

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) 00086104	2 Total pages filed: 26		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Dr.	FIRST Denise	MI	<b>OFFICE USE ONLY</b>		
	NICKNAME	LAST Wooten	SUFFIX	Date Received ELECTRONICALLY FILED 01/11/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 3861 Long Prairie Rd. Ste. 101			Date Hand-delivered or Date Postmarked		
	Flower Mound, TX 75028			Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Peter G.	MI			
	NICKNAME	LAST Marshall	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 3861 Long Prairie Rd, Ste 101		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	Flower Mound, TX 75028					
7 CAMPAIGN TREASURER PHONE	AREA CODE (972) 948-5625	PHONE NUMBER	EXTENSION			
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 08/16/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Representative District 63		

**GO TO PAGE 2**

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

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

2 of 26

13 C / OH NAME	Wooten, Denise (Dr.)		14 Filer ID (Ethics Commission Filers) 00086104
15 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		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)		\$ 4,418.10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. <b>TOTAL POLITICAL EXPENDITURES</b>		\$ 3,299.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,994.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00

**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.

Dr. Denise Wooten

\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

\_\_\_\_\_  
Signature of officer administering

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

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

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

3 of 26

<b>18</b> FILER NAME	<b>19</b> Filer ID	(Ethics Commission Filers)
Wooten, Denise (Dr.)	00086104	
<b>20</b> SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	4,206.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	212.10
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	\$	898.12
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	2,401.29
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/14 Rpt: 4/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Laura .....  <b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Prentiss .....  Contributor address; City; State; Zip Code  Denton, TX 76209	Amount of Contribution (\$) \$10.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Laurie .....  Contributor address; City; State; Zip Code  Bellaire, TX 77401	Amount of Contribution (\$) \$100.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry , Bren .....  Contributor address; City; State; Zip Code  Flower Mound, TX 75022	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bertoni, Rebecca .....  Contributor address; City; State; Zip Code  Argyle, TX 76226	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/14 Rpt: 5/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 10/20/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Randy	<b>7</b> Amount of Contribution (\$) \$35.00
	<b>6</b> Contributor address; City; State; Zip Code  Plano, TX 75025	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Randy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Randy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Plano, TX 75025	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodenheimer, Beth	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bodenheimer, Beth	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/14 Rpt: 6/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Collen	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casillas, Jerry	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Northlake, TX 76247	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chester, Chuck	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corey, Michelle	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Gina	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lantana, TX 76226	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/14 Rpt: 7/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 12/31/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniluk, Judy	<b>7</b> Amount of Contribution (\$) \$50.00
	<b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75022	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Rachel	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Coppell, TX 75019	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanagan, Karen	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Frisco, TX 75036	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forte, Stacy	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Roanoke, TX 76262	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Sharon	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/14 Rpt: 8/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 10/25/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Granecki, Kendall	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haines, Laura	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huebner, Ron	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilgin, Fevzi	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Irving, TX 75039	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kato, Edward	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 6/14 Rpt: 9/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kiester, Deborah	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75022	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kindel, Robert	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75077	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinney, Debbie	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  FLOWER MOUND, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knutson, Susan	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lineberger, Ernest	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Carrollton, TX 75007	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 7/14 Rpt: 10/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Longo, Antonella	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Highland Village, TX 75077	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopez, Rosana	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lustgarten, Catherine	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code  Denton, TX 76207	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallet, Penny	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75077	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Jeff	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75077	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 8/14 Rpt: 11/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Alex	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Lewisville, TX 75067	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martinez, Ashley	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMurray, Jocelyn	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehryari, Anita	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moellering, Charlotte	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Carrollton, TX 75007	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 9/14 Rpt: 12/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Bruce ..... <b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	<b>7</b> Amount of Contribution (\$) \$20.00
	<b>8</b> Principal occupation / Job title (See Instructions)	<b>9</b> Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Bruce ..... Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Bruce ..... Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Bruce ..... Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$) \$25.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Helen ..... Contributor address; City; State; Zip Code  Lewisville , TX 75077	Amount of Contribution (\$) \$40.00
	Principal occupation / Job title (See Instructions)	Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 10/14 Rpt: 13/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 10/15/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newhouse, Sue	<b>7</b> Amount of Contribution (\$) \$100.00
	<b>6</b> Contributor address; City; State; Zip Code  Ponder, TX 76259	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Kathy	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75067	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pillow, Laura	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Lantana, TX 76226	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ray, Lynann	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sager, Dawnelle	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 11/14 Rpt: 14/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 09/22/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Kathleen	<b>7</b> Amount of Contribution (\$) \$25.00
	<b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmidt, Vicki	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75077	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shahriary, Cathlin	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Linda	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Linda	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 12/14 Rpt: 15/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 12/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegel, Linda	<b>7</b> Amount of Contribution (\$) \$5.00
	<b>6</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Meg	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Steven	Amount of Contribution (\$) \$136.00
	Contributor address; City; State; Zip Code  San Diego, CA 92130	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanaway, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75028	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Sandy	Amount of Contribution (\$) \$75.00
	Contributor address; City; State; Zip Code  Denton, TX 76209	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 13/14 Rpt: 16/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 11/23/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Sandy	<b>7</b> Amount of Contribution (\$) \$10.00
	<b>6</b> Contributor address; City; State; Zip Code  Denton, TX 76209	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, Sandy	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code  Denton, TX 76209	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Tim	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code  Flower Mound, TX 75022	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wicker, Heidi	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code  Highland Village, TX 75077	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wittmeyer, Mary	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code  Lewisville, TX 75057	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

