

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**
COVER SHEET PG 1

| | | | | |
|---|--|---|---------------------------------------|---|
| The JC/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00089766 | 2 Total pages filed: 12 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY |
| | | Desiree M. | | |
| | NICKNAME | LAST | SUFFIX | Date Received |
| | | Bedasa | | ELECTRONICALLY FILED |
| | | | | 02/23/2026 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE | | | Date Hand-delivered or Date Postmarked |
| | 2177 Buckingham Rd. #503 Richardson, TX 75081 | | | Receipt # |
| | | | | Amount |
| | | | | Date Processed |
| | | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | |
| | | Trenton K. | | |
| | NICKNAME | LAST | SUFFIX | |
| | | Patterson | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE | | | |
| | 2835 Twyman Avenue Dallas, TX 75215 | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| | | (214) 675-5011 | | |
| 8 REPORT TYPE | <input 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 checked="" 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 | Month |
| | | 01/23/2026 | THROUGH | 02/21/2026 |
| 10 ELECTION | ELECTION DATE | | | ELECTION TYPE |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special |
| | | 03/03/2026 | | |
| 11 OFFICE | OFFICE HELD (if any) | | | 12 OFFICE SOUGHT (if known) |
| | | | | |

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH
COVER SHEET PG 2

2 of 12

13 C / OH NAME Bedasa, Desiree M. **14** Filer ID (Ethics Commission Filers)
00089766

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. *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.

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) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 3,916.67 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 6,086.65 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 4,351.90 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 1,000.00 |

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.

Desiree M. Bedasa

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 oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - JC/OH

| | | |
|--|---|---|
| 18 FILER NAME Bedasa, Desiree M. | | 19 Filer ID (Ethics Commission Filers) 00089766 |
| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) | \$ 3,916.67 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 6,086.65 |
| 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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 1/4 Rpt: 4/12 |
| 2 FILER NAME Bedasa, Desiree M. | | 3 Filer ID (Ethics Commission Filers) 00089766 |
| 4 Date 02/15/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asamnew, Maki | 7 Amount of Contribution (\$) \$142.65 |
| | 6 Contributor address; City; State; Zip Code Allen, TX 75002 | |
| 8 Contributor's Principal Occupation Pharmacist | | 9 Contributor's Job Title Pharmacist |
| 10 Contributor's employer/law firm Tom Thumb | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/21/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Azanaw, Healen | Amount of Contribution (\$) \$274.93 |
| | Contributor address; City; State; Zip Code Garland, TX 75044 | |
| Contributor's Principal Occupation Loan Officer | | Contributor's Job Title Loan Officer |
| Contributor's employer/law firm Waterstone Mortgage Corporation | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 02/19/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Tina | Amount of Contribution (\$) \$2,363.94 |
| | Contributor address; City; State; Zip Code Coppell, TX 75019 | |
| Contributor's Principal Occupation Paralegal | | Contributor's Job Title Paralegal |
| Contributor's employer/law firm Chapman & Associates | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 2/4 Rpt: 5/12 |
| 2 FILER NAME Bedasa, Desiree M. | | 3 Filer ID (Ethics Commission Filers) 00089766 |
| 4 Date 02/19/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chapman, Vinson | 7 Amount of Contribution (\$) \$527.47 |
| | 6 Contributor address; City; State; Zip Code Coppell, TX 75019 | |
| 8 Contributor's Principal Occupation Managing Principal | | 9 Contributor's Job Title Managing Principal |
| 10 Contributor's employer/law firm HPM | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/25/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Franklin, Rod | Amount of Contribution (\$) \$263.90 |
| | Contributor address; City; State; Zip Code DeSoto, TX 75115 | |
| Contributor's Principal Occupation Owner | | Contributor's Job Title Owner |
| Contributor's employer/law firm Vision CDL Truck Driving School | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/29/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M Mcclinton, Jared | Amount of Contribution (\$) \$105.75 |
| | Contributor address; City; State; Zip Code San Antonio, TX 78268 | |
| Contributor's Principal Occupation Operations Manager | | Contributor's Job Title Operations Manager |
| Contributor's employer/law firm M.C. Dean | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 3/4 Rpt: 6/12 |
| 2 FILER NAME Bedasa, Desiree M. | | 3 Filer ID (Ethics Commission Filers) 00089766 |
| 4 Date 02/15/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nega, Abebaw | 7 Amount of Contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code Dallas, TX 75243 | |
| 8 Contributor's Principal Occupation Retired | | 9 Contributor's Job Title Retired |
| 10 Contributor's employer/law firm Retired | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/28/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Kesha | Amount of Contribution (\$) \$31.95 |
| | Contributor address; City; State; Zip Code Desoto, TX 75115 | |
| Contributor's Principal Occupation Program Manager | | Contributor's Job Title Program Manager |
| Contributor's employer/law firm Children and Family Institute | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |
| Date 01/28/2026 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirfe, Mekdela | Amount of Contribution (\$) \$53.04 |
| | Contributor address; City; State; Zip Code Garland, TX 75044 | |
| Contributor's Principal Occupation Patient Safety Risk Manager | | Contributor's Job Title Patient Safety Risk Manager |
| Contributor's employer/law firm Parkland | | Law firm of contributor's spouse (if any) |
| If contributor is a child, law firm of parent(s) (if any) | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A(J)1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A(J)1: Sch: 4/4 Rpt: 7/12 |
| 2 FILER NAME Bedasa, Desiree M. | | 3 Filer ID (Ethics Commission Filers) 00089766 |
| 4 Date 01/30/2026 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirfe, Tewodrose <hr/> 6 Contributor address; City; State; Zip Code Harrisburg, NC 28075 | 7 Amount of Contribution (\$) \$53.04 |
| 8 Contributor's Principal Occupation Manager | | 9 Contributor's Job Title Manager |
| 10 Contributor's employer/law firm Paylocity | | 11 Law firm of contributor's spouse (if any) |
| 12 If contributor is a child, law firm of parent(s) (if any) | | |

