

# 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) 00090395	2 Total pages filed: 16	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms. Ericka J.		<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 01/15/2026	
	NICKNAME LAST SUFFIX Ledferd			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 598 W. Interstate 30 PMB 2088 Royse City, TX 75189		Date Hand-delivered or Date Postmarked	
			Receipt # Amount	
			Date Processed	
			Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Ericka J.			
	NICKNAME LAST SUFFIX Ledferd			
6 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 598 W. Interstate 30 PMB 2088 Royse City, TX 75189			
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 413-1195			
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 11/24/2025 THROUGH Month Day Year 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)		12 OFFICE SOUGHT (if known) State Board Of Education Place N/A District 9	

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<b>17 AFFIDAVIT</b>		
<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>		
<p>Ms. Ericka J. Ledferd</p> <p>Signature of Candidate or Officeholder</p>		
<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>		
Signature of officer administering	Printed name of officer administering	Title of officer administering oath

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

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<b>18 FILER NAME</b> Ledferd, Ericka J. (Ms.)		<b>19 Filer ID</b> 00090395	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	320.00
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	\$	237.54
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	527.55
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	\$	189.09
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: 1/1 Rpt: 4/16
<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090395
<b>4</b> Date 12/06/2025	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Nickos (Mr.) <b>6</b> Contributor address; City; State; Zip Code  Royse City, TX 75189	<b>7</b> Amount of Contribution (\$)  \$5.00
<b>8</b> Principal occupation / Job title (See Instructions) Student		<b>9</b> Employer (See Instructions) N/A
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texas Majority Pac Contributor address; City; State; Zip Code  Houston, TX 77266-6001	Amount of Contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# 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: 5/16	
2 FILER NAME Ledferd, Ericka J. (Ms.)		3 Filer ID (Ethics Commission Filers) 00090395	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/28/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Nickos (Mr.) 7 Contributor address; City; State; Zip Code  Royse City, TX 75189	8 Amount of contribution (\$) \$300.00	9 In-kind contribution description Website Developer
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Student		11 Employer (FOR NON-JUDICIAL) (See instructions) Self-Employed	
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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/5 Rpt: 6/16	
<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090395	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 11/25/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Ericka (Ms.)		<b>9</b> Loan Amount (\$) \$50.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Royse City, TX 75189		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Public Relations		<b>13</b> Employer (See Instructions) Self-employed	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 11/24/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Ericka (Ms.)		Loan Amount (\$) \$14.99
Is lender a financial institution? No	Lender address; City; State; Zip Code  Royse City, TX 75189		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self-employed	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 2/5 Rpt: 7/16	
<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090395	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 11/28/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Ericka		<b>9</b> Loan Amount (\$) \$33.46
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Royse City, TX 75189		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Public Relations		<b>13</b> Employer (See Instructions) Self-employed	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 12/03/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Ericka (Ms.)		Loan Amount (\$) \$28.82
Is lender a financial institution? No	Lender address; City; State; Zip Code  Royse City, TX 75189		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self-Employed	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 3/5 Rpt: 8/16	
<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090395	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 12/03/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Ericka (Ms.)		<b>9</b> Loan Amount (\$) \$28.02
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Royse City, TX 75189		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Public Relations		<b>13</b> Employer (See Instructions) Self-employed	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 12/11/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Ericka (Ms.)		Loan Amount (\$) \$40.18
Is lender a financial institution? No	Lender address; City; State; Zip Code  Royse City, TX 75189		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self-Employed	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 4/5 Rpt: 9/16	
<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090395	
<b>4</b> TOTAL OF UNITEMIZED LOANS			<b>\$</b>
<b>5</b> Date of loan 12/08/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Ericka (Ms.)		<b>9</b> Loan Amount (\$) \$14.10
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Royse City, TX 75189		<b>10</b> Interest Rate
			<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Public Relations		<b>13</b> Employer (See Instructions) Self-Employed	
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>	
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor		<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code		
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)	
Date of loan 12/07/2025	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Ericka (Ms.)		Loan Amount (\$) \$12.98
Is lender a financial institution? No	Lender address; City; State; Zip Code  Royse City, TX 75189		Interest Rate
			Maturity Date
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Self-Employed	
Description of Collateral <input checked="" type="checkbox"/> None		Check if personal funds were deposited into political account (See Instructions) <input checked="" 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

