

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00090077	2 Total pages filed: 39		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms.	FIRST Twana W.	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Allen	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1532 Addison Dr.  Lancaster , TX 75134			Date Hand-delivered or Date Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Nicole	MI			
	NICKNAME	LAST Allen	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7865 Firefall Way #3318 Dallas , TX 75230					
7 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION (214) 929-9550					
8 REPORT TYPE	<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)					
9 PERIOD COVERED	Month 07/01/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month 03/03/2026		Day	ELECTION TYPE		
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other
				<input type="checkbox"/> General	<input type="checkbox"/> Special	
11 OFFICE	OFFICE HELD (if any) None			12 OFFICE SOUGHT (if known) Family District Court Judge Place Dallas District 301st		

**GO TO PAGE 2**

**JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

**FORM JC/OH  
COVER SHEET PG 2**

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13 C / OH NAME	Allen , Twana W. (Ms.)		14 Filer ID (Ethics Commission Filers) 00090077												
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			COMMITTEE CAMPAIGN TREASURER ADDRESS
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME													
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS													
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME													
		COMMITTEE CAMPAIGN TREASURER ADDRESS													
16 CONTRIBUTION TOTALS	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)		\$ 11,063.22												
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00												
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 11,840.72												
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,136.00												
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,385.00												