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: 8/12 | 2 FILER NAME Bedasa, Desiree M. | 3 Filer ID (Ethics Commission Filers) 00089766 |
| 4 Date 02/21/2026 | 5 Payee name Cash App | |
| 6 Amount (\$) \$2.52 | 7 Payee address; City; State; Zip Code 1955 Broadway Suite 600 Oakland, CA 94612 | |
| 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 Donation Fees |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/21/2026 | Payee name Donorbox | |
| Amount (\$) \$132.99 | Payee address; City; State; Zip Code 1520 Belle View Blvd #4106 Alexandria, VA 22307 | |
| 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 Donation Fees |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/11/2026 | Payee name ElectHQ | |
| Amount (\$) \$440.99 | Payee address; City; State; Zip Code Dallas, TX | |
| 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 Campaign Communications |
| Complete ONLY 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: 9/12 | 2 FILER NAME Bedasa, Desiree M. | 3 Filer ID (Ethics Commission Filers) 00089766 |
| 4 Date 02/06/2026 | 5 Payee name Empress Marketing | |
| 6 Amount (\$) \$594.00 | 7 Payee address; City; State; Zip Code Dallas, TX | |
| 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 Campaign Communications |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/12/2026 | Payee name Empress Marketing | |
| Amount (\$) \$208.75 | Payee address; City; State; Zip Code Dallas, TX | |
| 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 Campaign Communications |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 02/20/2026 | Payee name Geter, Rodney | |
| Amount (\$) \$405.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 GOTV Staffing |
| Complete ONLY 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: 10/12 | 2 FILER NAME Bedasa, Desiree M. | 3 Filer ID (Ethics Commission Filers) 00089766 |
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| | |
|-----------------------------|------------------------------------|
| 4 Date 02/20/2026 | 5 Payee name Gray, Amari |
|-----------------------------|------------------------------------|

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| 6 Amount (\$) \$540.00 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX |
|----------------------------------|---|

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|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 GOTV Staffing |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|------------------------------|
| Date 02/20/2026 | Payee name Hopkins, Tracy |
|--------------------|------------------------------|

| | |
|-------------------------|--|
| Amount (\$) \$540.00 | Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX |
|-------------------------|--|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 GOTV Staffing |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|--------------------------|
| Date 02/06/2026 | Payee name Mail House |
|--------------------|--------------------------|

| | |
|---------------------------|--|
| Amount (\$) \$2,651.15 | Payee address; City; State; Zip Code 1737 E Leevee St Dallas, TX 75207 |
|---------------------------|--|

| | | |
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| 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 Campaign Communications |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| 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: 11/12 | 2 FILER NAME Bedasa, Desiree M. | 3 Filer ID (Ethics Commission Filers) 00089766 |
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| | |
|-----------------------------|--------------------------------------|
| 4 Date 02/20/2026 | 5 Payee name Medlock, Jace |
|-----------------------------|--------------------------------------|

| | |
|----------------------------------|---|
| 6 Amount (\$) \$427.50 | 7 Payee address; City; State; Zip Code REDACTED PER 254.0401, ELEC. CODE Dallas, TX |
|----------------------------------|---|

| | | |
|---------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Polling 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 GOTV Staffing |
|---------------------------------|--|---|

| | | | |
|---|-----------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

| | |
|--------------------|----------------------------|
| Date 02/10/2026 | Payee name NAACP Dallas |
|--------------------|----------------------------|

| | |
|-------------------------|---|
| Amount (\$) \$143.75 | Payee address; City; State; Zip Code P.O. Box 765307 Dallas, TX 75376 |
|-------------------------|---|

| | | |
|-------------------------------|--|---|
| 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 Advertisement |
|-------------------------------|--|---|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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OUTSTANDING LOANS

SCHEDULE L

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule L: Sch: 1/1 Rpt: 12/12 |
| 2 FILER NAME Bedasa, Desiree M. | | 3 Filer ID (Ethics Commission Filers) 00089766 |
| LENDER INFORMATION | 4 Name of lender Desiree, Bedasa | |
| | 5 Lender address; City; State; Zip Code TX | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 6 Name of guarantor | |
| | 7 Guarantor address; City; State; Zip Code | |