

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) 00090325		2 Total pages filed: 26	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.		FIRST Taren	MI	
	NICKNAME Gigs		LAST Hodges	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; 3507 N. Lamar Blvd. #300037 Austin, TX 78703		ZIP CODE	
		OFFICE USE ONLY			
		Date Received ELECTRONICALLY FILED 01/15/2026			
		Date Hand-delivered or Date Postmarked			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR Ms.		FIRST Cody	MI
		NICKNAME		LAST Meador	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 3507 N. Lamar Blvd. #300037 Austin, TX 78703			
7 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (214) 713-6744			
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 Day Year THROUGH Month Day Year 11/13/2025 12/31/2025			
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) None Travis		12 OFFICE SOUGHT (if known) State Representative District 49	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Hodges, Taren (Mrs.)	14 Filer ID (Ethics Commission Filers) 00090325
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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.		
	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. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,415.00
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,720.78
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,444.69
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 95.62

17 AFFIDAVIT		
<p>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.</p> <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> Mrs. Taren Hodges _____ Signature of Candidate or Officeholder </div> </div> <p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>_____ Signature of officer administering</div> <div>_____ Printed name of officer administering</div> <div>_____ Title of officer administering oath</div> </div>		

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

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18 FILER NAME Hodges, Taren (Mrs.)		19 Filer ID (Ethics Commission Filers) 00090325
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,115.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 95.62
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 361.09
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 1,430.00
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	\$ 929.69
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/12 Rpt: 4/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Anthony <hr/> 6 Contributor address; City; State; Zip Code North Richland Hills, TX 76180	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self-Employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bunch, Lauren <hr/> Contributor address; City; State; Zip Code Louisville, KY 40205	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapa, Janet <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Adjuster		Employer (See Instructions) Progressive Insurance
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coffman, Susan <hr/> Contributor address; City; State; Zip Code Portola Valley, CA 94028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compian, Breanna <hr/> Contributor address; City; State; Zip Code Austin, TX 78747	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) St. David's Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/12 Rpt: 5/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contreras, Joanna <hr/> 6 Contributor address; City; State; Zip Code Fort Worth, TX 76053	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) LD		9 Employer (See Instructions) Texas House of Representatives
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruz, David <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Planner		Employer (See Instructions) City of Austin
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Currens, Leslie <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software		Employer (See Instructions) BMC
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dayhoff, Shari <hr/> Contributor address; City; State; Zip Code San Marcos, TX 78666	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Angulo, Alejandra <hr/> Contributor address; City; State; Zip Code Austin, TX 78705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/12 Rpt: 6/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fierro Guzman, Ana Laura <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Labor organizer		9 Employer (See Instructions) Workers Defense
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Jasmine <hr/> Contributor address; City; State; Zip Code Toledo, OH 43615	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) Texas House of Representatives
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garemkov III, Michael <hr/> Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Texas HHSC-OIG
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Steve <hr/> Contributor address; City; State; Zip Code Austin, TX 78711	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Todd <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) The Happy Cactus

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/12 Rpt: 7/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Robert <hr/> 6 Contributor address; City; State; Zip Code Los Altos, CA 94024	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Stanford
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holst, Mackenzie <hr/> Contributor address; City; State; Zip Code Austin, TX 78757	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Deyerle Silva Smith
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huckabee, Heidi <hr/> Contributor address; City; State; Zip Code Roswell, NM 88201	Amount of Contribution (\$) \$500.00
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#: _____) Hunt, John <hr/> Contributor address; City; State; Zip Code Austin, TX 78759	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Coach		Employer (See Instructions) Apple
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ilcus, Chloe <hr/> Contributor address; City; State; Zip Code Tallahassee, FL 32313	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) Caritas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/12 Rpt: 8/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Jeremy <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78757	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Software		9 Employer (See Instructions) Accenture
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killian, Alison <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Implementation		Employer (See Instructions) Healthcare Control Systems
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kim, Peter <hr/> Contributor address; City; State; Zip Code Austin, TX 78754	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) chess.com
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korgel, Skyler <hr/> Contributor address; City; State; Zip Code Austin, TX 78653	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Legislative Director		Employer (See Instructions) Texas House of Representatives
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake, Gary <hr/> Contributor address; City; State; Zip Code ARLINGTON, TX 22201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Cyber Analyst		Employer (See Instructions) BEA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/12 Rpt: 9/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markov-Lindsey, Leah <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78724	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McVeety, Elizabeth <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McVeety-Mill, Holly <hr/> Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Self Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McVeety-Mill, Patrick <hr/> Contributor address; City; State; Zip Code Austin, TX 78756	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Software Consultant		Employer (See Instructions) Self-Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meador, Cody <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) Texas House of Representatives