**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.

Ms. Twana W. Allen

\_\_\_\_\_  
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 oath

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

\_\_\_\_\_  
Title of officer administering oath

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

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<b>18</b> FILER NAME Allen , Twana W. (Ms.)	<b>19</b> Filer ID (Ethics Commission Filers) 00090077
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 11,063.22	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	
3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$	
4. <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$ 2,385.00	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11,840.72	
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 A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 1/25 Rpt: 4/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 11/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ADAMS, ANTHONY  <b>6</b> Contributor address; City; State; Zip Code  ALLEN, TX 75002	<b>7</b> Amount of Contribution (\$) \$99.26
<b>8</b> Contributor's Principal Occupation Manager		<b>9</b> Contributor's Job Title Regional Service Manager
<b>10</b> Contributor's employer/law firm Screen Semi Conductor Equipment		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/22/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALEXANDER, DIANE  Contributor address; City; State; Zip Code  PINE BLUFF, TX 71601		Amount of Contribution (\$) \$99.26
Contributor's Principal Occupation Retired		Contributor's Job Title RETIRED
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/11/2025  Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ALLEN, ROSALIND  Contributor address; City; State; Zip Code  CEDAR HILL, TX 75104		Amount of Contribution (\$) \$99.26
Contributor's Principal Occupation Dyslexia Specialist		Contributor's Job Title Dyslexia Specialist
Contributor's employer/law firm Trinity Basin Preparatory		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 2/25 Rpt: 5/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOOKER, CRYSTAL ..... <b>6</b> Contributor address; City; State; Zip Code  DESOTO, TX 75115	<b>7</b> Amount of Contribution (\$)  \$24.82
<b>8</b> Contributor's Principal Occupation Educational Diagnostician		<b>9</b> Contributor's Job Title EDUCATIONAL DIAGNOSTICIAN
<b>10</b> Contributor's employer/law firm Dallas ISD		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADY, DEXTER ..... Contributor address; City; State; Zip Code  MARIANNA, AR 72360		Amount of Contribution (\$)  \$148.90
Contributor's Principal Occupation Deputy Director		Contributor's Job Title Deputy Director
Contributor's employer/law firm Little Rock Housing Authority		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/16/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADY, LATONYA ..... Contributor address; City; State; Zip Code  PINE BLUFF, AR 71603		Amount of Contribution (\$)  \$24.82
Contributor's Principal Occupation None		Contributor's Job Title TEACHER
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 3/25 Rpt: 6/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 10/29/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, ANITA <b>6</b> Contributor address; City; State; Zip Code  PEARLAND, TX 77584	<b>7</b> Amount of Contribution (\$) \$248.17
<b>8</b> Contributor's Principal Occupation Retired		<b>9</b> Contributor's Job Title Retired
<b>10</b> Contributor's employer/law firm None		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BROWN, JEFFREY Contributor address; City; State; Zip Code  FARMERS BRANCH, TX 75234		Amount of Contribution (\$) \$93.85
Contributor's Principal Occupation Supervisory Agent		
Contributor's Job Title Supervisory Agent		
Contributor's employer/law firm US Homeland Security		
Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		
Date 10/25/2025		
Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRUCE, KENDALL Contributor address; City; State; Zip Code  CYPRESS, TX 77429		Amount of Contribution (\$) \$49.64
Contributor's Principal Occupation Chief Manager		
Contributor's Job Title Chief Manager		
Contributor's employer/law firm Z&Z Solutions		
Law firm of contributor's spouse (if any)		
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 4/25 Rpt: 7/39	
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077	
<b>4</b> Date 10/11/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CRAWFORD, DEBBIE <b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75224	<b>7</b> Amount of Contribution (\$) \$24.82	
<b>8</b> Contributor's Principal Occupation Social Worker		<b>9</b> Contributor's Job Title SOCIAL WORKER	
<b>10</b> Contributor's employer/law firm Dallas CASA		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/15/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVIS, LESLIE Contributor address; City; State; Zip Code  CEDAR HILL, TX 75104	Amount of Contribution (\$) \$24.82
Contributor's Principal Occupation Teacher		Contributor's Job Title TEACHER	
Contributor's employer/law firm Dallas ISD		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/30/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FITZPATRICK, LINDA Contributor address; City; State; Zip Code  DALLAS, TX 75216	Amount of Contribution (\$) \$24.82
Contributor's Principal Occupation Paralegal		Contributor's Job Title Paralegal	
Contributor's employer/law firm West & Associates LLP		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 5/25 Rpt: 8/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 11/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FITZPATRICK, LINDA ..... <b>6</b> Contributor address; City; State; Zip Code  DALLAS, TX 75216	<b>7</b> Amount of Contribution (\$)  \$24.82
