

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

FORM COR-PAC

1 Filer ID (Ethics Commission Filers) 00090070		2 Total pages filed: 6		OFFICE USE ONLY	
3 COMMITTEE NAME BRIGHTER BOYD 2025				Date Received ELECTRONICALLY FILED 01/12/2026	
4 TREASURER NAME Walker, Dustin (Mr.)				Date Hand-delivered or Date Postmarked	
5 ORIGINAL REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer resignation <input type="checkbox"/> Dissolution report <input type="checkbox"/> Other (specify) _____	
6 ORIGINAL PERIOD COVERED		Month Day Year 10/26/2025		Month Day Year THROUGH 12/31/2025	
				Receipt # Amount	
				Date Processed	
				Date Imaged	

7 EXPLANATION OF CORRECTION

The "check ordering" expenditure was not listed on the previous report. The total amount of funds on 12/31/2025 was correct, but the "check ordering" deduction was missing.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

☒ **Semiannual reports:** I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

☐ **Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Dustin Walker

Signature of Campaign Treasurer

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

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00090070	2 Total pages filed: 6	
3 COMMITTEE NAME BRIGHTER BOYD 2025			OFFICE USE ONLY	
			Date Received ELECTRONICALLY FILED 01/12/2026	
			Date Hand-delivered or Date Postmarked	
			Receipt #	Amount
			Date Processed	
			Date Imaged	
4 COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 143 Boyd, TX 76023			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Dustin			
	NICKNAME LAST SUFFIX Walker			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 338 Cemetery Road Boyd, TX 76023			
7 CAMPAIGN TREASURER MAILING ADDRESS	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 143 Boyd, TX 76023			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (815) 210-0708			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded modified reporting limit			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR)			
		<input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year 10/26/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year 11/04/2025		ELECTION TYPE	
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	

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SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME BRIGHTER BOYD 2025		13 Filer ID (Ethics Commission Filers) 00090070	
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> Candidate <input type="checkbox"/> Officeholder	CANDIDATE / OFFICEHOLDER NAME	
		OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> Measure	BALLOT IDENTIFICATION / # Prop A	ELECTION DATE Month Day Year 11/04/2025
		DESCRIPTION The proposition requested the issuance of \$63 million in bonds for school facilities.	
15 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,000.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 36.72	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 7,063.28	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00	

16 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.		
AFFIX NOTARY STAMP / SEAL ABOVE		Mr. Dustin Walker _____ Signature of Campaign Treasurer
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 - SPAC**FORM SPAC**
COVER SHEET PG 3
4 of 6

17 COMMITTEE NAME BRIGHTER BOYD 2025		18 Filer ID (Ethics Commission Filers) 00090070
19 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 checked="" type="checkbox"/> SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$ 4,000.00
5.	<input type="checkbox"/> SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 36.72
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
14.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION

SCHEDULE **C1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule C1:
Sch: 1/1 Rpt: 5/6

2 FILER NAME
BRIGHTER BOYD 2025

3 Filer ID (Ethics Commission Filers)
00090070

4 Date
10/27/2025

5 Corporation / Labor Organization name
CORE Construction Services of Texas, Inc

6 Corporation / Labor Organization address; City; State; Zip Code

Frisco, TX 75033

7 Amount of contribution (\$)
\$2,000.00

Date
12/09/2025

Corporation / Labor Organization name
Luttrell Welding Services, LLC

Corporation / Labor Organization address; City; State; Zip Code

Boyd, TX 76023

Amount of contribution (\$)
\$2,000.00

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.

1 Total pages Schedule F1: Sch: 1/1 Rpt: 6/6	2 FILER NAME BRIGHTER BOYD 2025	3 Filer ID (Ethics Commission Filers) 00090070
4 Date 12/01/2025	5 Payee name First Financial Bank	
6 Amount (\$) \$5.00	7 Payee address; City; State; Zip Code 609 E Rock Island Ave Boyd, TX 76023	
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 Paper Statement Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/29/2025	Payee name First Financial Bank	
Amount (\$) \$31.72	Payee address; City; State; Zip Code 609 E Rock Island Ave Boyd, TX 76023	
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 Check Order
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held