Tony (Mr.) 00088220
4	Date	5 Payee name
	06/06/2025	Adams, Tony
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,200.00	12022 Brownwood Dr.
		Frisco, TX 75035
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Personal Loan Refund
		T Gradital Edul Notation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	05/02/2025	Payee name  Collin County Dem Party
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$50.00	6829 K Ave
	Ψ30.00	111
		Plano, TX 75074
L	DUDDOCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Boots on the Ground
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experialiture to benefit C/O	
	Date	Payee name
	03/20/2025	Godaddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$191.75	2155 E GoDaddy Way
		Tempe, AZ 85284
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign website
		- Sampaign nosons
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		

### POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor		Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
	Sch: 2/4 Rpt: 7/9		Adams, Tor	ny (Mr.)						00088220	
4	Date	5	Payee name								
	01/01/2025		PostNet								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$9.99		Bugo LLC, 2	2831 St. Rose P	kwy, Suite	244					
			Suite 244								
			Henderson,	NV 89052							
8	PURPOSE	(a)					(b)	Description			
ľ	OF	(")	Fees	ee Categories listed at th	ne top of this sche	edule)	(5)	_ ·	outsio	de of Texas. Com	olete Schedule T.
	EXPENDITURE		1 003					<b>=</b>		officeholder living	
								Campaign Ma	ailB	Box	
9	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Offi	ceholder name	C	office sou	ight			Office he	eld
	Date		Payee name								
	02/01/2025		PostNet								
	Amount (\$)	$\vdash$	Payee addres	ss; City;	State:	Zip Co	ode				
	\$9.99		•	2831 St. Rose P							
	+1100		Suite 244		,,o .						
				NIV 80052							
_	DUDDOS-	_	Henderson,	146 02025			<i>a</i> >				
	PURPOSE OF	(a) 		ee Categories listed at th	ne top of this sche	edule)	(b)	Description	nutei	de of Texas Com	nlete Schedule T
	EXPENDITURE		Fees							de of Texas. Comp officeholder living	
								Campaign Ma			•
								. 3			
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ı ıght			Office he	eld
	expenditure to benefit C/OH	Н									
	Date		Payee name								
	03/01/2025		PostNet								
	Amount (\$)		Payee addres	ss; City;	State:	Zip Co	nde				
	\$9.99			2831 St. Rose P		•					
	Ψ5.55		Suite 244	2001 01. 11000 1	y, Juite						
				NN / 00050							
			Henderson,								
	PURPOSE OF	(a)		ee Categories listed at th	ne top of this sche	edule)	(b)	Description		do of Toylog O-	aloto Cahadula T
	EXPENDITURE		Fees					ш		de of Texas. Comp officeholder living	
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	expenditure to benefit C/O						5				

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee L	ift/Awards/Memorials egal Services <b>The Instruction G</b>			ages	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed above)	
1	Total pages Schedule F1:	2 EII I	ED NIAME						3	Filer ID	(Ethics Commission Filers	-)
-	Sch: 3/4 Rpt: 8/9		ams, Tony	ν (Mr.)					3	00088220	(Ethics Commission Files	,
4	Date	<b>5</b> Pay	yee name									
	04/01/2025		stNet									
6	Amount (\$)	<b>7</b> Pay	yee address	s; City;	State;	Zip Co	de					
	\$9.99	Buç	go LLC, 2	331 St. Rose F	Pkwy, Suite 2	244						
		Sui	ite 244									
		Hei	nderson, I	NV 89052								
8	PURPOSE	<b>(a)</b> Cat	tegory (See	Categories listed at t	he top of this sche	edule)	(b)	Description				
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	EXPENDITURE							_		officeholder living	g expense	
								Campaign Ma	ailB	Sox		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		didate/Offic	eholder name	0	Office sou	ght			Office h	eld	
	Date	Pay	yee name									
	05/01/2025	Pos	stNet									
	Amount (\$)	Pay	yee addres:	s; City;	State;	Zip Co	de					
	\$9.99	Bug	go LLC, 2	331 St. Rose F	kwy, Suite 2	244						
			ite 244		<i>,</i>							
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			nderson, I	10 69032		1	<i>.</i>					
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	EXPENDITURE	Fee	es					<b>=</b>		officeholder living	nplete Schedule T.	
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	Complete ONLY if direct expenditure to benefit C/OI		didate/Offic	eholder name	0	Office sou	ght			Office h	eld	
_	Date	Day	,00 nomo									
	06/01/2025	•	yee name stNet									
	Amount (\$)	,	yee address	•		Zip Co	de					
	\$9.99		-	331 St. Rose F	kwy, Suite 2	244						
		Sui	ite 244									
		Hei	nderson, I	NV 89052								
	PURPOSE	<b>(a)</b> Cat	tegory (See	Categories listed at t	he top of this sche	edule)	(b)	Description				
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								Campaign Ma	ailB	SOX		
	Complete ONLY if direct expenditure to benefit C/OI		didate/Offic	eholder name	0	Office sou	ght			Office h	eld	
L	experiorare to benefit C/OI	1										

# 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 Co

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee I	Gilt/Awards/Memorials i Legal Services <b>The Instruction Gu</b>			ages	/Contract Labor		OTHER (enter	a category not listed	above)
<u> </u>	T. 1 01 11 F4	_		The motification ou				1	_	E1 15	/Ethin 0	
1	Total pages Schedule F1:	2								Filer ID	(Ethics Commis	ssion Filers)
	Sch: 4/4 Rpt: 9/9		Adams, Ton	y (Mr.)						00088220		
4	Date	5	Payee name									
	03/05/2025		Texas Demo	ocrats Small Bus	siness Caucı	us PAC						
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Coo	de					
	\$20.00		2500 Hamm	an Rd								
			Bay City, TX	77414								
8	PURPOSE	(a)	Category (See	e Categories listed at th	e top of this sched	ule)	(b)	Description				
	OF EXPENDITURE		Fees								mplete Schedule T.	
	LAFENDITORE							Check if Austin,			ng expense	
								Club Member	rshi	p		
9	Complete ONLY if direct		Candidate/Offic	eholder name	Off	fice soug	jht			Office I	neld	
	expenditure to benefit C/OI	1										
	Date		Payee name									
	06/06/2025		Tony Adams	For People								
	Amount (\$)		Payee addres	s; City;	State;	Zip Coc	de					
	\$3,036.98		12022 Brown	nwood Dr.								
			Frisco, TX 7	5035								
	DUDDOCE	(0)				1,	(h)	<u> </u>				
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