<b>8</b> Contributor's Principal Occupation Paralegal		<b>9</b> Contributor's Job Title Paralegal
<b>10</b> Contributor's employer/law firm West & Associates LLP		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FITZPATRICK, LINDA ..... Contributor address; City; State; Zip Code  DALLAS, TX 75216		Amount of Contribution (\$)  \$24.82
Contributor's Principal Occupation Paralegal		Contributor's Job Title Paralegal
Contributor's employer/law firm West & Associates LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/14/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FRAZIER, MELANIE ..... Contributor address; City; State; Zip Code  LITTLE ROCK, AR 72204		Amount of Contribution (\$)  \$99.26
Contributor's Principal Occupation Pharmacist		Contributor's Job Title Pharmacist
Contributor's employer/law firm UAMS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 6/25 Rpt: 9/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GERMANY, ANGELA	<b>7</b> Amount of Contribution (\$) \$248.17
	<b>6</b> Contributor address; City; State; Zip Code  LITTLE ELM, TX 75068	
<b>8</b> Contributor's Principal Occupation Entrepreneur		<b>9</b> Contributor's Job Title Owner
<b>10</b> Contributor's employer/law firm 4Thirteen		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOOLEY, BENNIE
		Contributor address; City; State; Zip Code  LANCASTER, TX 75134
Contributor's Principal Occupation Retired		Contributor's Job Title RETIRED
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/02/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HATHORN, REGINALD
		Contributor address; City; State; Zip Code  CHICAGO, IL 60657
Contributor's Principal Occupation Self		Contributor's Job Title FOUNDER
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 7/25 Rpt: 10/39	
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077	
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYES, PAMELA <b>6</b> Contributor address; City; State; Zip Code  LITTLE ROCK, AR 72227	<b>7</b> Amount of Contribution (\$) \$88.34	
<b>8</b> Contributor's Principal Occupation UDC		<b>9</b> Contributor's Job Title UDC	
<b>10</b> Contributor's employer/law firm GCU		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/30/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HAYNES, CHRIS Contributor address; City; State; Zip Code  LANCASTER, TX 75134	Amount of Contribution (\$) \$49.64
Contributor's Principal Occupation Nurse		Contributor's Job Title Nurse	
Contributor's employer/law firm Humana		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/16/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEARNS, GREG Contributor address; City; State; Zip Code  AUBREY, TX 76227	Amount of Contribution (\$) \$99.26
Contributor's Principal Occupation Events Management		Contributor's Job Title EVENTS MANAGEMENT	
Contributor's employer/law firm City of McKinney		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 8/25 Rpt: 11/39	
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077	
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HEARNS, TARSHA <b>6</b> Contributor address; City; State; Zip Code  KRUGERVILLE, TX 76227	<b>7</b> Amount of Contribution (\$) \$99.26	
<b>8</b> Contributor's Principal Occupation Self		<b>9</b> Contributor's Job Title Self	
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 12/10/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HUGHES, SHENEICE Contributor address; City; State; Zip Code  GRAND PRAIRIE, TX 75052	Amount of Contribution (\$) \$198.53
Contributor's Principal Occupation Deputy Director		Contributor's Job Title DEPUTY DIRECTOR	
Contributor's employer/law firm City of Dallas		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 12/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACKSON, CATHY Contributor address; City; State; Zip Code  DUNCANVILLE, TX 75138	Amount of Contribution (\$) \$99.26
Contributor's Principal Occupation Business Development Manager		Contributor's Job Title BUSINESS DEVELOPMENT MGR	
Contributor's employer/law firm DFW International Airport Board		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 9/25 Rpt: 12/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 12/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JACOB, WILLIAM <b>6</b> Contributor address; City; State; Zip Code  RICHARDSON, TX 75080	<b>7</b> Amount of Contribution (\$) \$99.26
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title ATTORNEY
<b>10</b> Contributor's employer/law firm Law Office of William M Jacob PLLC		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFFERSON, RODNEY Contributor address; City; State; Zip Code  CORDOVA, TN 38016		Amount of Contribution (\$) \$148.90
Contributor's Principal Occupation Manager		Contributor's Job Title MANAGER
Contributor's employer/law firm Williams Sonoma		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, JOYCELYN Contributor address; City; State; Zip Code  DESOTO, TX 75115		Amount of Contribution (\$) \$93.85
Contributor's Principal Occupation Marketing		Contributor's Job Title Marketing
Contributor's employer/law firm West & Associates LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 10/25 Rpt: 13/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNSON, TOYA <b>6</b> Contributor address; City; State; Zip Code  ARLINGTON, TX 76018	<b>7</b> Amount of Contribution (\$) \$49.64
<b>8</b> Contributor's Principal Occupation Customer Service Agent		<b>9</b> Contributor's Job Title Customer Service Agent
