

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

## FORM SC C/OH COVER SHEET PG. 1

The SC C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers) <b>00090386</b>	2 Total pages filed:		
3 CANDIDATE NAME	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Tiffany</b>	MI <b>M</b>	OFFICE USE ONLY		
	NICKNAME	LAST <b>Perkins</b>	SUFFIX	Date Received		
4 CANDIDATE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <b>4701 Boyd Groves, TX 77419</b>			<b>RECEIVED</b> <b>JAN 21 2026</b> <b>Texas Ethics Commission</b>		
5 CANDIDATE PHONE	AREA CODE <b>(409)</b>	PHONE NUMBER <b>543-4747</b>	EXTENSION	Date Hand-delivered or Date Postmarked <b>by mail</b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>Tiffany</b>	FIRST	MI <b>M</b>	Receipt #		
	NICKNAME	LAST <b>Perkins</b>	SUFFIX	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>4701 Boyd Groves, TX 77419</b>			Date Processed <b>prc'd:1.27.26</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(409)</b>	PHONE NUMBER <b>543-4747</b>	EXTENSION	Date Imaged		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before convention / election	<input type="checkbox"/> Runoff		
	<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before convention / election	<input type="checkbox"/> Final report (Attach SC C/OH - FR)		
10 PERIOD COVERED	Month <b>12</b>	Day <b>01</b>	Year <b>2025</b>	Month <b>12</b>	Day <b>31</b>	Year <b>2025</b>
11 CONVENTION / ELECTION DATE	Month <b>11</b>	Day <b>03</b>	Year <b>2026</b>	12 OFFICE SOUGHT <b>State Board of Education - 7</b>	<input type="checkbox"/> STATE CHAIR	
13 POLITICAL PARTY	COUNTY (If Applicable) <b>DEMOCRAT</b>					<input type="checkbox"/> COUNTY CHAIR
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT**

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

15 CANDIDATE NAME	16 Filer ID (Ethics Commission Filers) <i>Tiffany Perkins</i> <b>00090386</b>	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <b>580.00</b>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>580.00</b>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <b>580.00</b>
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>521.20</b>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>52.80</b>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>0.00</b>

18 SIGNATURE 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.

*Tiffany Perkins*

Signature of Candidate

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Tiffany Perkins, and my date of birth is \_\_\_\_\_  
My address is 4701 Boyd (street) Groves (city) TX (state) 77619 (zip code) USA (country)

Executed in Jefferson County, State of TX, on the 15 day of January, 20 20 26 (month) (year)

*Tiffany Perkins*

Signature of Candidate (Declarant)

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME <i>Tiffany Pergine</i>		3 Filer ID (Ethics Commission Filers) <i>00090386</i>
4 Date <i>12/4/2025</i>	5 Full name of contributor <i>Brandy Parker</i>	6 Contributor address; City; State; Zip Code <i>[REDACTED] Manvel, TX 77578</i>
8 Principal occupation / Job title (See Instructions) <i>HR Director</i>		7 Amount of contribution (\$) <i>\$100.00</i>
Date <i>12/6/2025</i>	Full name of contributor <i>Farha Ahmed</i>	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code <i>[REDACTED] Sugar Land, TX 77578</i>
Principal occupation / Job title (See Instructions) <i>Attorney</i>		9 Employer (See Instructions) <i>Houston Methodist</i>
Date	Full name of contributor .....	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code .....
Principal occupation / Job title (See Instructions)		Amount of contribution (\$)
Date	Full name of contributor .....	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor .....	□ out-of-state PAC (ID#: Contributor address; City; State; Zip Code .....
Principal occupation / Job title (See Instructions)		Amount of contribution (\$)
Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
1	Tiffany Penning	00090386		
4 Date	5 Payee name	6 Amount (\$)		
12/24	ACT Blue - Brazoria County Democratic Party	\$500.00		
7 Payee address;	City;	State;	Zip Code	
Angleton, TX				
<input type="checkbox"/> Check if individual's residence address.				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Political Expense	Sponsorship of Democratic Gala		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
12/31/25	Walgreens # 11275 Groves			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$21.20	Groves, TX			
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	8a Printing Expense	Campaign printing supplies		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
<input type="checkbox"/> Check if individual's residence address.				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



Tiffany Penning  
4101 Board  
Groves, TX 77519

Texas Ethics Commission  
P.O. BOX 18070  
Austin, TX 78711-2070

