

**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<br>(Ethics Commission Filers)<br>00086288  | 2 Total pages filed:<br>6                                |        |          |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR<br>Mrs.  | FIRST<br>Julia E. | MI  | <b>OFFICE USE ONLY</b>                                   |        |          |
|   | NICKNAME<br>Julie  | LAST<br>Dahlberg  | SUFFIX  | Date Received<br>ELECTRONICALLY FILED<br>01/14/2026      |        |          |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY;<br>PO Box 826<br><br>Sutherland Springs, TX 78161   |                   |   | Date Hand-delivered or Date Postmarked                   |        |          |
|   |  |                   |   | Receipt #  | Amount |          |
|   |  |                   |   | Date Processed   |        |          |
|   |  |                   |   | Date Imaged  |        |          |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR<br>Mrs.  | FIRST<br>Julia E. | MI  |  |        |          |
|   | NICKNAME<br>Julie  | LAST<br>Dahlberg  | SUFFIX  |  |        |          |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);<br>418 Shady Lane<br><br>La Vernia, TX 78121  |                   | APT / SUITE #;  | CITY;  | STATE; | ZIP CODE |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE      PHONE NUMBER      EXTENSION<br>(210) 527-7400   |                   |   |  |        |          |
| 8 REPORT<br>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)<br><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<br>COVERED   | Month<br>07/01/2025  | Day               | Year  | Month<br>12/31/2025                                      | Day    | Year     |
| 10 ELECTION   | ELECTION DATE<br>Month Day Year<br>03/03/2026  |                   | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |        |          |
| 11 OFFICE   | OFFICE HELD (if any)   |                   |   | 12 OFFICE SOUGHT (if known)<br>State Senator District 21 |        |          |

**GO TO PAGE 2**

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

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

2 of 6

|  |  |                                      |   |
|--|--|--------------------------------------|---|
| 13 C / OH NAME                                 | Dahlberg, Julia E. (Mrs.)  |                                      | 14 Filer ID<br>(Ethics Commission Filers)<br>00086288 |
| 15 NOTICE<br>FROM<br>POLITICAL<br>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<br><input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME                       |   |
|  |  | COMMITTEE ADDRESS                    |   |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME    |   |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |   |
| 16 CONTRIBUTION<br>TOTALS                      | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS,<br>OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   |                                      | \$ 0.00   |
|  | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |                                      | \$ 0.00   |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   |                                      | \$ 0.00   |
|  | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   |                                      | \$ 1,468.23   |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE<br>REPORTING PERIOD  |                                      | \$ 37.01  |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY<br>OF THE REPORTING PERIOD   |                                      | \$ 1,065.60   |

**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.

Mrs. Julia E. Dahlberg

\_\_\_\_\_  
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 6

|  |  |
|--|--|
| <b>18</b> FILER NAME<br>Dahlberg, Julia E. (Mrs.)  | <b>19</b> Filer ID<br>(Ethics Commission Filers)<br>00086288 |
| <b>20</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |  |
| 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 E: LOANS   |  |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS            |  |
| 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 checked="" 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<br>TO FILER |  |
| SUBTOTAL AMOUNT  |  |

## LOANS

## SCHEDULE E

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>                      |   | <b>1</b> Total pages Schedule E:<br>Sch: 1/1 Rpt: 4/6   |
| <b>2</b> FILER NAME<br>Dahlberg, Julia E. (Mrs.)                                      |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00086288  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS  |   | \$  |
| <b>5</b> Date of loan<br>12/01/2025   | <b>7</b> Name of lender<br>DAHLBERG, JULIE                            | <b>9</b> out-of-state PAC (ID#:<br>\$865.36   |
| <b>6</b> Is lender a financial institution?<br>No                                     | <b>8</b> Lender address; City; State; Zip Code<br>LA VERNIA, TX 78121 | <b>10</b> Interest Rate<br><br><b>11</b> Maturity Date  |
| <b>12</b> Principal occupation / Job title (See Instructions)                         |   | <b>13</b> Employer (See Instructions)   |
| <b>14</b> Description of Collateral<br><input checked="" type="checkbox"/> None       |   | <b>15</b> Check if personal funds were deposited into political account (See Instructions)<br><input checked="" type="checkbox"/> |
| <b>16</b> GUARANTOR INFORMATION<br><input checked="" type="checkbox"/> not applicable | <b>17</b> Name of guarantor<br>.....                                  | <b>19</b> Amount Guaranteed (\$)  |
| <b>20</b> Principal occupation  |   | <b>21</b> Employer (See Instructions)   |

# 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:<br>Sch: 1/1 Rpt: 5/6       | 2 FILER NAME<br>Dahlberg, Julia E. (Mrs.)                                | 3 Filer ID (Ethics Commission Filers)<br>00086288   |             |
| 4 Date<br>12/08/2025                                  | 5 Payee name<br>OLD GLORY BANK   |   |             |
| 6 Amount (\$)<br>\$2.99                               | 7 Payee address; City;<br>P.O. Box 127<br><br>ELMORE CITY, OK 73433      | State; Zip Code   |             |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>BANK FEE   |             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought   | Office held |
| Date<br>12/31/2025                                    | Payee name<br>OLD GLORY BANK   |   |             |
| Amount (\$)<br>\$15.00                                | Payee address; City;<br>P.O. Box 127<br><br>ELMORE CITY, OK 73433        | State; Zip Code   |             |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>BANK FEE   |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought   | Office held |
| Date<br>12/08/2025                                    | Payee name<br>REPUBLICAN PARTY OF TEXAS                                  |   |             |
| Amount (\$)<br>\$1,250.00                             | Payee address; City;<br>807 BRAZOS ST STE 701<br><br>AUSTIN, TX 78701    | State; Zip Code   |             |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><br>FILING FEE |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought   | Office held |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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 G:<br>Sch: 1/1 Rpt: 6/6               | 2 FILER NAME<br>Dahlberg, Julia E. (Mrs.)   | 3 Filer ID (Ethics Commission Filers)<br>00086288  |
| 4 Date<br>12/26/2025   | 5 Payee name<br>GoDaddy Operating Company, LLC.   |  |
| 6 Amount (\$)<br>\$200.24                                    | 7 Payee address; City; State; Zip Code<br>2155 E GODADDY WAY<br><br>Tempe, AZ 85284     |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br>WEBSITE<br><br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><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<br>Office sought  | Office held  |