<b>10</b> Contributor's employer/law firm Southwest Airlines		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, STEPHEN Contributor address; City; State; Zip Code  DALAS, TX 75232		Amount of Contribution (\$) \$140.93
Contributor's Principal Occupation Attorney		Contributor's Job Title ATTORNEY
Contributor's employer/law firm West & Associates LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/19/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JONES, STEPHEN Contributor address; City; State; Zip Code  DALLAS, TX 75231		Amount of Contribution (\$) \$235.07
Contributor's Principal Occupation Attorney		Contributor's Job Title ATTORNEY
Contributor's employer/law firm West & Associates LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 11/25 Rpt: 14/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, ANTHONY ..... <b>6</b> Contributor address; City; State; Zip Code  LAS VEGAS, NV 89147	<b>7</b> Amount of Contribution (\$) \$496.31
<b>8</b> Contributor's Principal Occupation Self		<b>9</b> Contributor's Job Title SELF
<b>10</b> Contributor's employer/law firm Self		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, BRIAN ..... Contributor address; City; State; Zip Code  DALLAS, TX 75203	Amount of Contribution (\$) \$99.26
Contributor's Principal Occupation Attorney		Contributor's Job Title ATTORNEY
Contributor's employer/law firm West& Associates LLP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, MATT ..... Contributor address; City; State; Zip Code  GREENSBORO, NC 27410	Amount of Contribution (\$) \$93.85
Contributor's Principal Occupation Senior Advisor		Contributor's Job Title Senior Advisor
Contributor's employer/law firm HUD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 12/25 Rpt: 15/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 12/24/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KING, MATT <b>6</b> Contributor address; City; State; Zip Code  GREENSBORO, NC 27410	<b>7</b> Amount of Contribution (\$)  \$248.17
<b>8</b> Contributor's Principal Occupation Senior Advisor		<b>9</b> Contributor's Job Title SENIOR ADVISOR
<b>10</b> Contributor's employer/law firm HUD		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/11/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LANG, JOHNETTA Contributor address; City; State; Zip Code  HOUSTON, TX 77231		Amount of Contribution (\$)  \$99.26
Contributor's Principal Occupation Attorney		Contributor's Job Title ATTORNEY
Contributor's employer/law firm American Express		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARKIN, LESHAWNDA Contributor address; City; State; Zip Code  ADDISON, TX 75001		Amount of Contribution (\$)  \$49.64
Contributor's Principal Occupation Fractional CMO		Contributor's Job Title Fractional CMO
Contributor's employer/law firm Jackson Larkin Consulting		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 13/25 Rpt: 16/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 12/05/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEHMAN, KIMBERLEY <b>6</b> Contributor address; City; State; Zip Code  FARMERS BRANCH, TX 75244	<b>7</b> Amount of Contribution (\$) \$99.26
<b>8</b> Contributor's Principal Occupation Human Resources		<b>9</b> Contributor's Job Title HUMAN RESOURCES
<b>10</b> Contributor's employer/law firm Prime Controls		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/09/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LOVE, MELLANNISE Contributor address; City; State; Zip Code  PLANO, TX 75024		Amount of Contribution (\$) \$992.63
Contributor's Principal Occupation Attorney		Contributor's Job Title ATTORNEY
Contributor's employer/law firm Law Office of Mellannise Henderson-Love		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/27/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Office of Michael J. Todd PC Contributor address; City; State; Zip Code  Dallas, TX 75201		Amount of Contribution (\$) \$500.00
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 14/25 Rpt: 17/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 10/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Anthony D. Lyons ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75203	<b>7</b> Amount of Contribution (\$)  \$1,000.00
<b>8</b> Contributor's Principal Occupation		<b>9</b> Contributor's Job Title
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law Offices of Cato-Miller Daresburg & Associates ..... Contributor address; City; State; Zip Code  Dallas, TX 75254		
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MACKEY, ANNA ..... Contributor address; City; State; Zip Code  PLANO, TX 75074		
Contributor's Principal Occupation Teacher		Contributor's Job Title Teacher
Contributor's employer/law firm Plano ISD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 15/25 Rpt: 18/39	
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077	
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MALONE, CHARMAINE <b>6</b> Contributor address; City; State; Zip Code  CEDAR HILL, TX 75104	<b>7</b> Amount of Contribution (\$)  \$93.85	
<b>8</b> Contributor's Principal Occupation Counselor		<b>9</b> Contributor's Job Title COUNSELOR	
<b>10</b> Contributor's employer/law firm Duncanville ISD		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MASTERS, SANDRA Contributor address; City; State; Zip Code  NORTH RICHLAND HILLS, TX 76180	Amount of Contribution (\$)  \$24.82
Contributor's Principal Occupation Cashier		Contributor's Job Title Cashier	
Contributor's employer/law firm Winco		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATTHEWS, JOY Contributor address; City; State; Zip Code  BRYANT, AR 72022	Amount of Contribution (\$)  \$24.82
