

**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 Ms.	FIRST Ericka J.	MI	OFFICE USE ONLY		
	NICKNAME	LAST Ledferd	SUFFIX	Date Received ELECTRONICALLY FILED 01/15/2026		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 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 Ms.	FIRST Ericka J.	MI			
	NICKNAME	LAST Ledferd	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 598 W. Interstate 30 PMB 2088 Royse City, TX 75189		APT / SUITE #;	CITY;	STATE;	ZIP CODE
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 11/24/2025	Day	Year	Month 12/31/2025	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 03/03/2026		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) State Board Of Education Place N/A District 9		

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

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

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13 C / OH NAME	Ledferd, Ericka J. (Ms.)		14 Filer ID (Ethics Commission Filers) 00090395
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 15.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 620.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 716.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 20.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 189.09

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.

Ms. Ericka J. Ledferd

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**

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18 FILER NAME	19 Filer ID (Ethics Commission Filers) 00090395
Ledferd, Ericka J. (Ms.)	
20 SCHEDULE SUBTOTALS	
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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/16
2 FILER NAME Ledferd, Ericka J. (Ms.)			3 Filer ID (Ethics Commission Filers) 00090395
4 Date 12/06/2025	5 Full name of contributor Ledferd, Nickos (Mr.) 6 Contributor address; City; State; Zip Code Royse City, TX 75189	7 Amount of Contribution (\$) \$5.00	
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) N/A	
Date 11/26/2025	Full name of contributor 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

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: Sch: 1/1 Rpt: 5/16</p>
<p>2 FILER NAME Ledferd, Ericka J. (Ms.)</p>		<p>3 Filer ID (Ethics Commission Filers) 00090395</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 11/28/2025</p>	<p>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</p>	<p>8 Amount of contribution (\$) \$300.00</p> <p>9 In-kind contribution description Website Developer</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>		
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Student</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions) Self-Employed</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/5 Rpt: 6/16
2 FILER NAME Ledferd, Ericka J. (Ms.)		3 Filer ID (Ethics Commission Filers) 00090395
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/25/2025	7 Name of lender Ledferd, Ericka (Ms.)	8 out-of-state PAC (ID#: _____)
6 Is lender a financial institution? No	9 Loan Amount (\$) \$50.00	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Public Relations		13 Employer (See Instructions) Self-employed
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor
18 Guarantor address; City; State; Zip Code Royse City, TX 75189		19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)
22 Date of loan 11/24/2025	23 Name of lender Ledferd, Ericka (Ms.)	24 out-of-state PAC (ID#: _____)
25 Is lender a financial institution? No	26 Lender address; City; State; Zip Code Royse City, TX 75189	27 Interest Rate
		28 Maturity Date
29 Principal occupation / Job title (See Instructions) Public Relations		30 Employer (See Instructions) Self-employed
31 Description of Collateral <input checked="" type="checkbox"/> None		32 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
33 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		34 Name of guarantor
35 Guarantor address; City; State; Zip Code		36 Amount Guaranteed (\$)
37 Principal occupation		38 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 2/5 Rpt: 7/16
2 FILER NAME Ledferd, Ericka J. (Ms.)		3 Filer ID (Ethics Commission Filers) 00090395
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 11/28/2025	7 Name of lender Ledferd, Ericka	8 <input type="checkbox"/> out-of-state PAC (ID#: _____)
6 Is lender a financial institution? No	9 Loan Amount (\$) \$33.46	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Public Relations		13 Employer (See Instructions) Self-employed
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor
		18 Guarantor address; City; State; Zip Code
		19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)
22 Date of loan 12/03/2025	23 Name of lender Ledferd, Ericka (Ms.)	24 <input type="checkbox"/> out-of-state PAC (ID#: _____)
25 Is lender a financial institution? No	26 Lender address; City; State; Zip Code	27 Interest Rate
		28 Maturity Date
29 Principal occupation / Job title (See Instructions) Public Relations		30 Employer (See Instructions) Self-Employed
31 Description of Collateral <input checked="" type="checkbox"/> None		32 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
33 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		34 Name of guarantor
		35 Guarantor address; City; State; Zip Code
		36 Amount Guaranteed (\$)
37 Principal occupation		38 Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 3/5 Rpt: 8/16
2 FILER NAME Ledferd, Ericka J. (Ms.)		3 Filer ID (Ethics Commission Filers) 00090395
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/03/2025	7 Name of lender Ledferd, Ericka (Ms.)	8 out-of-state PAC (ID#: _____)
6 Is lender a financial institution? No	9 Loan Amount (\$) \$28.02	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions) Public Relations		13 Employer (See Instructions) Self-employed
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor
18 Guarantor address; City; State; Zip Code Royse City, TX 75189		19 Amount Guaranteed (\$)
20 Principal occupation		21 Employer (See Instructions)
22 Date of loan 12/11/2025	23 Name of lender Ledferd, Ericka (Ms.)	24 out-of-state PAC (ID#: _____)
25 Is lender a financial institution? No	26 Lender address; City; State; Zip Code Royse City, TX 75189	27 Interest Rate
		28 Maturity Date
29 Principal occupation / Job title (See Instructions) Public Relations		30 Employer (See Instructions) Self-Employed
31 Description of Collateral <input checked="" type="checkbox"/> None		32 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
33 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		34 Name of guarantor
35 Guarantor address; City; State; Zip Code		36 Amount Guaranteed (\$)
37 Principal occupation		38 Employer (See Instructions)