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 5/5 Rpt: 10/16
<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)		<b>3</b> Filer ID (Ethics Commission Filers) 00090395
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 12/24/2025	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ledferd, Ericka (Ms.)	<b>9</b> Loan Amount (\$) \$14.99
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Royse City, TX 75189	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) Public Relations		<b>13</b> Employer (See Instructions) Self-Employed
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<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  
Accounting/Banking  
Consulting Expense  
Contributions/ Donations Made By -  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/3 Rpt: 11/16	<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090395
<b>4</b> Date 12/11/2025	<b>5</b> Payee name Global Pack And Ship	
<b>6</b> Amount (\$) \$40.18	<b>7</b> Payee address; City; State; Zip Code 598 I-30  Royse City, TX 75189	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Sending mailing advertisements to constituents of District 9
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education District
Date 12/08/2025	Payee name Global Pack And Ship	
Amount (\$) \$14.10	Payee address; City; State; Zip Code 598 I-30  Royse City, TX 75189	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing advertisements to constituent's of District 9
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education District
Date 11/25/2025	Payee name Guaranty Bank and Trust	
Amount (\$) \$50.00	Payee address; City; State; Zip Code P. O. Box 1158  Mt. Pleasant , TX 75456	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Accounting/Banking	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank account opening fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education District

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 2/3 Rpt: 12/16	<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090395
<b>4</b> Date 11/24/2025	<b>5</b> Payee name IPostal	
<b>6</b> Amount (\$) \$14.99	<b>7</b> Payee address; City; State; Zip Code 598 I-30  Royse City, TX 75189	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Post Office Address Fee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Campaign Mailing Address
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education District  Office held
Date 12/07/2025	Payee name Meta Platforms	
Amount (\$) \$12.98	Payee address; City; State; Zip Code 1 Meta Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Social Media	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to verify the candidates social media accounts on Meta platforms
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education District  Office held
Date 11/28/2025	Payee name Texas Democratic Party	
Amount (\$) \$305.00	Payee address; City; State; Zip Code Suite 508 314 E Highland Mall Blvd Austin , TX 78752	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Filing fee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd , Ericka (Ms.)	Office sought State Board Of Education District  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.

<b>1</b> Total pages Schedule F1: Sch: 3/3 Rpt: 13/16	<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090395
<b>4</b> Date 11/28/2025	<b>5</b> Payee name Wix.com	
<b>6</b> Amount (\$) \$33.46	<b>7</b> Payee address; City; State; Zip Code 100 Gansevoort Street  New York City, NY 10014	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website Fee's	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to publish website online
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education District
Date 12/03/2025	Payee name Wix.com	
Amount (\$) \$28.82	Payee address; City; State; Zip Code 100 Gansevoort Street  New York City, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to publish website online
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education District
Date 12/03/2025	Payee name Wix.com	
Amount (\$) \$28.02	Payee address; City; State; Zip Code 100 Gansevoort Street  New York City, NY 10014	
PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to publish website online
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education District

# 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.

<b>1</b> Total pages Schedule G: Sch: 1/3 Rpt: 14/16	<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090395
<b>4</b> Date 12/08/2025	<b>5</b> Payee name Global Pack And Ship	
<b>6</b> Amount (\$) \$14.10  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 598 I-30  Royse City, TX 75189	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mailing advertisements to constituent's of District 9
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought Office held State Board Of Education
Date 12/11/2025	Payee name Global Pack And Ship	
Amount (\$) \$40.18  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 598 I-30  Royse City, TX 75189	
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 Sending mailing advertisements to constituent's of District 9
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought Office held State Board Of Education
Date 11/25/2025	Payee name Guaranty Bank and Trust	
Amount (\$) \$50.00  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P. O. Box 1158  Mt. Pleasant , TX 75456	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank Account opening fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought Office held State Board Of Education

# 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.

<b>1</b> Total pages Schedule G: Sch: 2/3 Rpt: 15/16	<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090395
<b>4</b> Date 11/24/2025	<b>5</b> Payee name IPostal	
<b>6</b> Amount (\$) \$14.99  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 598 I-30  Royse City, TX 75189	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Post Office Address Fee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Fee for Campaign Mailing Address
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education  Office held
Date 12/07/2025	Payee name Meta Platforms	
Amount (\$) \$12.98  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1 Meta Way  Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Social Media	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 verify the candidates social media accounts on Meta platforms
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education  Office held
Date 12/03/2025	Payee name Wix.com	
Amount (\$) \$28.02  <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 Gansevoort Street  New York City, NY 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Website	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 publish website online
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education  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.

<b>1</b> Total pages Schedule G: Sch: 3/3 Rpt: 16/16	<b>2</b> FILER NAME Ledferd, Ericka J. (Ms.)	<b>3</b> Filer ID (Ethics Commission Filers) 00090395
<b>4</b> Date 12/03/2025	<b>5</b> Payee name Wix.com	
<b>6</b> Amount (\$) \$28.82  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 100 Gansevoort Street  New York City, NY 10014	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Website	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to publish website online
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought State Board Of Education  Office held