Contributor's Principal Occupation Analyst		Contributor's Job Title ANALYST	
Contributor's employer/law firm Uniti Inc		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 16/25 Rpt: 19/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 12/09/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAY, WALTER <b>6</b> Contributor address; City; State; Zip Code  HARRIS CO, TX 77429	<b>7</b> Amount of Contribution (\$) \$39.71
<b>8</b> Contributor's Principal Occupation Production Planner		<b>9</b> Contributor's Job Title PRODUCTION PLANNER
<b>10</b> Contributor's employer/law firm Valco		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCMILLER, CALVIN Contributor address; City; State; Zip Code  KANSAS CITY, MO 64131		Amount of Contribution (\$) \$496.31
Contributor's Principal Occupation Senior Sales Specialist		Contributor's Job Title Senior Sales Specialist
Contributor's employer/law firm Janssen Pharmaceutical		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORELON, YVETTE Contributor address; City; State; Zip Code  JONESBORO, GA 30236		Amount of Contribution (\$) \$18.53
Contributor's Principal Occupation None		Contributor's Job Title None
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 17/25 Rpt: 20/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 12/03/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NIXON, KEISHA	<b>7</b> Amount of Contribution (\$) \$49.64
	<b>6</b> Contributor address; City; State; Zip Code  DESOTO, TX 75115	
<b>8</b> Contributor's Principal Occupation Realtor		<b>9</b> Contributor's Job Title REALTOR
<b>10</b> Contributor's employer/law firm Keisha Izon		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ODUM, TERRICA	Amount of Contribution (\$) \$235.07
	Contributor address; City; State; Zip Code  DALLAS, TX 75254	
Contributor's Principal Occupation Attorney		Contributor's Job Title ATTORNEY
Contributor's employer/law firm Law Office of Terrica Odum		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAUL, TROYLYNN	Amount of Contribution (\$) \$99.26
	Contributor address; City; State; Zip Code  MCKINNEY, TX 75072	
Contributor's Principal Occupation Educator		Contributor's Job Title EDUCATOR
Contributor's employer/law firm R10		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 18/25 Rpt: 21/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 10/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PAYNE-GRIFFIN, TIFFANY <b>6</b> Contributor address; City; State; Zip Code  CHICAGO, IL 60615	<b>7</b> Amount of Contribution (\$) \$23.23
<b>8</b> Contributor's Principal Occupation Teacher		<b>9</b> Contributor's Job Title Instructional Lead Teacher
<b>10</b> Contributor's employer/law firm Circle Foundation		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POLK, LASHIANDA Contributor address; City; State; Zip Code  HOUSTON, TX 77041		Amount of Contribution (\$) \$148.90
Contributor's Principal Occupation Realtor		Contributor's Job Title Realtor
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) POPE, SHIRLEY Contributor address; City; State; Zip Code  RAYMOND, TN 39154		Amount of Contribution (\$) \$99.26
Contributor's Principal Occupation Retired		Contributor's Job Title Retired
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 19/25 Rpt: 22/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 10/18/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PRESTON WILKINS, JAUQUA	<b>7</b> Amount of Contribution (\$) \$24.82
	<b>6</b> Contributor address; City; State; Zip Code  LEES SUMMIT, MO 64064	
<b>8</b> Contributor's Principal Occupation Senior Learning Consultant		<b>9</b> Contributor's Job Title Senior Learning Consultant
<b>10</b> Contributor's employer/law firm Oracle		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Royce West Campaign Committee	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75203	
Contributor's Principal Occupation		Contributor's Job Title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: SCOTT-DAWKINS, LEKITA	Amount of Contribution (\$) \$49.64
	Contributor address; City; State; Zip Code  BROOKLYN PARK, MN 55443	
Contributor's Principal Occupation Research Development Specialist		Contributor's Job Title Research Development Specialist
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 20/25 Rpt: 23/39	
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077	
<b>4</b> Date 10/17/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SMITH, RAFAEL	<b>7</b> Amount of Contribution (\$) \$49.64	
	<b>6</b> Contributor address; City; State; Zip Code  MEMPHIS, TN 38103		
<b>8</b> Contributor's Principal Occupation Principal		<b>9</b> Contributor's Job Title PRINCIPAL	
<b>10</b> Contributor's employer/law firm Forrest City SD		<b>11</b> Law firm of contributor's spouse (if any)	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)			
Date 11/13/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SORRELL, TABITHA Contributor address; City; State; Zip Code  EAST ST LOUIS, IL 62204	Amount of Contribution (\$) \$34.74
Contributor's Principal Occupation Grant Assistant		Contributor's Job Title Grant Assistant	
Contributor's employer/law firm East St Louise School District 189		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			
Date 10/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STALLINGS, BRENDA Contributor address; City; State; Zip Code  LITTLE ROCK, AR 72206	Amount of Contribution (\$) \$99.26
Contributor's Principal Occupation Attorney		Contributor's Job Title ATTORNEY	
Contributor's employer/law firm State of Arkansas		Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)			