<b>The Instruction Guide explains how to complete this form.</b>			<b>1</b> Total pages Schedule A1: Sch: 14/14 Rpt: 17/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)			<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> Date 10/10/2025	<b>5</b> Full name of contributor Wong, Jong ..... <b>6</b> Contributor address; City; State; Zip Code  San Jose, CA 95125	<b>7</b> Amount of Contribution (\$)  \$250.00	
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)	
Date 10/15/2025	Full name of contributor Wooten, Sean ..... Contributor address; City; State; Zip Code  Flower Mound, TX 75028	Amount of Contribution (\$)  \$100.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

<p><b>The Instruction Guide explains how to complete this form.</b></p>				<p><b>1</b> Total pages Schedule A2: Sch: 1/2 Rpt: 18/26</p>
<p><b>2</b> FILER NAME Wooten, Denise (Dr.)</p>				<p><b>3</b> Filer ID (Ethics Commission Filers) 00086104</p>
<p><b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$
<p><b>5</b> Date 12/13/2025</p>	<p><b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casey, Collen</p> <p><b>7</b> Contributor address; City; State; Zip Code  Flower Mound, TX 75028</p>		<p><b>8</b> Amount of contribution (\$) \$23.40</p>	<p><b>9</b> In-kind contribution description Stamps</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>				
<p><b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p><b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p><b>12</b> Contributor's principal occupation (FOR JUDICIAL)</p>		<p><b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p><b>14</b> Contributor's employer/law firm (FOR JUDICIAL)</p>		<p><b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p><b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/13/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gentry, Sharon</p> <p>Contributor address; City; State; Zip Code  Flower Mound, TX 75022</p>		<p>Amount of contribution (\$) \$122.00</p>	<p>In-kind contribution description Stamps</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>				
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 12/17/2025</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Peter</p> <p>Contributor address; City; State; Zip Code  FLOWER MOUND, TX 75028-1799</p>		<p>Amount of contribution (\$) \$42.30</p>	<p>In-kind contribution description Office supplies</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>				
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

**NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS****SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A2: Sch: 2/2 Rpt: 19/26
<b>2</b> FILER NAME Wooten, Denise (Dr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00086104
<b>4</b> TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
<b>5</b> Date 12/13/2025	<b>6</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wittmeyer, Mary  <b>7</b> Contributor address; City; State; Zip Code  Lewisville, TX 75057	<b>8</b> Amount of contribution (\$) <b>9</b> In-kind contribution description \$24.40 Stamps  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
<b>10</b> Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		<b>11</b> Employer (FOR NON-JUDICIAL) (See instructions)
<b>12</b> Contributor's principal occupation (FOR JUDICIAL)		<b>13</b> Contributor's job title (FOR JUDICIAL) (See instructions)
<b>14</b> Contributor's employer/law firm (FOR JUDICIAL)		<b>15</b> Law firm of contributor's spouse (if any) (FOR JUDICIAL)
<b>16</b> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

# 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: 1/1 Rpt: 20/26	2 FILER NAME Wooten, Denise (Dr.)	3 Filer ID (Ethics Commission Filers) 00086104
4 Date 12/31/2025	5 Payee name Act Blue	
6 Amount (\$) \$148.12	7 Payee address; City; State; Zip Code 366 Summer St  Somerset , MA 02144	
8 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 Donation Fees from September to December 31, 2025 from Act Blue
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wooten, Denise	Office sought Office held
Date 11/08/2025	Payee name Texas Secretary of State/Denton Democratic Party	
Amount (\$) \$750.00	Payee address; City; State; Zip Code 2220 San Jacinto Blvd, Ste 340 Denton, TX 76205  Denton, TX 76205	
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 Filing Fee to run for office
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Wooten, Denise	Office sought Office held State Representative District 63