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/12 Rpt: 10/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meador, Wilson 6 Contributor address; City; State; Zip Code Dallas, TX 75208	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) trader		9 Employer (See Instructions) self
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meador, Wilson Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) trader		Employer (See Instructions) self
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mechling, Leea Contributor address; City; State; Zip Code Buda, TX 78610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mill, Michael Contributor address; City; State; Zip Code Austin, TX 78745	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mirto, Sophia Contributor address; City; State; Zip Code Austin, TX 78750	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Sophia Mirto

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/12 Rpt: 11/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morton, Peggy 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mudumala, Anna Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Research Associate		Employer (See Instructions) KFF
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navarro, Alice Contributor address; City; State; Zip Code Austin, TX 78749	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Social worker		Employer (See Instructions) Travis County
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Brian Contributor address; City; State; Zip Code Austin, TX 78741	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Local 520
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peragine, Linda Contributor address; City; State; Zip Code New Haven, CT 06511	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/12 Rpt: 12/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pesí, Sarah <hr/> 6 Contributor address; City; State; Zip Code Bethel Park, PA 15102	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Policy Specialist		9 Employer (See Instructions) Jewish Healthcare Foundation
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey Bissex, Henry <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Austin Fire Department
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandstrom, Terina <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Trainer		Employer (See Instructions) Prefer Not to Answer
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schurer, Heather <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15201	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sipe, Sarah <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Parallel Squared Technology Institute

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/12 Rpt: 13/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snyder, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Bowling Green, KY 42101	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sykes, Erika <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Havas
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Paige <hr/> Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Paige Vaughn Photo
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, Eleanor <hr/> Contributor address; City; State; Zip Code Washington, DC 20003	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Political Director		Employer (See Instructions) The First Ask
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephen <hr/> Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$101.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/12 Rpt: 14/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephen 6 Contributor address; City; State; Zip Code Austin, TX 78703	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Stephen Contributor address; City; State; Zip Code Austin, TX 78703	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilmot, Alys Contributor address; City; State; Zip Code Albuquerque, NM 87120	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woody, Roy Contributor address; City; State; Zip Code Austin, TX 78744	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) AmD
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yancy, Max Contributor address; City; State; Zip Code Austin, TX 78765	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Plum Creek Records & Tapes

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/12 Rpt: 15/26
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zakoor, Kristin <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78744	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) COO		9 Employer (See Instructions) Texas Homeless Network

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 16/26	
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/22/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRB Coffee	8 Amount of contribution (\$) \$300.00	9 In-kind contribution description 3 hours of space for campaign event
	7 Contributor address; City; State; Zip Code Austin, TX 78705	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/2 Rpt: 17/26	
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325	
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00	
5 Date of loan 12/02/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Lyssette		9 Loan Amount (\$) \$10.75
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Austin, TX 78729		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 12/15/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Lyssette		Loan Amount (\$) \$9.00
Is lender a financial institution? No	Lender address; City; State; Zip Code Austin, TX 78729		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/2 Rpt: 18/26	
2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325	
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00	
5 Date of loan 12/22/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvan, Lyssette		9 Loan Amount (\$) \$17.41
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Austin, TX 78729		10 Interest Rate
			11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code		
20 Principal occupation		21 Employer (See Instructions)	
Date of loan 12/31/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelton, Madeleine		Loan Amount (\$) \$58.46
Is lender a financial institution? No	Lender address; City; State; Zip Code Austin, TX 78757		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal occupation		Employer (See Instructions)	