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 21/25 Rpt: 24/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 12/08/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) STALLINGS, BRENDA	<b>7</b> Amount of Contribution (\$) \$49.64
	<b>6</b> Contributor address; City; State; Zip Code  LITTLE ROCK, AR 72206	
<b>8</b> Contributor's Principal Occupation Attorney		<b>9</b> Contributor's Job Title ATTORNEY
<b>10</b> Contributor's employer/law firm State of Arkansas		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/22/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TERRY, SHANDRA
		Contributor address; City; State; Zip Code  VANCOUVER, WA 98661
Contributor's Principal Occupation Retired		Contributor's Job Title RETIRED
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/21/2025		Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THORNS, ARIA
		Contributor address; City; State; Zip Code  LITTLE ROCK, AR 72204
Contributor's Principal Occupation Teacher		Contributor's Job Title TEACHER
Contributor's employer/law firm Little Rock SD		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 22/25 Rpt: 25/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 12/10/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRICE, JENNIFER	<b>7</b> Amount of Contribution (\$) \$93.85
	<b>6</b> Contributor address; City; State; Zip Code  RICHARDSON, TX 75082	
<b>8</b> Contributor's Principal Occupation Human Resources		<b>9</b> Contributor's Job Title HUMAN RESOURCES
<b>10</b> Contributor's employer/law firm FAA		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WALKER, TENNILLE	Amount of Contribution (\$) \$29.78
	Contributor address; City; State; Zip Code  LITTLE ROCK, AR 72212	
Contributor's Principal Occupation None		Contributor's Job Title None
Contributor's employer/law firm None		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WEST, CAROL	Amount of Contribution (\$) \$99.26
	Contributor address; City; State; Zip Code  MCKINNEY, TX 75070	
Contributor's Principal Occupation Human Resources		Contributor's Job Title Human Resources
Contributor's employer/law firm Fresh Realm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 23/25 Rpt: 26/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 12/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, ROICHELLE ..... <b>6</b> Contributor address; City; State; Zip Code  THE COLONY, TX 75056	<b>7</b> Amount of Contribution (\$)  \$74.45
<b>8</b> Contributor's Principal Occupation Realtor		<b>9</b> Contributor's Job Title REALTOR
<b>10</b> Contributor's employer/law firm Alexander Realty Group		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 12/15/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE, SHARON ..... Contributor address; City; State; Zip Code  HOUSTON, TX 77044		Amount of Contribution (\$)  \$23.23
Contributor's Principal Occupation Record Coordinator		Contributor's Job Title Record Coordinator
Contributor's employer/law firm DOJ		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/27/2025 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WHITE-NORMAN, SONYA ..... Contributor address; City; State; Zip Code  BALTIMORE, MD 21208		Amount of Contribution (\$)  \$46.77
Contributor's Principal Occupation Chief Policy Officer		Contributor's Job Title Chief Policy Officer
Contributor's employer/law firm DC Dpt of Youth		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 24/25 Rpt: 27/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 12/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAMS, SHARON	<b>7</b> Amount of Contribution (\$) \$49.64
	<b>6</b> Contributor address; City; State; Zip Code  HOUSTON, TX 77044	
<b>8</b> Contributor's Principal Occupation Adjunct Professor		<b>9</b> Contributor's Job Title ADJUNCT PROFESSOR
<b>10</b> Contributor's employer/law firm Lone Star College		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILSON, RUSSELL	Amount of Contribution (\$) \$496.31
	Contributor address; City; State; Zip Code  DALLAS, TX 75201	
Contributor's Principal Occupation Attorney		Contributor's Job Title ATTORNEY
Contributor's employer/law firm Law Office of Russell Wilson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WRIGHT, PATRICK	Amount of Contribution (\$) \$99.26
	Contributor address; City; State; Zip Code  TEMPLE, TX 76504	
Contributor's Principal Occupation Technical Instructor		Contributor's Job Title TECHNICAL INSTRUCTOR
Contributor's employer/law firm Dept of Defense		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A(J)1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A(J)1: Sch: 25/25 Rpt: 28/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> Date 10/30/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Tracy ..... <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75241	<b>7</b> Amount of Contribution (\$) \$25.00
<b>8</b> Contributor's Principal Occupation Teacher		<b>9</b> Contributor's Job Title Teacher
<b>10</b> Contributor's employer/law firm DeSoto ISD		<b>11</b> Law firm of contributor's spouse (if any)
<b>12</b> If contributor is a child, law firm of parent(s) (if any)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 1/5 Rpt: 29/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 10/03/2025	<b>7</b> Name of lender Allen, Twana	<b>8</b> out-of-state PAC (ID#: _____)
<b>6</b> Is lender a financial institution?  No	<b>9</b> Loan Amount (\$) \$25.00	
	<b>10</b> Interest Rate	
	<b>11</b> Maturity Date	
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Attorney
<b>14</b> Lender's Employer/Law Firm West & Associates LLP		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
<b>19</b> GUARANTOR INFORMATION	<b>20</b> Name of guarantor  <input checked="" type="checkbox"/> not applicable	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 2/5 Rpt: 30/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 10/03/2025	<b>7</b> Name of lender Allen, Twana	<b>8</b> out-of-state PAC (ID#: _____)
<b>6</b> Is lender a financial institution?  No	<b>9</b> Loan Amount (\$) \$100.00	
	<b>10</b> Interest Rate	
	<b>11</b> Maturity Date	
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Attorney
<b>14</b> Lender's Employer/Law Firm West & Associates LLP		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
<b>19</b> GUARANTOR INFORMATION	<b>20</b> Name of guarantor  <input checked="" type="checkbox"/> not applicable	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 3/5 Rpt: 31/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 10/07/2025	<b>7</b> Name of lender Allen, Twana	<b>8</b> out-of-state PAC (ID#: _____)
<b>6</b> Is lender a financial institution?  No	<b>9</b> Loan Amount (\$) \$260.00	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Attorney
<b>14</b> Lender's Employer/Law Firm West & Associates LLP		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
<b>19</b> GUARANTOR INFORMATION	<b>20</b> Name of guarantor  <input checked="" type="checkbox"/> not applicable	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 4/5 Rpt: 32/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 11/04/2025	<b>7</b> Name of lender Allen, Twana	<b>8</b> out-of-state PAC (ID#: _____)
<b>6</b> Is lender a financial institution?  No	<b>9</b> Loan Amount (\$) \$500.00	
	<b>10</b> Interest Rate	
	<b>11</b> Maturity Date	
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Attorney
<b>14</b> Lender's Employer/Law Firm West & Associates LLP		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
<b>19</b> GUARANTOR INFORMATION	<b>20</b> Name of guarantor  <input checked="" type="checkbox"/> not applicable	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