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 1/6 Rpt: 21/26	2 FILER NAME Wooten, Denise (Dr.)		3 Filer ID (Ethics Commission Filers) 00086104
4 CREDIT CARD ISSUER	Name of financial institution Kroger Mastercard		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$23.11	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code 100 Gansevoort Street, New York, NY 10014  New York, NY 10014
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$23.22	(b) Date of Charge 10/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google Services		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Google workspace and Voice for texting
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$61.00	(b) Date of Charge 10/16/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name US Postal Service		(b) Payee address; City, State, Zip Code 2300 Olympia Dr.  Flower Mound , TX 75028
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Stamps
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/6 Rpt: 22/26	2 FILER NAME Wooten, Denise (Dr.)		3 Filer ID (Ethics Commission Filers) 00086104
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$715.00	(b) Date of Charge 10/24/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Texas Democratic Party Voter		(b) Payee address; City, State, Zip Code PO Box 15707  Austin, TX 78761
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Voter Access Network		(b) Description Voter Access Network
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$299.84	(b) Date of Charge 11/12/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Vista Print		(b) Payee address; City, State, Zip Code 275 Wyman Street  Waltham, MA 02451
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Print Materials
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$200.00	(b) Date of Charge 12/16/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name USPS Com Postal Store		(b) Payee address; City, State, Zip Code 2300 Olympia Dr,  Flower Mound, TX 75028
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Stamps
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 3/6 Rpt: 23/26	2 FILER NAME Wooten, Denise (Dr.)		3 Filer ID (Ethics Commission Filers) 00086104
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$23.23	(b) Date of Charge 09/01/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Google Services		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Google Workspace and Voice Accounts
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$136.38	(b) Date of Charge 09/24/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Vista Print		(b) Payee address; City, State, Zip Code 275 Wyman Street  Waltham, MA 02451
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Print materials
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$3.00	(b) Date of Charge 10/23/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Canva		(b) Payee address; City, State, Zip Code 110 Kippax Street  Sydney Australia
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Canva images
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 4/6 Rpt: 24/26	2 FILER NAME Wooten, Denise (Dr.)		3 Filer ID (Ethics Commission Filers) 00086104
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$438.00	(b) Date of Charge 10/14/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Wix.com		(b) Payee address; City, State, Zip Code 100 Gansevoort Street, New York, NY 10014  New York, NY 10014
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Website
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$122.00	(b) Date of Charge 10/20/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name USPS Com Postal Store		(b) Payee address; City, State, Zip Code 2300 Olympia Dr,  Flower Mound, TX 75028
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Stamps
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$23.29	(b) Date of Charge 11/01/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Google Services		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Google Workspace and Voice
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 5/6 Rpt: 25/26	2 FILER NAME Wooten, Denise (Dr.)		3 Filer ID (Ethics Commission Filers) 00086104
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$122.00	(b) Date of Charge 11/28/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name USPS Com Postal Store		(b) Payee address; City, State, Zip Code 2300 Olympia Dr, Flower Mound, TX 75028
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Stamps
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$109.32	(b) Date of Charge 12/18/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Vista Print		(b) Payee address; City, State, Zip Code 275 Wyman Street Waltham, MA 02451
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Print Materials
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
PAYMENT	(a) Amount Charged \$47.61	(b) Date of Charge 10/27/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Vista Print		(b) Payee address; City, State, Zip Code 275 Wyman Street Waltham, MA 02451
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Print materials
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(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
	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 F4: Sch: 6/6 Rpt: 26/26	2 FILER NAME Wooten, Denise (Dr.)		3 Filer ID (Ethics Commission Filers) 00086104
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$23.29	(b) Date of Charge 12/01/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Google Services		(b) Payee address; City, State, Zip Code 1600 Amphitheatre Parkway  Mountain View, CA 94043
8 PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Google Workspace and Voice
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$30.00	(b) Date of Charge 12/06/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Texas Progressive Caucus		(b) Payee address; City, State, Zip Code PO Box 59. Lampasas, TX 76550.  Lampasas, TX 76550
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Membership fees
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held
PAYMENT	(a) Amount Charged \$1.00	(b) Date of Charge 12/09/2025	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Canva		(b) Payee address; City, State, Zip Code 110 Kippax Street  Sydney Australia
PURPOSE OF EXPENDITURE  <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Canva Image
			(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought      Office held