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: 1/4 Rpt: 19/26	2 FILER NAME Hodges, Taren (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090325
4 Date 11/30/2025	5 Payee name ActBlue	
6 Amount (\$) \$126.59	7 Payee address; City; State; Zip Code PO Box 441146 Somerville, 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 Payment processing services from Nov. 30 through Dec. 31
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name Dollar Tree	
Amount (\$) \$26.25	Payee address; City; State; Zip Code 5310 Burnet Rd #120 Austin, TX 78756	
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 Supplies for fundraiser event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name FedEx Printing	
Amount (\$) \$7.68	Payee address; City; State; Zip Code 5770 N Mopac Expy Suite 400 Austin, TX 78731	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printed materials for campaign event
Complete <u>ONLY</u> 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
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: 2/4 Rpt: 20/26	2 FILER NAME Hodges, Taren (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/31/2025	5 Payee name HEB	
6 Amount (\$) \$69.22	7 Payee address; City; State; Zip Code 5808 Burnet Rd Austin, TX 78756	
8 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 for campaign event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Medici Coffee	
Amount (\$) \$6.50	Payee address; City; State; Zip Code 2222 Guadalupe St B Austin, TX 78705	
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 Beverage during campaign meeting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2025	Payee name Medici Coffee	
Amount (\$) \$6.25	Payee address; City; State; Zip Code 2222 Guadalupe St B Austin, TX 78705	
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 Beverage during campaign team meeting
Complete <u>ONLY</u> 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
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: 3/4 Rpt: 21/26	2 FILER NAME Hodges, Taren (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/31/2025	5 Payee name Michaels	
6 Amount (\$) \$43.41	7 Payee address; City; State; Zip Code 10225 Research Blvd Ste 2000 Austin, TX 78759	
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 Supplies for fundraising event
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/22/2025	Payee name Office Depot	
Amount (\$) \$9.73	Payee address; City; State; Zip Code 2620 W Anderson Ln Austin, TX 78757	
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 Name tags for campaign event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Park ATX	
Amount (\$) \$4.25	Payee address; City; State; Zip Code 1111 Rio Grande St Austin, TX 78701	
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 Parking fee during campaign meeting
Complete <u>ONLY</u> 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
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: 4/4 Rpt: 22/26	2 FILER NAME Hodges, Taren (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/15/2025	5 Payee name Park ATX	
6 Amount (\$) \$2.75	7 Payee address; City; State; Zip Code 1111 Rio Grande St Austin, TX 78701	
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 Parking fee during campaign team meeting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/31/2025	Payee name UPS	
Amount (\$) \$58.46	Payee address; City; State; Zip Code 7421 Burnet Rd Austin, TX 78757	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printed materials for fundraising event
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 1/1 Rpt: 23/26	2 FILER NAME Hodges, Taren (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090325
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 12/17/2025	6 Payee name Texas Democratic Party	
7 Amount (\$) \$1,430.00	8 Payee address; City; State; Zip Code 314 Highland Blvd Austin, TX 78752	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Voter Activation Network access	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to access the Texas Voter Activation Network
11 Complete <u>ONLY</u> 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: Sch: 1/3 Rpt: 24/26	2 FILER NAME Hodges, Taren (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/30/2025	5 Payee name Canva	
6 Amount (\$) \$10.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 110 Kippax St Surry Hills New South Wales 2010 Australia	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Business account to create graphics
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/06/2025	Payee name Carrd	
Amount (\$) \$29.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 231 Public Square Suite 300 Franklin, TN 37064	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2025	Payee name Google LLC	
Amount (\$) \$2.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1600 Amphitheatre Pkwy Mountain View, CA 94043	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	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 Plan
Complete <u>ONLY</u> 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: Sch: 2/3 Rpt: 25/26		2 FILER NAME Hodges, Taren (Mrs.)		3 Filer ID (Ethics Commission Filers) 00090325	
4 Date 12/22/2025		5 Payee name HEB			
6 Amount (\$) \$87.52 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 5808 Burnet Rd Austin, TX 78756			
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 Food and materials for campaign event	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/06/2025		Payee name Namecheap			
Amount (\$) \$11.48 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4600 East Washington Street, Suite 300 Phoenix, AZ 85034			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website domain name	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 12/08/2025		Payee name Texas Democratic Party			
Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 314 Highland Blvd Austin, TX 78752			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Fees		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fees	
Complete <u>ONLY</u> 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: Sch: 3/3 Rpt: 26/26	2 FILER NAME Hodges, Taren (Mrs.)	3 Filer ID (Ethics Commission Filers) 00090325
4 Date 12/29/2025	5 Payee name Zoho Corporation	
6 Amount (\$) \$38.38 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 4141 Hacienda Dr Pleasanton, TX 94588	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Online workplace space
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held