## LOANS (JUDICIAL)

## **SCHEDULE E(J)**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E(J): Sch: 5/5 Rpt: 33/39
<b>2</b> FILER NAME Allen , Twana W. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090077
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$
<b>5</b> Date of loan 12/19/2025	<b>7</b> Name of lender Allen, Twana	<b>8</b> out-of-state PAC (ID#: _____)
<b>6</b> Is lender a financial institution?  No	<b>9</b> Loan Amount (\$) \$1,500.00	
	<b>10</b> Interest Rate	
	<b>11</b> Maturity Date	
<b>12</b> Lender's Principal Occupation Attorney		<b>13</b> Lender's Job Title Attorney
<b>14</b> Lender's Employer/Law Firm West & Associates LLP		<b>15</b> Law Firm of lender's spouse (if any)
<b>16</b> If lender is child, law firm of parent(s) (if any)		
<b>17</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>18</b> Check if personal funds were deposited into political account <input checked="" type="checkbox"/> (See Instructions)
<b>19</b> GUARANTOR INFORMATION	<b>20</b> Name of guarantor  <input checked="" type="checkbox"/> not applicable	<b>22</b> Amount Guaranteed (\$)
	<b>21</b> Guarantor address; City; State; Zip Code	
<b>23</b> Guarantor's Principal Occupation		<b>24</b> Guarantor's Job Title
<b>25</b> Guarantor's Employer/Law Firm		<b>26</b> Law Firm of guarantor's spouse (if any)
<b>27</b> If guarantor is child, law firm of parent(s) (if any)		