LOANS

SCHEDULE E

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

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 5/5 Rpt: 10/16
2 FILER NAME Ledferd, Ericka J. (Ms.)		3 Filer ID (Ethics Commission Filers) 00090395
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 12/24/2025	7 Name of lender Ledferd, Ericka (Ms.)	<input type="checkbox"/> out-of-state PAC (ID#: _____)
		9 Loan Amount (\$) \$14.99
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Royse City, TX 75189	
	10 Interest Rate 11 Maturity Date	
12 Principal occupation / Job title (See Instructions) Public Relations		13 Employer (See Instructions) Self-Employed
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable		17 Name of guarantor 18 Guarantor address; City; State; Zip Code
		19 Amount Guaranteed (\$)
20 Principal occupation		21 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: Sch: 1/3 Rpt: 11/16	2 FILER NAME Ledferd, Ericka J. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090395
4 Date 12/11/2025	5 Payee name Global Pack And Ship	
6 Amount (\$) \$40.18	7 Payee address; City; 598 I-30 Royse City, TX 75189	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Sending mailing advertisements to constituents of District 9
9 Complete ONLY 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; 598 I-30 Royse City, TX 75189	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 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 State Board Of Education District
Date 11/25/2025	Payee name Guaranty Bank and Trust	
Amount (\$) \$50.00	Payee address; City; P. O. Box 1158 Mt. Pleasant , TX 75456	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Bank account opening fee
Complete ONLY 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 Rpt: 12/16	2 FILER NAME Ledferd, Ericka J. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090395
4 Date 11/24/2025	5 Payee name IPostal	
6 Amount (\$) \$14.99	7 Payee address; City; 598 I-30 Royse City, TX 75189	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Post Office Address Fee	(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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought Office held State Board Of Education District
Date 12/07/2025	Payee name Meta Platforms	
Amount (\$) \$12.98	Payee address; City; 1 Meta Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Social Media	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought Office held State Board Of Education District
Date 11/28/2025	Payee name Texas Democratic Party	
Amount (\$) \$305.00	Payee address; City; Suite 508 314 E Highland Mall Blvd Austin , TX 78752	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing fee	(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 ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd , Ericka (Ms.)	Office sought Office held State Board Of Education District

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/3 Rpt: 13/16	2 FILER NAME Ledferd, Ericka J. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090395
4 Date 11/28/2025	5 Payee name Wix.com	
6 Amount (\$) \$33.46	7 Payee address; City; 100 Gansevoort Street New York City, NY 10014	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website Fee's	(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
9 Complete ONLY 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; 100 Gansevoort Street New York City, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(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 ONLY 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; 100 Gansevoort Street New York City, NY 10014	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(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 ONLY 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	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 G: Sch: 1/3 Rpt: 14/16	2 FILER NAME Ledferd, Ericka J. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090395
4 Date 12/08/2025	5 Payee name Global Pack And Ship	
6 Amount (\$) \$14.10 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 598 I-30 Royse City, TX 75189	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Mailing advertisements to constituent's of District 9
9 Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> 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	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 G: Sch: 2/3 Rpt: 15/16	2 FILER NAME Ledferd, Ericka J. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090395
4 Date 11/24/2025	5 Payee name IPostal	
6 Amount (\$) \$14.99	7 Payee address; City; State; Zip Code 598 I-30 Royse City, TX 75189	
<input type="checkbox"/> Reimbursement from political contributions intended	(a) Category (See Categories listed at the top of this schedule) Post Office Address Fee	(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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Ledferd, Ericka (Ms.)	Office sought Office held State Board Of Education
Date 12/07/2025	Payee name Meta Platforms	
Amount (\$) \$12.98	Payee address; City; State; Zip Code 1 Meta Way Menlo Park, CA 94025	
<input type="checkbox"/> Reimbursement from political contributions intended	(a) 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 Office held State Board Of Education
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	
<input type="checkbox"/> Reimbursement from political contributions intended	(a) 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 Office held State Board Of Education

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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 G: Sch: 3/3 Rpt: 16/16	2 FILER NAME Ledferd, Ericka J. (Ms.)	3 Filer ID (Ethics Commission Filers) 00090395	
4 Date 12/03/2025	5 Payee name Wix.com		
6 Amount (\$) \$28.82	7 Payee address; City; 100 Gansevoort Street New York City, NY 10014		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(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	
9 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