

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH  
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00085886		2 Total pages filed: 7	
3 CANDIDATE NAME	MS / MRS / MR FIRST MI Delia		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/10/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged		
	NICKNAME LAST SUFFIX Parker-Mims				
4 CANDIDATE ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2201 Spinks Ste. 214 Flower Mound , TX 75022				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sandy				
	NICKNAME LAST SUFFIX Swan				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2201 Spinks Ste. 214 Flower Mound, TX 75022				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 206-9215				
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input type="checkbox"/> Final report (Attach SC C/OH-FR)				
9 PERIOD COVERED	Month Day Year    Month Day Year 07/01/2025    THROUGH    12/31/2025				
10 CONVENTION / ELECTION DATE	Month Day Year		11 OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR	
12 POLITICAL PARTY	Democrat    COUNTY (If Applicable) Denton				

GO TO PAGE 2

**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT:  
SUPPORT & TOTALS**

**FORM SC C/OH  
COVER SHEET PG 2**

2 of 7

<b>13 CANDIDATE NAME</b> Parker-Mims, Delia		<b>14 Filer ID</b> (Ethics Commission Filers) 00085886	
<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input type="checkbox"/> Additional Pages	This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures.		
	<b>COMMITTEE TYPE</b>  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b>  <hr/> <b>COMMITTEE ADDRESS</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER NAME</b>  <hr/> <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>  <hr/>	
<b>16 CONTRIBUTION TOTALS</b>	1. <b>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</b>	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</b>	\$	0.00
<b>EXPENDITURE TOTALS</b>	3. <b>TOTAL UNITEMIZED POLITICAL EXPENDITURES</b>	\$	0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	151.14
<b>CONTRIBUTION BALANCE</b>	5. <b>TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	643.61
<b>OUTSTANDING LOAN TOTALS</b>	6. <b>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</b>	\$	0.00

**17 AFFADAVIT**

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.

Delia Parker-Mims

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Signature of Candidate

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.

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 Signature of officer administering oath

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 Printed name of officer administering oath

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 Title of officer administering oath

**SUBTOTALS - SC C/OH****FORM SC C/OH  
COVER SHEET PG 3**

3 of 7

<b>18</b> CANDIDATE NAME Parker-Mims, Delia		<b>19</b> Filer ID (Ethics Commission Filers) 00085886
<b>20</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 151.14
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	\$

# 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: 1/4 Rpt: 4/7	<b>2</b> FILER NAME Parker-Mims, Delia	<b>3</b> Filer ID (Ethics Commission Filers) 00085886
<b>4</b> Date 07/31/2025	<b>5</b> Payee name Point Bank	
<b>6</b> Amount (\$) \$7.00	<b>7</b> Payee address; City; State; Zip Code 200 S. Hwy 377 P.O. Box 278 Pilot Point, TX 76258	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 Bank fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.00	Payee name Point Bank Payee address; City; State; Zip Code 200 S. Hwy 377 P.O. Box 278 Pilot Point, TX 76258	
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 Bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/30/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.00	Payee name Point Bank Payee address; City; State; Zip Code 200 S. Hwy 377 P.O. Box 278 Pilot Point, TX 76258	
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 Bank fees
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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)

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<b>1</b> Total pages Schedule F1: Sch: 2/4 Rpt: 5/7	<b>2</b> FILER NAME Parker-Mims, Delia	<b>3</b> Filer ID (Ethics Commission Filers) 00085886
<b>4</b> Date 10/31/2025	<b>5</b> Payee name Point Bank	
<b>6</b> Amount (\$) \$7.00	<b>7</b> Payee address; City; State; Zip Code 200 S. Hwy 377 P.O. Box 278 Pilot Point, TX 76258	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<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 Bank fees
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/30/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.00	Payee name Point Bank Payee address; City; State; Zip Code 200 S. Hwy 377 P.O. Box 278 Pilot Point, TX 76258	
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 Bank fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/31/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$7.00	Payee name Point Bank Payee address; City; State; Zip Code 200 S. Hwy 377 P.O. Box 278 Pilot Point, TX 76258	
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 Bank fees
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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)

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<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 6/7	<b>2</b> FILER NAME Parker-Mims, Delia	<b>3</b> Filer ID (Ethics Commission Filers) 00085886
<b>4</b> Date 12/26/2025	<b>5</b> Payee name Square Space	
<b>6</b> Amount (\$) \$18.19	<b>7</b> Payee address; City; State; Zip Code 225 Varick Street  New York, NY 10014	
<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 Google workspace
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Square Space		
Amount (\$) \$18.19	Payee address; City; State; Zip Code 225 Varick Street  New York, NY 10014	
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/26/2025	Candidate/Officeholder name Office sought Office held	
Payee name Square Space		
Amount (\$) \$18.19	Payee address; City; State; Zip Code 225 Varick Street  New York, NY 10014	
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