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 1/6 Rpt: 34/39	2 FILER NAME Allen , Twana W. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090077
4 Date 11/01/2025	5 Payee name AW2 Productions	
6 Amount (\$) \$275.00	7 Payee address; City; 3341 Regent 130-115 Irving, TX 75038	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photographer
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/31/2025	Payee name DONOR BOX	
Amount (\$) \$536.68	Payee address; City; 1520 Bellview Blvd  Alexandria, VA 22307	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense processing and platform fees for online payments
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/08/2025	Payee name Dallas County Democratic Party	
Amount (\$) \$2,500.00	Payee address; City; 1414 N Washington Ave  Dallas, TX 75204	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Fee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate filing fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 2/6 Rpt: 35/39	2 FILER NAME Allen , Twana W. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090077
4 Date 12/22/2025	5 Payee name Elite News	
6 Amount (\$) \$650.00	7 Payee address; City; 3155 S Lancaster Rd Ste 240 Dallas, TX 75216	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper/online ad
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Hearns, Charles	Office sought Office held
Date 12/11/2025	Payee name Hearns, Charles	
Amount (\$) \$200.00	Payee address; City; REDACTED PER 254.0401, ELEC. CODE McKinney, TX 75070	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense photographer
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name MRJ Company	Office sought Office held
Date 10/30/2025	Payee name MRJ Company	
Amount (\$) \$125.00	Payee address; City; PO Box 802  Mansfield, TX 76063	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Janitorial service
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 3/6 Rpt: 36/39	2 FILER NAME Allen , Twana W. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090077
4 Date 11/30/2025	5 Payee name Michaels	
6 Amount (\$) \$55.00	7 Payee address; City; 751 N US Hwy 67  Cedar Hil, TX 75104	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 shirts
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/23/2025	Payee name Midnight Kreations	
Amount (\$) \$1,212.50	Payee address; City; 7918 Dasch St  Dallas, TX 75217	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Caterer Diane Johnson
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/15/2025	Payee name Owens, Curtis	
Amount (\$) \$80.00	Payee address; City; State; Zip Code  REDACTED PER 254.0401, ELEC. CODE  CedarHill, TX 75104	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(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 shirt printing
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 4/6 Rpt: 37/39	2 FILER NAME Allen , Twana W. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090077	
4 Date 11/01/2025	5 Payee name Pannell, Tammy		
6 Amount (\$) \$300.00	7 Payee address; City; 320 RL Thornton  Dallas, TX 75023	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bartend	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 12/29/2025	Payee name Southern Dallas County Magazine		
Amount (\$) \$1,350.00	Payee address; City; 1717 White Cap Ct  DeSoto, TX 75115	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ad space	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 11/12/2025	Payee name The Political Arm		
Amount (\$) \$1,348.03	Payee address; City; 8604 Turtle Creek Blvd #12484 Dallas, TX 75225	State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Branding and printing	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 5/6 Rpt: 38/39	2 FILER NAME Allen , Twana W. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090077
4 Date 12/18/2025	5 Payee name The Political Arm	
6 Amount (\$) \$1,348.03	7 Payee address; City; State; Zip Code 8604 Turtle Creek Blvd #12484 Dallas, TX 75225	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Branding and printing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/07/2025	Payee name The Political Arm	
Amount (\$) \$1,351.77	Payee address; City; State; Zip Code 8604 Turtle Creek Blvd #12484 Dallas, TX 75225	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Branding and website
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/24/2025	Payee name US Postal Service	
Amount (\$) \$105.00	Payee address; City; State; Zip Code 401 Tom Landry Hwy  Dallas, TX 75260	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Post office box
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### 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: Sch: 6/6 Rpt: 39/39	2 FILER NAME Allen , Twana W. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090077
4 Date 12/31/2025	5 Payee name Wells Fargo Bank	
6 Amount (\$) \$25.00	7 Payee address; City; 39703 LBJ Fwy  Dallas, TX 75237	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly service fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 12/03/2025	Payee name Whiskeys	
Amount (\$) \$58.71	Payee address; City; 835 Exposition  Dallas, TX 75226	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food and beverage at campaign event
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 10/27/2025	Payee name Wondry Wine	
Amount (\$) \$320.00	Payee address; City; 2081 Hutton Dr  Suite 307  Carrollton, TX 75006	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Beverages
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held